

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: May 1, 2009
	Section 28: Payment for Health Care Services	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that every child in out-of-home care receives a determination for Medicaid eligibility and an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) evaluation.

DCS will accept financial responsibility for all required health care services for all children in out-of-home care who are not eligible for Medicaid or covered by private insurance.

Note: DCS will not accept financial responsibility for cosmetic procedures (e.g., braces, Lasik eye surgery, and acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) offer such services.

DCS will utilize private health care insurance for all required health care services for any child in out-of-home care if they are covered under the private health care insurance of their parent, guardian, or custodian.

DCS will require :

1. The resource parent(s) to obtain prior authorization for payment of any specialized treatment that is not covered by Medicaid or private insurance; and
2. The DCS Local Office Director (LOD) to authorize payment of any specialized treatment that is not covered by Medicaid or private health care insurance. The LOD may seek court approval before authorizing payment. See separate policy, [8.26 Authorization for Health Care Services](#) for further guidance.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Obtain authorization from the LOD for payment of any specialized treatment that is not covered by Medicaid or private health insurance; and
2. Ensure requests for cosmetic procedures not covered by private insurance or Medicaid are denied. The FCM should discuss any questions and/or concerns regarding cosmetic procedures with his or her Supervisor.

The resource parent(s) will:

1. Follow the policies and procedures detailed in separate policy, [8.26 Authorization for Health Care Services](#). Unless treatment is emergency in nature, take the child to any health care provider that either:

- a. Accepts Medicaid, if the child is Medicaid eligible, or
 - b. Accepts the private insurance plan that the child belongs to.
2. Inform the health care provider of the child's insurance status (Medicaid or private) and present applicable Medicaid or insurance cards; and
3. Sign the bill to acknowledge that services were rendered.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A