


1651 HEALTH CARE PLANNING FOR CHILDREN IN PLACEMENT	
Chapter: Out-of-Home Placements	Section: Well-Being
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 04-14 Approved: Effective Date: December 15, 2004 Scheduled Review Date:
	DCYF Director
Related Statute(s): RSA 169-B , RSA 169-C , and RSA 170-G Related Admin Rule(s): Related Federal Regulation(s): SSA 475	Related Form(s): 2102, 2103, 2110, 2135, 2240, 2241, 2265A, 2266, 2267, 2270, 2270A, 2270B, 2270C, 2270D, and DFA Form 800 Bridges' Screen(s) and Attachment(s):

Purpose

To establish the medical, dental, and mental health care policy for children in foster family care homes and relative homes.

Definitions

"Comprehensive Health And Developmental Assessment" means the initial physical, developmental, and mental health evaluation by a medical professional that may include immunizations, laboratory tests, and hearing, vision, and lead screenings.

"EPDST" means "early and periodic screening, diagnosis, and treatment" of the Medicaid program.

"Foster Care Health Program" means the DCYF program that coordinates the health care of children in foster family care homes and relative homes.

"Health Screening" means observed or documented behaviors or symptoms of a child by the CPSW, JPPO, or Nurse Coordinator that require the services of a health care professional.

"Nurse Coordinator" means the public health nurse coordinator of the foster care health program who coordinates services for immediate and ongoing health care of the child.

"Substitute Care Provider" means residential care facility staff, foster parent, relative, or another individual with whom the child in placement resides.

Policy

- I. Health Care Planning
 - A. Children must receive health care planning and health care services to meet their needs while in placement.
 - B. Parents must take an active part in health care planning and delivery of health care services and are not relieved of this responsibility when their child is placed.
 - C. The "Health Care Plan" (Form 2270B) is based on the needs of the child and the recommendations of the child's medical providers, dentist, or mental health specialist made at or submitted in writing prior to the Health Care Planning Meeting.

- D. The "Health Care Plan" (Form 2270B), that identifies the child's health needs and describes how and by whom services will be provided, must be retained in the Well-Being section of the "Case Plan" (Form 2240) and other health care information must be filed in the Health and Education Section V of the case record or file.
- E. Health care information about each child obtained by the CPSW, JPPO, the Nurse Coordinator, and the substitute care provider must be maintained on NH Bridges and shared to benefit the child's care.

II. Health Care Services

- A. The delivery of health care services to children in placement must be a shared responsibility among DCYF and DJJS staff, parents, foster parents, and other substitute care providers.
- B. Each CPSW or JPPO must screen the child's health status during visits, meetings, and court appearances and document his or her observations in the "Case Contact Log" on NH Bridges.
- C. The health insurance status of each child being placed must be identified and documented by the CPSW or JPPO.
- D. The parent's health insurance must be the child's primary insurance coverage and Medicaid the secondary coverage.
- E. Each child must receive medical and dental examinations consistent with the following EPSDT schedule and AAP Recommendations for Preventive Pediatric Health Care:
 - 1. Medical Examinations:
 - (a) Neonatal Examination;
 - (b) Six examinations through age one;
 - (c) Two examinations between age 1 and 2;
 - (d) Yearly exams at age 2 through 17;
 - 2. Dental Examinations:
 - (a) Beginning at age 3, one visit every 6 months up to age 12. Includes prophylaxis, fluoride and oral hygiene instructions.
 - (b) After age 12, one visit every 6 months. Includes prophylaxis and oral hygiene instructions.
 - (c) Bitewing x-rays taken yearly for both age groups.
- F. The child must remain with his or her current medical provider, unless the distance of the court-ordered placement, new medical necessity, or recommendation of the CPSW, JPPO, or Nurse precludes this.

