

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 7: In-Home Services</b>	<b>Effective Date:</b> October 1, 2008
	<b>Section 7: Health Care Services</b>	<b>Version:</b> 1

**POLICY**

The Indiana Department of Child Services (DCS) will partner with the child's parent/guardian/custodian and the Child and Family Team (CFT) by assisting, empowering and advocating for health care services necessary to meet the child's needs (e.g., physical, mental, dental, visual, auditory, and developmental). See separate policy, [5.7 Child and Family Team Meetings](#).

DCS will ensure that every child receiving in-home services receives a mental health screening within five (5) days of opening the case. See separate policy, [5.11 Mental Health Services](#).

DCS will assure that every child receiving in-home services receives ongoing assessments and follow-up care when:

1. Recommended by the child's current physician, dentist, a qualified mental health provider, health care worker or social worker; or
2. The child's parent/guardian/custodian 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 References

NA

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Assure that the child's parent/guardian/custodian is responsible for the child's ongoing medical care and treatment.

**Note:** The FCM will provide the child's parent/guardian/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 Practice Guidance for further details. See separate policy, [5.7 Child and Family Team Meetings](#).

3. Assure that the child's physical, mental health (including substance abuse, if applicable), dental, visual and developmental history is documented and shared with the CFT. See separate policy, [5.7 Child and Family Team Meetings](#).
4. Inform the child's parent/guardian/custodian of the responsibility to:
  - a. Schedule and assist with transportation to the child's health care appointments.
  - b. Document all care and treatment received in the child's medical passport.
  - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child.
  - d. 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.);

**Note:** For a comprehensive list of identified Medicaid eligible dentists in the child or families region see, <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>

- 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. Ensure that the child receives a mental health screen within five (5) days of opening the case and, if the screen indicates that a comprehensive mental health assessment is warranted, refer the child for that assessment within 10 business days of the recommendation. See separate policy, [5.11 Mental Health Services](#).

**Note:** For a comprehensive list for child behavioral health providers see, <http://www.in.gov/fssa/dmha/4450.htm>. For a comprehensive list of Medicaid eligible behavioral health and health providers go to, <http://www.in.gov/fssa/dfr/2881.htm>. The "Doctors" link will lead to a search for physicians by region.

6. Encourage the child's parent/guardian/custodian to ensure that the child receives ongoing routine health care and treatment as outlined below:
  - a. Physical health check-ups, 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 exams and cleanings every six (6) months.
  - c. Visual exams every 12 months for children with corrected vision. For all other children, 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 children with corrected hearing (hearing aid or tubes) or as recommended by the child's physician. For all other children, 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.

## PRACTICE GUIDANCE

### **Health Care Planning and Decision Making**

If during the CFT meeting DCS recommends treatment for the child and the parent/guardian/custodian does not have the financial resources to address the identified need of the child, DCS will encourage the parent/guardian/custodian to utilize free or low cost clinics and/or apply for Medicaid, if they are not already receiving Medicaid benefits for the child. If the parent/guardian/custodian's financial need continues to be a barrier, DCS will assess to determine if the family would qualify for a Medicaid waiver. The DCS local office Director or designee will make all final decisions as to the utilization of waiver services

Depending on the child's individual assessed needs, ensure that the child is provided/offered the following specialized care and treatment:

- a. Therapy/counseling services and medication.
- b. Drug and/or alcohol testing and substance abuse treatment.
- c. Testing and any necessary treatment for HIV, sexually transmitted diseases (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 (3) years of age.
- e. Pregnancy options counseling and prenatal care.
- f. Education and information about hygiene, sexual development, birth control and sexually transmitted diseases.

### **First Steps**

The Indiana First Steps program includes professionals from education, health and social services. The services these professionals provide are coordinated to offer the children of Indiana an extensive selection of early intervention resources. First Steps is available in every county in Indiana.

Most referrals to First Steps originate from doctors, hospital staff, or other social service agencies such as DCS. Also, a parent may become concerned about apparent delays in their child's development and initiate a "self referral" to First Steps. For further information regarding the First Steps program, view their website <http://www.in.gov/fssa/ddrs/4977.htm>.

Eligibility for First Steps includes families with children ages birth to three (3) years who:

1. Are experiencing developmental delays.
2. Have a diagnosed condition that has a high probability of resulting in a developmental delay.

## FORMS

N/A

## RELATED INFORMATION

### **Qualified Mental Health Provider**

A QMHP is defined as a licensed psychiatrist, a licensed physician or a licensed psychologist or a 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 or Doctoral Degree or both from an accredited university, and the individual must possess one 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),
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 documented equivalence in education, training, and/or experience approved by the supervising physician.

### **Disclosure of Physical, Mental Health and Addiction History of the Parent/Guardian/Custodian**

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

### **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: <http://www.in.gov/fssa/ddrs/4964.htm> or 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>

### **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.