

	<b>INDIANA DEPARTMENT OF CHILD SERVICES</b> <b>CHILD WELFARE POLICY TOOL</b>	
	<b>4.H Tool:</b> Considerations for a Child with Complex Medical Needs	
	<b>Effective Date:</b> April 1, 2025	<b>Version:</b> 1

## TOOL OVERVIEW

This tool provides guidance to Family Case Manager's (FCM's) when a child has been identified to have complex medical needs.

## TOOL GUIDANCE

According to section 1945A(i)(1) of the Social Security Act, a child with medically complex conditions is defined to be an individual under 21 years of age who is eligible for medical assistance under the state Medicaid plan (or under a waiver of such plan), and who has at least:

1. One (1) life-limiting illness or rare pediatric disease, as defined at 21 U.S.C. 360ff(a)(3); or
2. One (1) or more chronic conditions that:
  - a. Cumulatively affect three (3) or more organ systems;
  - b. Severely reduce cognitive or physical functioning (e.g., the ability to eat, drink, or breathe independently); and
  - c. Requires the use of medication, durable medical equipment, therapy, surgery, or other treatments.

A child who has complex medical needs is medically fragile and has a medically diagnosed immuno-compromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include, but are not limited to cancer, transplant care, and cystic fibrosis.

### **Assessment Finding for a Child with Complex Medical Needs**

The following questions may assist in making an assessment finding when a child with complex medical needs has been identified:

#### **Home and/or Placement**

1. What is the child's feeding schedule/diet? What evidence supports this?
2. Is the home environment appropriate for the child's medical needs?

#### **Medication**

1. What medications has the child been prescribed and by whom?
2. What is the child's medication schedule and who administers medications?

3. What is the pill count on the medication? Based on the fill date, does the remaining pill count match the treatment plan/prescription usage)?
4. Does the child need to be seen by a physician to have blood and/or urine screens completed to ensure therapeutic levels?

#### Parents and Caregivers

1. Is there prior child abuse/neglect (CA/N) history (in-state and/or out-of-state) related to the child's medical condition? What were the outcomes of this involvement?
2. Who helps care for the child? Do other caregivers understand the child's medical condition and the treatment plan?
3. How does the parent, guardian, or custodian describe life with the child?
4. Is the parent, guardian, or custodian willing and capable of providing a safe environment for the child?
5. Is there risk of harm or child safety concerns resulting from inaction from the parent, guardian, or custodian?
6. What is the caregiver's description/understanding of the treatment plan?
7. Does the caregiver's description/understanding of the treatment plan match the provider's or medical records regarding the treatment plan?
8. Are there barriers preventing the parent, guardian, or custodian from seeking medical care for the child or complying with medical recommendations?
9. Did the hospital treatment team require the parent, guardian, or custodian to stay in the room (room in) with the child in the hospital and document their ability to adequately provide prescribed/required care? If so, has documentation been obtained from the treatment team/hospital?
10. Is the parent, guardian, or custodian attending medical appointments for the child regularly?

#### Service Providers

1. What providers are working with the child and the child's family (e.g., physical therapy [PT], occupational therapy [OT], specialty doctors, school, speech, First Steps, home health care provider, primary care physician) and what services are they providing?
2. Are caregivers involved in any support groups?
3. Are respite services provided for the child? If so, who provides the respite services?

#### Medical Records

1. What medical appointments (and with whom) did the child have during the last month?
2. What medical appointments (and with whom) are scheduled for the child within the next month?
3. How are appointments tracked and maintained?
4. How many hospitalizations has the child had in the past year?
5. Is the child appropriately gaining weight according to growth charts?
6. Are medical records showing a pattern of the child becoming stable in a controlled setting?
7. If there are multiple doctors involved in child's care, is there communication between them?
8. What releases of information are needed to access medical records?
9. Are the child's medical records accurately maintained on the child's profile page in Casebook (see policy 8.27 Maintaining Health Records – Medical Passport)?

### Medical Equipment

1. Can the parent, guardian, or custodian explain how to care for the child and how to use and maintain the child's equipment?
2. Does the parent, guardian, or custodian have a backup plan if the equipment fails or is damaged?

### Current Needs

#### **Needs of Child:**

1. What are the potential benefits of the child receiving the recommended treatment, and what are the medical implications if the child does not receive the recommended treatment?
2. Is the child able to understand/participate in the treatment plan if age and developmentally appropriate?
3. Does the child have any unusual, concerning, or problematic behaviors? If so, describe the behaviors and how the caregivers have helped or are currently helping the child to de-escalate or regulate?
4. Are there any accommodations needed (e.g., ramp, stair lift, bathtub rail, bath chair, hospital bed)?
5. If the child requires a car seat, is the car seat safe for transport?
6. Consider whether the child's race, gender, and/or culture are a factor in new or pre-existing medical concerns (e.g. child who is unvaccinated, sickle cell disease (SCD), hemophilia).

**Note:** SCD primarily affects people of African, Middle Eastern, Mediterranean, Central and South American, and South Asian descent. Hemophilia, a bleeding disorder, is more common in males.

6. Is a Pediatric Evaluation and Diagnostic Services (PEDS) referral needed to answer questions about the medical needs of the child?

