 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 - Foster Care
	Part No./Name	7 - Services Prior to and Immediately After Placement
	Section No./Name	Services Prior to and Immediately After Placement
	Document No./Name	6-700 Medical Evaluation and History
	Effective Date	June 7, 2017

I. STATEMENT OF POLICY

Every child in foster care is required to have a medical examination once he or she has entered custody. All children entering foster care shall have a medical home by being linked to one of *** * the health care plans offered by Bayou Health, which will establish a primary care physician for the child. There are multiple plans offered, but DCFS in collaboration with LDH (Louisiana Department of Health) assigns all children in foster care to Amerigroup or Louisiana Healthcare Connections. If for any reason it is in a child's best interests to remain assigned to the health plan to which the child is assigned at foster care entry, the Behavioral Health unit in state office must be contacted immediately to receive an exception. DCFS is responsible for sustaining the health status of the child from the point the child enters care. DCFS is also responsible for monitoring the physical well-being of the child through initial and ongoing routine assessment of the child's health status. Any problems that are identified during DCFS custody of the child should be addressed to the degree necessary to ensure the physical well-being of the child. DCFS should not initiate medical procedures that are not necessary to sustain the child's physical status or address problems affecting the child's well-being. ** A medical home assures continuity of medical services and 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). DCFS does not authorize, initiate, nor fund non-medically necessary or cosmetic procedures for children in foster care.


* All medical care, assessment and treatment of children in foster care should involve consultation with and consent by the parents of the child. In situations where parents are unavailable or unwilling to support routine medical examinations or screening of the child or emergency medical treatment the department, as legal custodian, may continue with the examination or treatment to ensure the physical well-being of the child. **

II. PROCEDURES

A. INITIAL MEDICAL EXAMINATION

The Foster Care case manager is responsible for making arrangements for foster children to have a medical examination completed within 72 hours whenever possible, but no later than five calendar days of state custody. Exceptions to this include children who have entered foster care from a medical facility. For newborns that enter foster care, the FC case manager must obtain the newborn's complete medical record, including an assessment of any infectious or communicable diseases, at hospital discharge.

Every child entering foster care must receive a communicable disease screening by a qualified medical practitioner within 72 hours of foster care entry even if the child does not receive a full medical examination. If an appointment cannot be scheduled for the child to receive a full medical examination including screening for communicable diseases by a pediatrician or

 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 - Foster Care
	Part No./Name	7 - Services Prior to and Immediately After Placement
	Section No./Name	Services Prior to and Immediately After Placement
	Document No./Name	6-700 Medical Evaluation and History
	Effective Date	June 7, 2017

pediatric nurse practitioner within 72 hours, the child may be taken to an Urgent Care Clinic for the medical examination, which must include the screening for communicable diseases.

The medical examination must include an EPSDT screening including assessment 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. For children under 6 years of age, it must include a universal blood lead screening. If the child's immunizations are not current, the Foster Care case manager is responsible for ensuring the required immunizations are completed. The Foster Care case manager is also responsible for ensuring all recommended health care services are provided.

* Children who self-identify as transgender, and have initiated efforts to change their physical body should receive a screening by a sensitized medical practitioner trained in transgender issues and a screening by a qualified endocrinologist to assess the child's current physical condition. Any actions identified as an effort by the child to alter the child's physical body, would indicate a need to refer the child immediately for a behavioral health assessment to help the child cope with their self-concept, body image and expression of their personal identity.


A licensed physician, physician's assistant, or nurse practitioner can complete the examination. ** Documentation of the initial medical screening is completed on the [98-F, Child's Physical Examination](#), and shall include a description of the child's medical status and recommendations for ongoing medical care, equipment, and services.

If an exam was completed by a hospital prior to the child entering care, and that exam did not cover the following list of assessments, the child shall be referred for an additional examination.

