

CHAPTER 5 – HEALTH AND MENTAL HEALTH CARE



A. TREATMENT RESPONSIBILITY

The Department of Children and Family Services (DCFS) has the overall responsibility for the physical, medical, dental, and emotional care of children in foster care. The Agency is ultimately responsible for making provisions for preventive and medical care and/or treatment for any condition that is dangerous to the child's physical or mental health.

Because the caregivers are in the best position to observe and note the child's needs for medical attention, much responsibility for securing medical care is delegated to them. Foster caregivers are responsible for ensuring the child keeps all scheduled appointments and sharing the completed medical form and/or the results of the physician's diagnosis, tests and treatment with the assigned caseworker. Foster caregivers should discuss with or notify the foster care caseworker for non-emergent treatment or hospitalizations.

B. COMMUNICATION OF KNOWN HEALTH PROBLEMS

Children entering care may have pre-existing conditions some of which may be due to abuse and/or neglect. They may also be reacting to the trauma of placement. Many of these conditions cannot be treated solely with positive daily childcare activities and may require medical treatment.

During pre-placement, and at the time of placement, the child's foster care caseworker will provide information about the child's physical and mental health. For infants and very young children, this information may include hospital records and medical records from health department clinics, pediatricians, etc., if available.

C. CHOOSING A PROVIDER

It is the policy of the Department of Children and Family Services (DCFS) to ensure all children in foster care receive all medically necessary and recommended medical and dental care. Foster caregivers will be provided with a medical card or Medicaid number for children who are placed in their care. In many cases, we continue to seek medical and mental health services from the child's existing providers.

Responsibility for securing routine medical care is achieved in partnership with the caregivers and the caseworker. Medical choice is limited to licensed physicians and facilities approved to participate in the Medicaid Program, for covered services, and the child's Managed Care Organization (MCO).

Medical and dental care needed for children in foster care is paid for through Medicaid or through the birth parents' private insurance. Any services not covered by the birth parents' private insurance or Medicaid card are to be discussed with the child's assigned caseworker prior to obtaining the service. Foster caregivers may be reimbursed for certain

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prescription drugs and medical emergencies when the child's medical card does not cover these expenses, with approval by the foster care caseworker.

The child's foster care caseworker will assist the caregiver with the following:

- Coordinating medical care plans with the caregiver or facility.
- Making direct referrals and helping the caregiver with follow-up appointments for referred services.
- Keeping old medical records and current medical information updated in the child's online case record.

When children enter foster care with significant medical histories or conditions that could impact their future health, development, and educational needs (such as premature infants, substance-exposed newborns, children with disabilities, etc.), their medical information must be maintained throughout the case. This information must be accessible to ensure a complete medical history during their time in foster care and be transferred to the child or their permanent caregiver when they leave foster care.

Once a child is placed in an adoptive home, the adoptive caregivers should be encouraged to include the child on any private medical insurance they may have. The adopted child is eligible for Medicaid if an adoption subsidy is available.

D. MEDICAL CARE/FORMS/RECORD

A child entering foster care must have a medical exam completed within seven calendar days, if possible, but no later than 30 calendar days after entering care. The DCFS caseworker will discuss the need for you to schedule an appointment with a Medicaid physician or clinic. Then, the ongoing medical wellness examination schedule should be followed.

- A child under one year old should see a doctor by 1 month; then, the child should be seen again at 2 months, 4 months, 6 months, 9 months, and 12 months, or as often as recommended by the doctor.
- From age one or two, the child should continue to be seen as often as his condition requires, but at the very least, he should have check-ups at 15 months, 18 months, and 2 years (including visits for required immunizations as outlined in Appendix G), and as recommended by the child's pediatrician.
- Children over the age of two must have a full physical exam every year.
- Since immunizations are available free of charge at local health units and covered by Medicaid, DCFS will not reimburse immunizations given by providers who do not participate.

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- Every effort should be made to maintain an established medical relationship between a child and their original physician (or physician of origin), provided the physician participates in the child's Medicaid plan.

