

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2014
	<b>Section 26:</b> Authorization for Health Care Services	<b>Version:</b> 2

**POLICY**

The Indiana Department of Child Services (DCS) will work with the resource family and the Child and Family Team (CFT) to ensure that every child in out-of-home care is provided with health care services necessary to meet the child's needs (e.g., physical, mental, dental, visual, auditory, and developmental).

DCS will obtain, when possible, consent of the child's parent, guardian, or custodian prior to authorizing non-routine health care treatment for the child.

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

1. Routine health care treatment; and
2. Emergency health care treatment, including mental health, when there is not sufficient time to contact DCS and obtain 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.

Youth age 18 years or older may consent to their own health care. Therefore parental consent is not required.

**Exception:** For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to authorizing non-routine health care 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](#)

**PROCEDURE**

The Family Case Manager (FCM) will complete the following steps any time a child is placed outside of his or her home:

1. Discuss the possibility of medical care for a child while in care and solicit information from the child's parents regarding the child's medical history and preferences for care;

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

2. Obtain an [Statement of Care and Supervision/Authorization Health Care \(SF45093/CW3319\)](#) form that has been signed by the DCS Local Office Director or designee;
3. Provide the resource family with a copy of the signed [Statement of Care and Supervision/Authorization for Health Care \(SF45093/CW3319\)](#) form and retain one (1) copy in the child's case file;
4. Assure that the resource family receives and signs a copy of this entire policy ([8.26 Authorization for Health Care Services](#)). Place the signed original in the child's file and provide the resource parent(s) with a signed copy;
5. Explain to the resource family that the [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#) and/or the [Authorization for Health Care \(SF 54247\) Form](#) is a "blanket" written authorization form that enables the resource family to authorize:
  - 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 for advance permission.
6. Explain to the resource family that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental health care that was not identified as part of the treatment plan in the Case Plan for the child whenever a health care provider requests it; and
7. 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 health care 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 health care provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment and seek consent if parental rights have not been terminated;
3. Seek supervisory input regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent;
4. Ensure that the health care provider receives a copy of the signed [Statement of Care and Supervision/Authorization Health Care \(SF45093/CW3319\)](#) either directly or via resource family, if treatment is approved by parent, guardian, custodian, or court. Place the original copy in the child's case file; and
5. Ensure that the denial and the reasons for the denial are conveyed to the resource family and health care provider, if not approved.

#### **Emergency Health Care**

The FCM will ensure resource family is advised to:

1. 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, if time permits or if directed to do so by the health care provider; or

2. Contact the child's FCM or on call worker immediately after the treatment to relay the details, if time does not permit obtaining consent prior to the emergency treatment. If an emergency occurs after hours, contact the DCS hotline.

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**

### **Parental Participation in Decision-Making**

Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the child's potential medical needs by engaging the family to actively discuss the child's medical history and preferences for medical services. See separate policy [5.3 Engaging the Family](#).

## **FORMS AND TOOLS**

1. [Statement of Care and Supervision/Authorization Health Care \(SF45093/CW3319\)](#)
2. [Case Plan \(SF2956\)](#) – Available in MaGIK

## **RELATED INFORMATION**

### **Routine Health Care**

Examples of routine health care 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 services prescribed in the child's [Case Plan \(SF45093\)](#);
4. Vision: visual exams, glasses, and/or contact lens fittings, etc; and
5. Auditory 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. Vision: LASIK surgery to reduce nearsightedness, farsightedness, or astigmatism; and
4. Cosmetic: tattoo removal.

**Requests that Require Additional Consideration and Review**

A referral may be made to a DCS Nurse for consultation regarding relevant questions, concerns, and/or circumstances that require additional medical consideration, including, but not limited to:

1. Questions regarding prescriptions,
2. Side-effects of medications, and/or
3. Alternative options to medications.