- G. Medicaid enrolled service providers and community mental health centers must be authorized by the CPSW or JPPO to provide behavioral health treatment to the child in care.
- III. Nurse Coordinators in the Foster Care Health Program serve children in foster homes and relative homes and assist the CPSW or JPPO by:
- A. Coordinating health care visits, exams, and treatment;
 - B. Obtaining and reviewing health care histories and reports;
 - C. Documenting health care planning activities and meetings; and
 - D. Updating the child's health information on NH Bridges.
- IV. Prior to the Child's Placement or At the Time of Placement
- A. The signed "Medical Authorization" (Form 2266) must be obtained from the child's parent by the CPSW or JPPO.
 - B. When known or at case opening, the child's name, home address, and the name of primary care provider must be entered on NH Bridges by the CPSW or JPPO. The child's identifying information and medical insurance information must be forwarded via e-mail to the Fiscal Specialist. The Fiscal Specialist notifies the Nurse Coordinator via the "Information Transmittal" (Form 2135).
 - C. The child's parents or the previous substitute care provider must complete the "Child's Information Sheet" (Form 2267) and provide the CPSW or JPPO with a medical history on each child that includes any ongoing health issues, the name of current health care providers, and the date of last medical exam.
 - D. Medical and Behavioral Health Examinations
 1. When the health screening by the CPSW or JPPO or Nurse Coordinator or medical examination identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child within 48 hours.
 2. Within 30 days of placement, children over the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. The "Referral to Medical Provider" (Form 2270) and the "Child's Health Profile" (Form 2270A) must document this referral and assessment.
 3. Within 48 hours of placement, children under the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. Form 2270A must document this assessment.
 4. Within 30 days of placement, the child must receive a mental health assessment. The "Referral for Behavioral Health Services" (Form 2241) is used to determine a child's behavioral health status that may include: observed or documented depression, substance abuse, suicide potential, and the traumatic circumstances surrounding the child's removal from home.

- E. Within 48 hours of the placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Medical Authorization" (Form 2266) signed by the parent.
 - F. Within 30 days of placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Child's Information Sheet" (Form 2267).
- V. While in Placement
- A. The parents, whenever possible, must assume all or part of the responsibility for the child's health care, for example: providing transportation to appointments, paying for medical care, and keeping records and documentation.
 - B. If it is not possible for the parents to assume the health care responsibilities of the child, the CPSW or JPPO with the substitute care provider must ensure that the child's needs are met, as described in the "Case Plan".
 - C. As soon as it is known, medical and mental health information about the child must be shared in writing with the substitute care provider, CPSW, JPPO, and Nurse Coordinator.
 - D. If the child goes home, goes to another placement, or receives Respite Care, the substitute care provider must complete the "Child's Information Sheet" (Form 2267) prior to the transfer or discharge.
 - E. The "Health Care Plan" (Form 2270B) for each child must be reviewed and updated every 6 months.
- VI. Before Leaving Placement to Return Home
- A. The child must receive his or her medical information.
 - B. When the child is aged 16-21, he or she must receive information about Independent Living.

PROCEDURES:

- I. Prior to the child's placement, the Child Protective Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) must:
 - A. Obtain a signed "Medical Authorization" (Form 2266) from the parents at court or within 48 hours of the child's placement;
 - B. Supply the Fiscal Specialist and the Nurse Coordinator in the District Office with:
 - 1. The names of the child and parent, address, and telephone numbers;
 - 2. The name and telephone number of the child's school;
 - 3. The name, address, and telephone number of the substitute care provider;
 - 4. The name and telephone numbers of doctors, therapist, and dentist; and
 - 5. Information related to the child's medical and mental health conditions;