#### **Needs of the Parent, Guardian Custodian:**

1. Does the parent, guardian, or custodian have identified needs that impede their ability to provide appropriate care for the child (e.g., mental health needs, substance use, domestic violence [DV], housing instability)?
2. Are there services/assistance that may be provided to the family to meet the child's medical needs?
3. Does the parent, guardian, or custodian have access to appropriate transportation?
4. Does the parent, guardian, or custodian have access to formal and informal supports that may support the family in providing care for the child?

### **Educational Needs**

1. Does the school provide any accommodation for the child's medical needs?
2. Does the school have any issues providing care for the child when the child is at school?
3. Does the child have an Individualized Education Program (IEP) or 504 Plan, and if so, does it include the correct diagnoses?
4. Does the IEP or 504 Plan reflect accommodations that meet the needs of the child and make sense for the child?

### **Indicators for the Child to Remain in the Home**

The following indicators may support a child with complex medical needs safely remaining in the home:

1. A detailed Safety Plan has been created with the family to address identified safety concerns, risk factors, and what could go wrong with the plan;
2. The child's medical records document no concerns for abuse or neglect;
3. The child's parent, guardian, or custodian acknowledges risk to the child and demonstrates the use of protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and child youth development, parenting resilience, social connections, and concrete support for parents) to mitigate risks;
4. A care conference (see Resources) has been completed;
5. Additional concrete support has been identified to help provide care for the child or the household to assist the parent, guardian, or custodian in providing necessary care for the child;
6. The child can adequately communicate to express safety concerns within the home;
7. The parent, guardian, custodian is willing to work with community agencies for additional support and develop new skills to appropriately care for the child, and the Department of Child Services (DCS) has confirmed enrollment in these services; and
8. Follow-up recommendations by the child's treating physicians have been completed.

#### **Indicators for Out-of-Home Placement**

The following indicators may support placing a child with complex medical needs in out-of-home care:

1. Other types of CA/N exist creating threats to the child's safety;
2. The child's medical records show a pattern of the child growing appropriately when in a hospital setting but not in the home setting;
3. There is a documented history of safety and risk concerns that have not been remedied through community-based services;
4. The child has increased vulnerability due to the child's physical, emotional, developmental ability, and/or age;
5. The parent, guardian, or custodian's substance use presents additional safety threats in the home;
6. There is a documented pattern of delayed medical treatment or missed medical appointments directly related to the child's physical health and/or development;
7. There is evidence supporting the parent, guardian, or custodian's inability and/or refusal to appropriately follow medical recommendations pertinent to the child's physical health and/or development; and/or
8. No other workable plan may be put in place that ensures child safety.

#### **Considerations Prior to Case Closure**

The following may be considered prior to case closure involving a child with complex medical needs:

1. All parents, guardians, custodians, or caregivers have completed all necessary medical training to appropriately care for the child (if applicable);
2. A care conference has been completed with the team having a shared understanding of next steps and ongoing care expectations;

**Note:** The treating physician should provide approval for the plan created by the team.

3. The parent, guardian, or custodian has appropriately demonstrated new skills that directly correlate to the child's ongoing medical and daily care;
4. The parent, guardian, or custodian has additional formal and/or informal supports in place to help with ongoing care for the child;
5. The parent, guardian, or custodian has a Safety Plan in place that is being followed;

6. Other issues (e.g., substance use) are resolved or not affecting parenting ability; and
7. Results of the In-Home/Out-of-Home Risk and Safety Reassessment.

### **Resources for Children with Complex Medical Needs**

#### **Bureau of Developmental Disability Services (BDDS)**

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 call (800) 545-7763.

#### **DCS Training**

##### **Developmental Disabilities Training**

Field Staff may attend the Developmental Disabilities training located in Success Factors for further education.

#### **PDS Training**

##### **Pediatric Evaluation and Diagnostic Services (PEDS) Academy Training**

The PEDS Academy training, developed in 2024, is currently available for Family Case Manager (FCM) Supervisors. The training is provided by the Riley Child Protection Team and offers education on common medical topics related to child abuse and neglect, as well as education on the PEDS program. Contact local DCS office management (Local Office Director [LOD], Division Manager [DM], or Regional Manager [RM]) for further information.

#### **Doctors for Indiana Child Abuse Screening & Education (Docs InCASE)**

Docs InCase are the pediatricians who provide local expertise and assistance to DCS through consultation and participation in community child protection and fatality review teams. They participate in educational training and case reviews on child protection issues. Educational programs focusing on community and medical providers are also provided.

#### **Child and Adolescent Needs and Strengths (CANS) Assessment**

The CANS Assessment is available to assist in identifying the needs and strengths of the child (see policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment).

### **RELEVANT INFORMATION**

#### **Definitions**

FINDER is a free, online directory of services and resources from across the state to support individuals (children and adults) with disabilities.

#### **Bureau of Developmental Disability 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.

#### **Medically Fragile**

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

**Resources**

- [BDDS website](#)
- [Docs InCASE](#)
- [FINDER](#)
- [Indiana Co-care](#)
- [Safety Plan \(SF 53243\)](#)
- [1945A\(i\)\(1\): State Option to Provide Coordinated Care Through a Health Home for Children with Medically Complex Conditions.](#)
- [21 U.S.C. 360ff\(a\)\(3\): Rare pediatric disease](#)

**Related Policies**

- [4.22 Making an Assessment Finding](#)
- [7.07 Health Care Services](#)
- [8.25 Health Care Services \(Overview\)](#)