Annual medical examinations must be recorded in the child's case record. The foster care caseworker will provide CW Form 98-F for the physician or Medicaid provider to complete. This physical form will be used to document visits to Medicaid clinics. The child's caseworker must receive the completed form. A copy of the child's physical examination from the electronic medical record may be attached to the 98-F form instead of filling out the handwritten form.

Foster caregivers should keep written records of a child's medical and dental treatments, illnesses, or injuries that occur during their stay in the foster home. The child's caseworker should be informed of these illnesses and treatments as they happen. This record should be included in the child's Life Book (refer to Chapter 9 of this handbook), along with other significant events and changes.

Ongoing Medical Appointments/Screenings

Additional medical screenings may occur when they are:

- Medically necessary.
- Required prior to participation in an educational or sports program.
- Required within three business days of a child returning from runaway, missing, or kidnapped.
- There is suspicion of physical abuse, illness, or other conditions such as HIV exposure or pregnancy, and medical screening or testing is required to confirm.

Specialized medical screenings for children, who are under the care of a medical specialist due to their unique health needs, as well as follow-up examinations and screenings, should be based on the recommendations of the child's treating specialist. Examples of this may include, but are not limited to:

- Oncologist for a child with Cancer
- Cardiologist for a child with heart issues

E. EYE AND DENTAL SERVICES

The foster caregiver is responsible for scheduling the child's routine annual eye or dental exam. These services must be obtained from a Medicaid provider.

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Dental Care and Orthodontic Services

1. All foster children must have an initial dental exam within 60 days of entering care and every six months afterward (unless the child is under one year old and has no teeth).
2. Infants should have their first dental exam when their first tooth erupts or at age one, whichever comes first; and then every six months after that.
3. These exams might be more frequent if indicated by risk, special needs, or susceptibility to oral disease, when ordered by a dentist and based on medical coverage.
4. Dental exams must be performed by a licensed dentist and must include a documented description of the child's oral health along with recommendations for ongoing dental care.
5. Dental health care must be included in the child's health plan. The caseworker or caregiver should verify with the child's health plan that the dentist is appropriate before scheduling the appointment.
6. Specialized dental screenings may occur when oral health concerns arise.
7. Orthodontia services must be authorized for payment by the child's medical coverage. The Agency only initiates orthodontia services that are medically necessary and covered by the child's medical coverage. If a child enters foster care and the biological parents have already started orthodontia treatment, the Agency should inform the parents that continued treatment will be their responsibility. If the parents refuse to continue supporting the treatment, DCFS shall immediately communicate with the court to request that the court order the parents to continue payment until the treatment initiated by the parents is completed. If the court declines to order the parents to fulfill this responsibility, the Agency will cover ongoing costs to complete the treatment.

F. EMERGENCY TREATMENT

The physician determines whether the child needs to be hospitalized. Authorization for the child's treatment is given by the foster care caseworker on a form provided by the hospital. Except in emergencies, the caseworker must give this authorization in advance. For procedures involving surgery, general anesthesia, or unusual treatment, consent from a biological parent or the court may be required. The caseworker must be involved in the authorization process. The caregiver should notify the child's caseworker as soon as possible when the child is hospitalized.

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A child may also come into contact with a poisonous substance. If the child(ren) eat, inhale, or contact any substance that could harm the body, the caregiver should immediately call the Louisiana Drug and Poison Information Center (1-800-222-1222) and seek appropriate medical care. Contact must also be made with the caseworker.

G. MEDICAL SUPPLIES AND MEDICATIONS

Routine medical supplies, such as Band-Aids, Tylenol, and similar items, are not reimbursable to the foster caregiver.

