Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	6 - Foster Care (FC)
	Part No./Name	11 - Medical Services to Foster Children
	Section No./Name	Medical Services to Foster Children
	Document No./Name	6-1105 Ongoing Medical and Dental Care
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I. STATEMENT OF POLICY

All children in DCFS custody shall receive medical and dental care when medically necessary or required for wellness. All children in DCFS custody shall have a primary care provider through one of the Health Plans to promote continuity of medical services. This is consistent with national best practice standards, and meets the requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). If possible, DCFS retains children with the same medical providers and plan in use by the child's family at the time of foster care entry.

When a child is linked to a health plan he or she is enrolled with a primary care physician through that health plan. If specialized medical care is required, the primary care physician will make the referral to a specialist enrolled in the same plan, or one out of plan, if none can be identified within the plan. Refer to 6-700, Medical Evaluation and History for enrollment information.

II. PROCEDURES

A. ROUTINE MEDICAL EXAMINATIONS

Medical examinations are required for all foster children.

1. Regular periodic medical screenings
   - Must occur after birth as follows for children under 2 years of age:
     - By 1 month
     - 2 months
     - 4 months
     - 6 months
     - 9 months
     - 12 months
     - 15 months
     - 18 months
     - * 19-23 months
     - 2 years
   - All screenings must be at least 30 days apart.
   - For children ages 6 months to 72 months, a universal blood lead screening is required **
   - *** For children ages 2 * years through 17 years of age: **
     - The exam is to be scheduled no sooner than 12 months from the date of the previous exam and no later than 14 months from that date.
     - The annual wellness exam must occur during this 12 to 14 month time frame even if the child has had other medical exams in the interim. The medical examination must include a screening of current development, medications, immunization status,

hearing, speech, vision, communicable diseases, identification and documentation of medical needs, and referral for ongoing medical care, equipment, and services.

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* These are minimum requirements and may vary in individual situations upon the recommendation of a physician ** ***

2. Interperiodic medical screenings may occur when:
   - Medically necessary
   - Required prior to participation in an educational or sports program
   - Required within three working days of a child returning from runaway/missing/kidnapped
   - There is suspicion of physical abuse, disease, or other condition such as HIV exposure or pregnancy and medical screening or testing is necessary to verify

3. Specialized medical screenings for children under the care of medical specialists due to the unique medical care needs of the child, follow up examinations and screenings should be based on the recommendations of the specialist treating the child. Examples of this may include, but are not limited to:
   - Oncologist for child with Cancer
   - Cardiologist for child with heart issues
   - Endocrinologist for child with gender identity issues

4. The CW Form 98-F, Child's Physical Examination, shall be completed and scanned into the child's online case record (unless another medical form is indicated due to special circumstance, i.e. a child returning from runaway would need CW Form 98-R). A facility medical report, or documentation provided by the medical professional performing the physical examination may substitute for the Form 98-F. All medical information must be recorded on the FATS Medical Page. Per Federal Statute 475 (1)(C), each child's Cumulative Medical /Educational Record (FATS Medical/Educational Page), to include a list of prescribed medications and a record of the child's immunizations shall be attached to the finalized copy of the case plan that is given to participants and the Court.

B. IMMUNIZATIONS

Each child shall have immunizations recommended by the medical provider or by the attending physician. The case worker is responsible for assuring proper recording of immunizations and/or boosters and filing the information in the child's record envelope section and on the FATS Medical Page. Per Federal Statute 475 (1)(C), a record of the child's immunizations shall be attached to the case plan at each update (Refer to Section A above.). The case worker is also responsible for seeing that immunizations continue on schedule if replacement occurs. Immunization of persons entering schools, kindergartens, colleges, proprietary or vocational schools, and day care centers must be provided in accordance with Louisiana Revised Statute 17:170 (A)(2).

* C. COVID-19 Vaccine for Children In Foster Care

In response to the guidelines set forth by the Center of Disease Control and the Louisiana Department of Health, all children deemed eligible and in state's custody are to be assessed to receive the primary series of COVID-19 vaccinations. Children 6 months and older are eligible to receive the Pfizer-BioNTech or Moderna vaccine. COVID-19 boosters are recommended for children ages 5 years and older that have previously received the primary series of Pfizer-BioNTech or Moderna. All caregivers should use the CDC's COVID-19 booster tool to determine if and when a child can get boosters to stay up to date with your COVID-19 vaccines.

