



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 7: In-Home Services

Section 07: Health Care Services

Effective Date: July 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) partners with the child's parent, guardian, or custodian and the Child and Family Team (CFT) to determine health care services necessary to meet the needs of each child while in the home, including but not limited to mental, dental, visual, auditory, and developmental health.

[Back to Top](#)

PROCEDURE

DCS will ensure each child receives ongoing assessments and follow-up care when:

1. Recommended by the child's current physician, dentist, Qualified Mental Health Provider (QMHP), health care worker, licensed social worker (LSW), licensed clinical social worker (LCSW); or
2. The child's parent, guardian, or custodian indicates there are noticeable changes in the child (e.g., physical, behavioral, and emotional), 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.

The Family Case Manager (FCM) will:

1. Assist the child's parent, guardian, or custodian, as needed, to ensure the child receives appropriate ongoing medical care and treatment;

Note: The FCM will provide the child's parent, guardian, or custodian with a Medical Passport to assist in documenting the child's health care services.

2. Include the CFT in the planning and decision-making process for the child's ongoing medical care and treatment. See policy 5.07 Child and Family Team Meetings for further details;

Note: The FCM must obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical and mental health and/or addiction history of the parent, guardian, or custodian. This is distinguished from self-disclosures (e.g., during a CFT meeting in which the parent, guardian, or custodian volunteers personal information in the presence of members of the CFT).

3. Assist the family in applying for Medicaid and/or a Medicaid Waiver, as needed, in the event:
 - a. The parent, guardian, or custodian is not already receiving Medicaid benefits for the child, and
 - b. The family's financial needs are a barrier in accessing health care services for the child.
4. Encourage the parent, guardian, or custodian to share the child's physical, mental (including substance abuse, if applicable), dental, and visual health and developmental history with the CFT;
5. Inform the child's parent, guardian, or custodian of their responsibility to:
 - a. Schedule and ensure the child is transported to health care appointments,
 - b. Document all care and treatment received in the child's Medical Passport and/or ensure the FCM has access to the child's electronic medical record maintained by the child's health care provider;
 - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
 - d. Seek emergency care for the child in the event of the following:
 - i. Serious injury or illness;
 - ii. Serious dental issues (e.g., broken teeth or bleeding gums);
 - iii. Mental health issues that place the child at risk for harming themselves or others; or
 - iv. Serious vision issues (e.g., the child's glasses/contacts are broken or lost, sudden changes in vision, pain, or injuries to the eye).

Note: See the Forms and Tools section for a comprehensive list of identified Medicaid eligible providers in the child or family's region.

6. Ensure every child receiving in-home services receives a Child and Adolescent Needs and Strengths (CANS) Assessment. If the CANS Assessment indicates a comprehensive mental health assessment is warranted, refer the child for the assessment within 10 business days of the recommendation. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information;
7. Ensure specialized care and treatment is offered for any needs that are identified for the child. See Practice Guidance for more information; and
8. Partner with the child's parent, guardian, or custodian to ensure the child receives ongoing routine health care and treatment as outlined below:
 - a. Physical health check-up, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child's primary care physician,
 - b. Dental exam and cleanings every six (6) months,
 - c. Visual exam every 12 months for a child with corrected vision, and

Note: For children without corrected vision, the vision screening performed by the child's primary care doctor at the time of the physical health check-up or those performed at the child's school is sufficient.

- d. Hearing exam every 12 months for a child with corrected hearing (hearing aid or tubes) or as recommended by the child's physician.

Note: For children without corrected hearing, the hearing screening performed by the child's primary care doctor at the time of the physical health check-up or those

performed at the child's school is sufficient.

[Back to Top](#)

RELEVANT INFORMATION

Definitions

Developmental Delay

A developmental delay is defined by 511 IAC 7-41-6 as a condition occurring in children who are at least three (3) years of age and less than nine (9) years of age and means a delay in one or more of the following areas of childhood development including:

1. Cognitive development,
2. Physical development (i.e., vision and hearing),
3. Communication development,
4. Social and/or emotional development, and
5. Adaptive development (i.e., eating skills, dressing, toileting skills and other areas of personal responsibility).

Intellectual and Developmental Disabilities (IDD)

IDD is a joint term referring to an intellectual disability, developmental disability, or both, and are usually present at birth which can affect the trajectory of the child's physical, intellectual, and/or emotional development.

Qualified Mental Health Provider (QMHP)

A QMHP is defined as a licensed psychiatrist, licensed physician, or licensed psychologist or psychologist endorsed as a Health Service Provider in Psychology (HSPP). An individual who has had at least two (2) years of clinical experience, under the supervision of a mental health professional, with persons with serious mental illness. Such experience must have occurred after the completion of a master's degree, doctoral degree, or both from an accredited university, and the individual must possess one (1) of the following credentials:

1. In nursing (plus a license as a registered nurse in Indiana);
2. In social work (from a university accredited by the Council on Social Work Education [CSWE]);
3. In psychology (and who meets the Indiana requirements for the practice of psychology);
4. In counseling and guidance, pastoral counseling, or rehabilitation counseling; or
5. A mental health professional who has a documented equivalence in education, training, and/or experience approved by the supervising physician.

Forms and Tools

- [Bureau of Developmental Disabilities Services \(BDDS\)](#)
- Child and Adolescent Needs and Strengths (CANS) Assessment – Available in the case management system
- [First Steps](#)
- [Medicaid Eligible Providers](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)

[Back to Top](#)

LEGAL REFERENCES

- [IC 31-28-0.5 Electronic Records](#)
- [511 IAC 7-41-6: Developmental Delay](#)

[Back to Top](#)

PRACTICE GUIDANCE- DCS POLICY 7.07

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.

Bureau of Developmental Disabilities Services (BDDS)

BDDS is a division of the Family and Social Services Administration (FSSA) which administers programs that support children and adults with intellectual and developmental disabilities to enable them to live as independently as possible. BDDS services are available through Medicaid Waivers, such as the Family Supports (FS) Waiver and Community Integration and Habilitation (CIH) Waiver. For more information, visit the BDDS website or by calling (800) 545-7763.

First Steps

The Indiana First Steps program is provided through the FSSA and is accessible to families in every county. This service uses professionals from education, health, and social services to provide coordinated early intervention resources. Families who are eligible to participate in First Steps have children under three (3) years of age who:

1. Are experiencing developmental delays, or
2. Have a diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay.

While most First Step referrals originate from doctor's offices, hospitals, or social service agencies such as DCS, a parent may also initiate a "self-referral". For further information, visit the First Steps website.

Parent/Guardian/Custodian's Cultural Beliefs

DCS respects and values the family's cultural beliefs surrounding medicine and healing, provided the family's cultural practices do not place the child at risk or harm or preclude medical interventions deemed necessary for the child's health and safety.

Specialized Care and Treatment

A child may need specialized care and treatment depending on the child's individually assessed needs, which include, but is not limited to the following:

1. Therapy/counseling services and medication;
2. Drug and/or alcohol testing and substance abuse treatment;
3. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases;
4. Developmental screenings if there are concerns or if there was known or suspected drug use during pregnancy. Screenings are completed through First Steps if the child is less than three (3) years of age or through the child's local school corporation if the child is over three (3) years of age;
5. Pregnancy counseling and prenatal care; and
6. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases.

[Back to Top](#)