The following criteria should be followed when providing children with medication:

- Only give prescription medication to the child if prescribed by a physician for that child.
- Do not change the dosage of the medication without a doctor's orders.
- Notify the child's caseworker or supervisor within one working day when psychotropic medications (medications to control behavior) are prescribed for the child.
- Exercise sound judgment in providing non-prescription medications only when the child actually needs them and shall use non-prescription medications only in accordance with the directions on the label of the medicine.
- Make every effort to learn about and monitor potential adverse side effects of both prescription and non-prescription drugs, and report any adverse effects to a physician and the caseworker immediately.
- Be responsible for providing the medications ordered for the child and for storing those medications and medical supplies out of reach of the child(ren).
- Keep a medication log for the child detailing all medications given.
- Call 911 Emergency Services immediately when emergency care is needed.

H. MENTAL HEALTH SERVICES

Treatment is available to address emotional or psychiatric issues in children in foster care when necessary. Referrals for treatment from the caseworker and supervisor are based on their evaluation of the child's needs or those identified by the MCO through a health needs assessment. Although the child may be the primary client, it is expected that most of the therapeutic interactions will be with the foster family. The focus of treatment will typically be on helping the child and their caregiver better manage behavior both at home and at school.

Active caregiver involvement facilitates more rapid treatment progress. With caregiver support, therapists can identify issues faster, reinforce strategies at home, and adjust the approach sooner if therapy is not effective.

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Make it a point to be available and ask for a short period of time at the end of each session with the therapist. Use the time to tell the therapist what you have observed since the last session and to have the therapist bring you up to date. You should expect that the therapist will not discuss the details of the sessions due to confidentiality. The therapist can give you general information on how things are progressing and what you and the child should be working on until the next session. It is helpful to make notes about what has happened in between sessions and helpful to take notes on what the therapist tells you at the end of sessions and the actions you are to do. These periods, with the therapist, when required documentation is completed, can count towards your annual in-service training hours.

Foster caregiver involvement in the child's therapy benefits both the caregiver and the child. The support will aid the entire family. Therapeutic information and actions should be discussed with the child's caseworker.

Waiver services for developmental disabilities and Early Steps referrals may be available for the child placed in your home. As a caregiver, you should direct all questions about services offered by providers to the child's assigned caseworker. Never refuse services without first talking to the child's caseworker. Always discuss any problems you face in arranging or participating in developmental services with the caseworker.

I. OTHER IMPORTANT HEALTH INFORMATION

Changes to the Health Plan:

After initial enrollment in a health plan, the child must remain with the initial plan selected until the annual Medicaid recertification date. This date will also serve as the child's open enrollment to choose another health plan annually. The health plan should only be changed if found necessary to meet the child's healthcare needs.

Services without Referral:

Some services, like Early Steps, dental, and pharmacy services, do not require a referral. The child's chosen health plan may or may not have specific providers for certain specialized services that don't need a referral. For these services, the child can go to any provider that accepts Medicaid. The Health Plan should be contacted for details about which services need approval and which are available from the health plan provider. Medicaid recipients will be enrolled in a health plan, receive a card through the assigned plan, and will keep their Medicaid card for services that don't require a referral.

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Policy Exceptions:

If linking a child with a health plan is not in the best interest of a particular child, the caregiver may request a change in the health plan with prior approval from the Child Welfare Manager responsible for overseeing the child's case, following the procedures below. Situations that warrant approval for opting out include:

- When a child needs multiple physicians who are not all covered by the same health plan or when a child frequently sees a doctor who does not participate in the child's health plan.
- Youth aging out of foster care will not have the option to opt out of a health plan once they turn 18 if they want to continue receiving medical services through Medicaid until age 26.

Procedures for Exceptions:

The child's caseworker and caregiver must discuss why it might not be in the child's best interest to enroll in a health plan. If it is decided that the child should opt out, the caregiver must contact the child's physician(s) and confirm that the physician will accept Legacy Medicaid. The caseworker must discuss the reasons for opting out and the physician's willingness to accept Legacy Medicaid with the supervisor and record the discussion in the child's case file. If both the caseworker and supervisor agree that opting out is in the child's best interest, the Child Welfare Manager responsible for the case will review the documentation and make the final decision. The Child Welfare Manager must record that decision in the child's case file. Then, the Child Welfare Manager will inform the foster care supervisor and caseworker of the final decision so the caregiver can proceed, if necessary, with enrollment.