

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 26:</b> Authorization for Health Care Services	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.322</b>
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The Indiana Department of Child Services (DCS) will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing non routine healthcare treatment for the child. However, obtaining parent, guardian, or custodian consent must not delay or impede required treatment for the child, if there is a need for emergency health care (including mental health) and there is not sufficient time to contact or an inability the parent, guardian, or custodian.

**Exception:** DCS will allow the resource family to seek the following health care services for a child without prior consent:

1. Routine healthcare treatment; and
2. Emergency health care treatment, including mental health, when there is not sufficient time to contact DCS and get consent in advance.

**Note:** For emergency treatment, the resource family 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.

Unless it is an emergency, DCS will seek court approval, prior to any treatments that require anesthesia<sup>1</sup>.

Code Reference

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

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will complete the following steps any time a child is placed in a resource family home:

1. Obtain an [Authorization for Medical Services \(SF45093/CW3319\)](#) form that has been signed by the DCS Local Office Director or designee;
2. Provide the resource family with a copy of the signed [\(Authorization for Medical Services SF45093/CW3319\)](#) form and retain one (1) copy in the child’s case file;
3. Assure that the resource family receives and signs a copy of this entire policy (Authorization for Health Care Services). Place the signed original in the child’s file and provide the resource parent(s) with a signed copy;
4. Explain to the resource family that the [Authorization for Medical Services \(SF45093/CW3319\)](#) form is a “blanket” written authorization form that enables the resource family to authorize:

<sup>1</sup> This refers to a child who will be unconscious during surgery.

- 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:
    - 1) The care is ordered by a health care professional, and
    - 2) There is not enough time prior to the treatment to contact the FCM or the designated DCS local office staff person and get advance permission.
5. Explain to the resource family that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental healthcare for the child whenever a healthcare provider requests it; and
  6. Explain that all Medicaid and/or private insurance procedures (i.e., preauthorization before certain treatments and procedures) must be followed.

### **Non Routine, Non Emergency Health Care**

The resource family will provide the healthcare 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 healthcare provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment if parental rights have not been terminated and seek consent;
3. If parental rights have been terminated or the parent, guardian, or custodian refuses to consent, but the FCM feels the treatment is in the best interest of the child, seek supervisory input regarding pursuit of a court order;
4. If treatment is approved by parent, guardian, custodian, or court, ensure that the healthcare provider receives a copy of the signed consent document, either directly or via the resource family. Place the original copy in the child's case file; and
5. If not approved, ensure that the denial and the reasons for the denial are conveyed to the resource family and the healthcare provider.

### **Emergency Health Care**

The resource family will:

1. If time permits or if directed to do so by the healthcare provider, 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; or
2. If time does not permit obtaining consent prior to the emergency treatment, contact the child's FCM or on call worker immediately after the treatment to relay the details.

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

1. Attempt to make contact with 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, i.e., a no-contact order exists or parental rights have been terminated, etc.).
2. Immediately relay any verbal authorization to the resource family; and
3. Document the verbal authorization in the child's case file.

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 child's case file the reason that parent, guardian, or custodian advance authorization was not sought.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Authorization for Medical Services \(SF45093/CW3319\)](#)
2. [Case Plan \(SF2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **Routine Healthcare**

Examples of routine healthcare include, but are not limited to:

1. Medical: physical examinations, well-child care, immunizations, visit to the doctor for cold or flu, etc;
2. Dental: cleanings, examinations, cavity fillings, x-rays, etc;
3. Mental health: therapeutic services, such as visits with a counselor or play therapy that are prescribed in the child's [Case Plan \(SF45093\)](#);
4. Eye: visual exams, glasses, and/or contact lens fittings, etc; and
5. Hearing screenings.

See related policy, [8.29 Routine Health Care](#).

### **Non-Routine, Non Emergency Care (Also Known as Extraordinary Health Care or Major Treatments)**

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