When a child, 6 months and older, enters foster care the case worker should have discussions with the birth parents to determine the child's vaccination status. If the child is unvaccinated, the case worker should determine the parent's wishes regarding the child receiving the COVID-19 vaccine and document it on the Form 98-I. If the birth parents wish to have their child vaccinated, the case worker should consult with the child's physician and parents to determine if the child has any medical conditions which may preclude the receipt of the vaccine. Once the case worker meets with the child's physician and it is determined there are no risk factors associated with the child receiving the vaccine, the case worker should schedule for the child to receive the vaccine. If the birth parents do not wish to allow the child to be vaccinated, the discussion should be documented in FATS and on the 98-I, and the child should not be administered the vaccine.

If a child 6 months and older are already in foster care and if the birth parents retain parental rights, the case worker shall consult with the parents to determine if they would like their child to receive the COVID-19 vaccine. If yes, birth parents should provide the case worker with information about the child's medical conditions or allergies which may preclude the receipt of the vaccine to the child. The child and caregiver in consultation with the child's physician shall determine if the child has risk factors, which may preclude the child from receiving the vaccine, and those risk factors shall be documented in the child's medical records and case records. If a birth parent consents, the case worker shall review and request one or more parent(s) to complete a new Form 98-I, Authorization for Medical Care within a year of the child entering foster care or after the child reaches 6 months of age. The Form 98-I has been updated to include consent for the COVID-19 vaccination. This form should be filed in section 6 of the case record. The case worker and/or foster caregiver shall then make arrangements for the child to receive the vaccine. If a birth parent refuses to consent to the COVID-19 vaccine for their child, the child shall not receive the vaccine. Staff shall document the parent's decision to deny consent in the case record.

If the child is freed for adoption, the case worker shall consult with the child's caregiver and pediatrician to determine if the child has any risk factors which may preclude the child from receiving the vaccine. After consultation with the pediatrician, the case worker shall follow the recommendations of the child's pediatrician. **

D. DENTAL CARE AND ORTHODONTIA

1. All foster children are required to have an initial dental exam within 60 days of foster care entry (unless the child is less than one year of age with no teeth) and every six months thereafter.

2. Infants must receive their initial dental exam at the eruption of their first tooth, or age one, whichever occurs first, and every six months thereafter.

3. These exams may be more frequent as 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 completed by a licensed dentist and shall result in documented description of the child's oral health and recommendations for ongoing dental care.

5. The dentist must be part of the child's health plan. The case manager or foster caretaker should check with the child's health plan to ensure the dentist used is appropriate prior to scheduling the appointment.

6. Interperiodic dental screenings may occur when oral health concerns arise.

7. Orthodontia services must be authorized for payment by the child's medical coverage. The Department only initiates orthodontia services which are medically necessary and covered by the child's medical coverage. If a child enters foster care and the parents have already initiated orthodontia treatment, the Department should advise the parents that continued treatment will be the responsibility of the parents. If the parents refuse to continue supporting the treatment, DCFS shall immediately correspond with the court to request the parents be ordered to continue payment through finalization of the treatment the parents initiated. If the court refuses to order the parents to fulfill this responsibility, the Department will cover ongoing costs to finalize the treatment. The Department will not accept responsibility for any outstanding bills for services prior to the child's foster care entry date. FC code 600 690 shall be used to process any required payments.

E. DETERMINATION OF HEALTH CARE PROVIDER AND MEDICAL COVERAGE

Placement Changes: When it is necessary for a child's foster care setting to change, every effort must be made to locate a new care setting within a geographical area that will allow the child to continue treatment by the same physician. When this is not possible, the case worker must notify the child's health plan of the change in location of the child and request that a new physician within the same health plan be assigned to the child.

Child Returns Home or Ages Out of Care: It is expected that foster care case workers have ongoing discussions of health care options with birth parents working toward reunification and with youth about to age out of foster care. Prior to reunification or aging out of foster care, the

case worker should explain the health plan process to the parents or youth. Youth that age out of care on their 18th birthday will receive Medicaid and be linked to a health plan until they reach 26 years of age. Refer to 6-2240, Ongoing Services Extended Foster Care (EFC).

Changes to the Health Plan: After initial enrollment in a health plan through a health plan (refer to 6-700, Medical Evaluation and History), the child must remain with the health plan selected until the child's annual Medicaid recertification date, which 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 (Early Steps, dental, and pharmacy services) do not require a referral. The health plan may or may not have specific providers to provide some of these specialized services that do not require a referral. For these services, the child may go to any provider that accepts Medicaid. The Health Plan must be contacted for specific information on services that require approval and services that are available from the health plan provider. Most Medicaid recipients will be enrolled with a health plan and will be given a card through the health plan they are assigned to and will maintain their Medicaid card for use with services that do not require a referral. Children who are recognized as Chisholm Class members may be linked to legacy Medicaid, but are allowed to participate in health plans.