- Assessment of the need for age-appropriate immunizations.
- Hearing and vision screenings and lead exposure screening or testing.
- A developmental screening for children under five.

B. INITIAL DENTAL EXAMINATION

Initial dental exams are required within 60 days of foster care entry unless the child is under one with no teeth. Infants must receive their initial dental screening at the eruption of their first tooth, or age one, whichever occurs first. Documentation of the screenings should include a description of the child's oral health and recommendations for ongoing dental care. Subsequent dental examinations and cleanings are required every six months for the duration of the child's stay in foster care. Refer to [6-1105, Ongoing Medical and Dental Care](#).

 <p>Department of Children & Family Services <i>Building a Stronger Louisiana</i></p>	Division/Section	Child Welfare
	Chapter No./Name	6 - Foster Care
	Part No./Name	7 - Services Prior to and Immediately After Placement
	Section No./Name	Services Prior to and Immediately After Placement
	Document No./Name	6-700 Medical Evaluation and History
	Effective Date	June 7, 2017

DCFS does not fund the initiation of braces or other non-medically necessary and non-Medicaid dental services for children in foster care. If a child enters foster care with braces, the child's parents should continue to provide the orthodontic care, which they contracted for the child. If the parents refuse to complete the regimen of care necessary to resolve the ongoing episode of orthodontia, the Department should request the Court to order the parents to cover the cost of the child's orthodontia care. Continued refusal by the parents and/or failure of the Court to require parental compliance will require DCFS financial support of the finalization of the dental services to maintain the dental well-being of the child.

C. SPECIALIZED MEDICAL EXAMINATIONS

If a child has any type of medical condition, such as vision impairment, hearing impairment, heart murmur, etc., the Foster Care case manager must ensure an appointment is scheduled with the child's medical specialist within 30 days of foster care entry to assess the child's current status. If the child utilizes any type of medical equipment including glasses, contacts, hearing aids, etc., the specialist must be consulted regarding any necessary adjustments.

D. DETERMINATION OF HEALTH CARE PROVIDER


1. Child enrolled in Bayou Health prior to Foster Care entry

If upon entry into foster care, the child is receiving Medicaid and already enrolled with a health plan through Bayou Health, every effort should be made to arrange an appointment with the established provider. If the child is not placed near the established provider, the case manager must contact the child's health plan to inform them of the new location of the child and request the child be provided a physician near the new location.

2. Child not enrolled in Bayou Health upon Foster Care entry

If the child has not previously received Medicaid, the child may see any physician that accepts Medicaid and is willing to see the child based on the child being in foster care, having a TIPS number, and in the Medicaid application process. The physician will bill Medicaid until the child is linked to a health plan. Once the Medicaid number is received, the caretaker, with the assistance of the Foster Care case manager, must enroll the child in a health plan immediately.

- If the physician conducting the initial medical exam refuses to bill Medicaid and see the child prior to payment when the child does not yet have Medicaid or Bayou Health, it is recommended that the case manager or caretaker, attempt to find a provider that is willing to see the child based on the child being in foster care as long as this causes no undue hardship. If the child must see a physician that requires payment prior to Medicaid being set up, the following codes are used:

 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 - Foster Care
	Part No./Name	7 - Services Prior to and Immediately After Placement
	Section No./Name	Services Prior to and Immediately After Placement
	Document No./Name	6-700 Medical Evaluation and History
	Effective Date	June 7, 2017

- 600/610 Pre-placement medical exam
- 600/611 Extended or specialized medical exam

Plan Selection: Priority is given to the plan that includes the child’s current physician to maintain a medical home for the child with either the same physician or the same medical plan. The caretaker or case manager can determine which plan the child’s current physician is enrolled in by going online at * bayouhealth@la.gov **, calling the Bayou Health Enrollment Center at 1-855-229-6848 and providing the physician’s name, or by contacting the physician directly to inquire. If the physician is not enrolled in a plan, the case manager or caretaker can request that he do so.