- C. Assist the child's parent in completing the "Child's Information Sheet" (Form 2267) and forward a copy to the substitute care providers and the Nurse Coordinator;
 - D. Authorize medical, dental, and behavioral health services via the "Purchased Service Authorization/Invoice" (Form 2110) and if necessary, provide the "Assurance for Payment of Medical Services" (Form 2102);
 - E. Request the Fiscal Specialist via the "Service Authorization Request" (Form 2103) to enter the service information on NH Bridges; and
 - F. Work cooperatively with the child, the parents, substitute care provider, medical and mental health providers, and Nurse Coordinator to coordinate services so the child may achieve an optimal level of health care.
- II. Prior to the child's placement or at the time of placement, the Nurse Coordinator must when requested:
- A. Assist the CPSW or JPPO in obtaining completed and signed copies of the "Medical Authorization" (Form 2266) and the "Child's Information Sheet" (Form 2267) from the child's parent;
 - B. Obtain and document the child's medical information, including current health status and past medical history from the child's parents or relatives, school, previous substitute care provider, and physician and other health care providers;
 - C. Complete the "Initial Referral to Medical Provider" (Form 2270) and send the "Child's Health Profile" (Form 2270A);
 - D. Coordinate the child's medical care, ensuring that:
 1. The substitute care provider has arranged for the comprehensive health and developmental assessment or a brief medical examination with the primary care provider;
 2. The primary care provider receives the "Medical Authorization" (Form 2266) and the child's health insurance information;
 3. All individuals are involved in addressing the health care needs of the child; and
 4. New health information about the child is shared in writing with the parents, the substitute care provider, health care providers, and the CPSW or JPPO;
 - E. Copy the child's medical history for the case record or file;
 - F. Enter any new medical information in the "Client Medical Screens" on NH Bridges that include:
 1. History with collaterals, contacts, and events and appointments;
 2. Psychological Functioning;
 3. Medications;

4. Immunizations;
5. Medical Providers;
6. Psychological Evaluation;
7. Psychiatric Hospitalization;
8. Medical Insurance; and
9. Additional Medical Notes; and

III. The Fiscal Specialist must:

- A. Complete the application for medical assistance (DFA Form 800) on behalf of the child; and
- B. Share medical insurance information and changes with the Nurse Coordinator and the County Human Services Administrator via the "Information Transmittal" (Form 2135).

IV. While the child is in placement, the CPSW or JPPO must:

- A. Within 30 days, provide the substitute care provider with the "Child's Information Sheet" (Form 2267) and obtain updates to the form; and
- B. Implement the "Health Care Plan" (Form 2270B) for the delivery of health care services in cooperation with the child's physician, the child's parents, the Nurse Coordinator, and the substitute care providers.

V. While the child is in placement, the Nurse Coordinator must:

- A. Coordinate and conduct a health care planning meeting as soon as possible upon receiving the child's health records and the completion of the comprehensive health examination or upon receipt of the medical exam report.
- B. The health care planning meeting may include:
 1. The child's parents;
 2. The substitute care provider;
 3. The CPSW;
 4. CASA volunteer;
 5. School personnel;
 6. The medical provider;
 7. The behavioral health provider; and
 8. Others involved in the health care management of the child.

- C. Mail the brochure "You're Invited to a Health Care Meeting" (Form 2265A) to the child's parents, foster parents, and others who will attend the health care planning meeting;
- D. Complete the "Health Care Plan" (Form 2270B) for inclusion in the "Case Plan";
- E. Ensure that the roles and responsibilities of parents, substitute care provider, and the CPSW or JPPO are clearly outlined in the "Health Care Plan";
- F. Distribute copies of the "Health Care Plan" to the involved individuals;
- G. Follow up on medical recommendations, review the "Health Care Plan" to ensure that the child is receiving examinations and treatment, and update the "Health Care Plan" as necessary;
- H. Provide a copy of the "Transfer and Discharge Health Information" (Form 2270D), the "Child's Information Sheet" (Form 2267), and the "Medical Passport" (Form 2270C) to the next substitute care provider or the parent when the child changes placement or returns home;
- I. Implement the plan (Form 2270B) for the provision of ongoing health care treatment and services for each child in placement;
- J. When possible, ask the parents to assist with the child's health care unless contraindicated;
- K. Update the "Health Care Plan" to ensure the child is receiving medical and dental examinations and treatment and document updated information on NH Bridges; and
- L. Forward updated health information to the CPSW or JPPO for inclusion in the case record or file.
- M. Enter any updated Medical information in the "Client Medical Screens" on NH Bridges.