Policy Exceptions: If linking a child with a health plan is not in the best interest of a particular child, the caregiver may request to change the health plan with prior approval of the Child Welfare Manager based on the procedures below. Situations that warrant approval for opting out include the need for multiple physicians or specialists and all of them are not enrolled in the same health plan or a child who sees only one physician more than three or four times a year and that physician has elected not to participate the child's health plan. Youth aging out of foster care will not have the option of opting out of a health plan once they turn 18 years old if they want to continue to receive medical services through Medicaid up to age 26.

Procedures for Exceptions: The case worker and caregiver shall discuss the reasons it might not be in the best interest of the child to enroll in a health plan. If it is determined the child should opt out, the caregiver must contact the child's physician(s) and confirm the physician will accept legacy Medicaid. The case worker must discuss justification for opting out and the physician's willingness to accept legacy Medicaid with the supervisor and document discussion in case notes. If the case worker and supervisor agree it is in the best interest of the child to opt out, the Child Welfare Manager responsible for the case shall review the documentation and make the final decision about opting out. The Child Welfare Manager shall document that decision in the case notes. The case worker will then need to contact the worker to notify of the final decision so the caretaker can proceed as necessary with enrollment.

F. PUBLIC FUNDED MEDICAL AND DENTAL SERVICES AVAILABLE TO FOSTER CHILDREN

1. Medical Appliances, Equipment, Supplies and Rehabilitation Center Services

   Requests for the purchase of medical appliances, equipment, supplies and rehabilitation center services must be made by the child's physician within their health plan.

2. Hospitalization (Acute Care)

   The case worker is responsible for making certain the child's insurance card from their health plan and Medicaid card are available. Hospital services are provided when required to meet the child's health care needs and based on medical coverage. Once a child in foster care has been discharged from a hospital, the case worker shall place/ replace the child the same day as discharged.

3. Home Health Services

   Home health services are only provided when medically necessary. When a foster child is prescribed a physician ordered skilled medical service available through home health services such as in-home nursing care and associated services (e.g., home health aides, physical, speech, or occupational therapy), every attempt shall be made to obtain the services through the child's medical coverage.

4. EPSDT Personal Care Services

   These services are tasks considered to be medically necessary when a physical limitation, due to illness or injury, requires assistance in daily living activities such as bathing, eating, dressing, personal hygiene, or toileting. These services must be ordered by the child's physician and approved by the child's medical coverage.

5. Long Term Care Services

   Care in a long-term nursing facility is not covered by the Department. When medically necessary for a child's care is to be managed in this type of setting, it is provided based on the child's medical healthcare coverage. Habilitation services in an Intermediate Care Facility for the Intellectually Disabled (ICF) are available based on the child's medical need and medical healthcare coverage. (Residential developmental centers operated by OCDD and private providers are ICFs. Refer to 6-570, Other State Agency Federally Funded (Title XIX) Treatment Facilities or Inpatient Services).

6. Medicaid Waiver Services

The Office for Citizens with Developmental Disabilities (OCDD) Waiver Supports and Services Program is a Medicaid home and community based program providing alternative services to ICF services to persons who are intellectually disabled. Waivers administered and managed by the Supports and Services Program includes, the Residential Option Waiver (ROW), New Opportunities Waiver (NOW), the Children's Choice Waiver (CCW), and the Supports Waiver (SW). DCFS staff are expected to refer all foster children who may meet criteria for an OCDD Medicaid Waiver to the Local Governing Entity (LGE) [also known as the local Human Service District or Authority] for eligibility determination as soon as they become aware of the need. Refer to 6-703, Early Intervention and Intellectual Disability Waiver for services available through OCDD and information on making referrals to OCDD.

The referral package for OCDD should include the latest physical examination, psychological evaluation, and a social summary. A letter should accompany the referral asking for Medicaid Waiver services. The referral material should be sent to the appropriate OCDD Community Services Regional Center or Human Services District where the child is placed.

Once a Statement of Approval letter is received from OCDD indicating a child has been placed on the registry for Medicaid waiver services, a copy of that letter and a referral memo must be submitted to the DCFS State Office Foster Care Program Section via DCFS.Fostercare@la.gov. Occasionally, DCFS receives the opportunity to assign a Medicaid waiver slot, and therefore maintains a waiting list of eligible foster children. The child must already be on the OCDD registry and the DCFS waiting list to be considered.

In order to be eligible for the waiver services, the foster child or young adult must meet the financial and medical or psychological eligibility criteria as applicants for services in Intermediate Care Facilities for the Intellectually Disabled (ICF). The definition of developmental disability is a severe and chronic disability of a person which is attributable to:

- intellectual disability, cerebral palsy or epilepsy; or
- any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectual disability persons, or requires treatment or services similar to those required for these persons;
- which is manifest before the person reaches age 22;
- which is likely to continue indefinitely;
- which results in substantial functional limitations in three or more of the following areas of major life activity:

- self-care
- understanding and use of language
- learning
- mobility
- self-direction
- capacity for independent living.