In some circumstances, it may not be in the child’s best interest to maintain their current physician. For example, some plans may offer better benefits for pregnant women or mothers and children that would outweigh the benefits of remaining with the current physician for a teen who is pregnant or has a child. When it is not in the best interest of the child to remain with the current physician, the case manager, supervisor, parents, youth, and caretaker make the decision of which plan to choose, and the case manager documents the choice and justification in case notes. A caretaker should not be allowed to select a physician without this joint consultation.

Within 90 days after enrollment in Medicaid for children who were not previously enrolled, the caretaker can change the plan selected, if necessary. Changes can be made by going online at * bayouhealth@la.gov **, or calling the Bayou Health Enrollment Center at 1-855-229-6848.

Policy Exceptions: If linking a child with a health plan through Bayou Health is not in the best interest of a particular child, the caretaker may be allowed to opt out of a Bayou Health plan after consultation with the case manager, supervisor, parents, and youth, and 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 and specialists who are not enrolled in the same health plan or a child who sees only one physician more than three to four times per year and that physician has elected not to participate in a Bayou Health plan.

NOTE: Youth aging out of care will not have the option of opting out of a health plan through Bayou Health once they turn 18 years old if they want to continue to receive medical services through Medicaid.

Procedures for Exceptions: The Foster Care case manager, supervisor, parents, youth, and caretaker shall discuss the reasons it might not be in the child’s best interest to enroll in a health plan. If it is determined the child should opt out, the case manager must contact the child’s physician(s) and confirm the physician will accept regular Medicaid. The case manager must discuss the justification for opting out and the physician’s willingness to accept regular Medicaid with their supervisor and document the conference in case notes. If the case manager and supervisor agree it is in the child’s best interest to opt out, the Child Welfare Manager responsible for the case shall review documentation and make the final decision about opting out. The Child Welfare Manager shall document the decision in the case record.

 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 - Foster Care
	Part No./Name	7 - Services Prior to and Immediately After Placement
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	Document No./Name	6-700 Medical Evaluation and History
	Effective Date	June 7, 2017

The case manager will then need to contact the caretaker to notify of the final decision and then proceed with enrollment.

E. ESTABLISHING MEDICAL HISTORY

Documentation of the initial and all follow-up medical examinations shall be captured using the CW form [98-F, Child's Physical Examination](#), and the form shall be scanned to the child's record through OnBase. All medical and dental visits must be documented on the FATS Medical page.

The *** DCFS **** [35-H](#), Authorization for Release of Protected Health Information or equivalent Release of Information Form along with court orders showing DCFS custody is to be attached to any letter requesting medical information on a child. If copies of reports will not be provided without payment, payment may be made using the TIPS 212 to the vendor of services or the TIPS 213 to reimburse the case manager for payment of the copying fee. The TIPS code 600 660 is used for medical record copy costs.

Copies of examination reports are scanned into the child's record. The child should be accompanied to medical appointments by an adult who has as much information available as possible on the child's medical history. Parents of children in foster care should always be notified of and invited to attend the child's medical appointments along with the case manager or caretaker, as long as the parents retain rights to the child.

Past medical care providers should be identified and requested to provide medical history on the child including a copy of the immunization record and information about major illnesses, injuries, surgeries, or pertinent information for chronic medical problems and ongoing treatment. The Foster Care case manager shall request the parent's signature for release of the information or for transfer of records. Medical records may be obtained with a copy of the custody order if the parents' release is not given. The case manager should always request medical records on the child from the hospital where the child was born.

III. FORMS AND INSTRUCTIONS

***** * Form **** [35-H, Authorization for Release of Protected Health Information](#)
******* [CW 98-F, Child's Physical Examination](#)

IV. REFERENCES

******* [CW Policy 6-1105, Ongoing Medical and Dental Care](#)
******* [Appendix G: Healthcare Oversight and Coordination Plan](#)