Medical eligibility criteria specifically exclude those clients with a primary diagnosis of mental illness. However, the client may have a secondary diagnosis of mental illness and still qualify for the waiver program.

In addition to a level of determination and meeting the definitions for intellectual or developmental disabilities, applicants must also either be recipients of SSI or determined to meet the same eligibility criteria. When receiving services, the client may live at home, in a substitute family, or an apartment. Services include case management, residential habilitation and supervised independent living, extended family care, personal care attendant, respite care, habilitation and supported employment, prevocational habilitation, environmental modifications, assistive devices, and personal emergency response systems.

G. DCFS FUNDED MEDICAL CARE

1. For DCFS to fund services, there has to be a physician's order for the service demonstrating medical need and an official, written Medicaid denial. When there is a medical service due to medical necessity that has been ordered by a physician and denied by the child's medical coverage, DCFS will address that need.

   Prior to authorization to fund a medical service that is not funded by the child's medical coverage or Medicaid, the case worker should explore all possibilities to have the service funded through community services, other entities such as schools or programs the child is enrolled in, or local community organizations. When a provider bills Medicaid for a service, they cannot request additional payment for services beyond the amount covered by Medicaid. Case workers should always negotiate with providers when a service is not covered by Medicaid to receive the service at the Medicaid rate. Foster care case worker are responsible for guiding caregivers in only seeking services from providers covered by the child's medical coverage. Refer to the chart below to determine codes used to pay for specific services after it has been determined that Medicaid does not cover the service.

600 610	Medical Exam	Pre-placement or initial medical exam	Invoice
600 611	Extended Exam	Medical exam which requires a more extended use of the physician's time due to the extent of the injury or medical complexity	Local Level Authorization
600 625	Hospital Sitter	Hospital sitter services while child is hospitalized if no friend or relative is available and if foster parent or case manager cannot provide.	Invoice
600 635	Hospital Services	Hospital services purchased for foster children in unusual circumstances.	Local Level Authorization
600 645	Medical Appliance	Medical appliances purchased for foster children due to medical necessity.	Local Level Authorization
600 650	Medications	Drugs/medicine purchased for foster children that are medically necessary as deemed by a physician.	Invoice
600 670	Speech and Hearing Services	Speech and hearing services that are medically necessary and only if not covered by the child's medical plan or by the Department of Education.	Local Level Authorization
600 685	Physical and Occupational Therapy	Physical or Occupational Therapy not covered by the child's medical plan.	Local Level Authorization
600 690	Medically Necessary Orthodontia	Orthodontia services purchased for foster children if preapproved by State Office and if absolutely medically necessary or if preexisting prior to entering care.	State Office

2. For those miscellaneous, yet medically necessary medical services/expenses which are not covered by Medicaid and cannot be found in the chart above, the following shall apply: If the service is $500 or less, a TIPS 212, Vendor Reimbursement, or the case worker's assigned LaCarte card shall be utilized to authorize payment and requires approval of the supervisor. For miscellaneous, yet medically necessary, medical services not funded under Medicaid and over $500, a memorandum shall be sent by the Child Welfare Manager to State Office Foster Care Section via email at DCFS.fostercare@la.gov requesting approval prior to arranging for delivery of the service. When setting up payment for this service, the following codes should be utilized:

600 660	Miscellaneous Medical Service Under $500.00	Local Level Authorization
600 665	Miscellaneous Medical Service Over $500.00	State Level Authorization

3. When a child is confined to a hospital prior to placement in a foster care setting or between care settings, the non-payable tracking code must be entered for the duration of the child's stay in the hospital. The code 600 636 is used. A provider number is established for the hospital if the hospital does not already exist as a provider in TIPS.

III. FORMS AND INSTRUCTIONS

CW Form 98-F / Instructions Child's Physical Examination
* CW Form 98-I / Instructions Authorization for Medical Care
CW Form 98-R / Instructions, Runaway-Missing Child Medical Assessment
FATS Medical Page
TIPS Form 212 Vendor Reimbursement

IV. REFERENCES

P.L. 110-351, Fostering Connection to Success and Increasing Adoptions Act of 2008
Section 422(b)(15) of the Social Security Act 42 USC 622(b)(15) Statute 475(1)(C)
http://www.lsndc.org/index.php/component/cpx/?task=resource.view&id=657243
R.S. 17:170 (A)(2)
CDC's COVID-19 booster tool
World Health Organization
Centers for Disease Control
Louisiana Department of Health-Coronavirus **