

# 21. Medical care services

Once a child is in the legal custody of DHS, the caseworker has the responsibility to ensure that appropriate medical, dental and mental health services are provided for the child.

## Each child's medical care must include:

Regular preventive care appropriate to the child's age and condition, including:

1. Immunizations and tuberculin (TB) tests (Refer to Appendix 4.11, Child and Adolescent Immunization Schedule, for guidance on childhood immunizations.);
2. Timely examinations;
3. Timely treatment of non-emergency injuries and illnesses;
4. Ongoing care for serious or chronic conditions; and
5. Emergency treatment whenever necessary.

## A. Obtain medical insurance coverage

### Procedure

Ensure that each child in substitute care has health care coverage. •

Contact the branch medical assistance specialist for assistance in having a medical card • issued at the time the child is placed in substitute care..

For a child in paid substitute care, the Federal Revenue Specialist completes the CF 190 (Individual • Eligibility Determination for Title XIX Medical Coverage. Within the Child Welfare SACWIS system, the Federal Revenue Specialist completes this work, and signs the form to assign benefits.

When a child enters substitute care with private health insurance coverage, the caseworker must • complete and submit the AFS 415-H (Medical Resource Report Form). A child placed by the department with a Voluntary Placement Agreement may continue to receive medical insurance coverage through the parents' medical insurance. Refer to Chapter 6 Family Support Services for details on managing a Family Support Services Case Plan involving a Voluntary Placement Agreement.

When a child requires medical care prior to receiving the wallet sized standard DHS Medical Care • Identification (Medical ID), the Temporary medical Care Identification (Temporary ID, DMAP Form 1986 (OAR 410-120-1104) may be printed by the Medical Assistance Specialist or the Federal Revenue Specialist. Circumstances where it is appropriate to issue a Temporary ID:

1. The Child's medical eligibility and placement information has not been entered into the system (this circumstance may occur when the child is initially placed);
2. The child has moved to a new substitute care placement and the Medical ID was not provided by the previous caregiver; or
3. The Medical ID has been lost.
4. The Temporary ID is available on the Federal Compliance WIKI, Medical Assistance Specialist's page.

When a child is in the department's legal custody but in the parents' home, monitor the child's health • care needs. However, unless the child's health care was part of the identified safety threat or unattended health care needs impact child safety, other procedural requirements for monitoring a child's health care services do not apply.

## **B. Obtain an initial medical exam**

### **Procedure**

The caseworker must ensure that every child in the department's legal custody must be • referred for a medical exam within the first 30 days of placement in substitute care. Request that the substitute caregiver schedule a medical exam as soon as feasible. The Child Welfare Case Plan also should address the level of involvement of the child's parents in a child's medical care.

When the court identifies a child in need of medical care or other special treatment by reason • of physical or mental condition, the caseworker must develop a written plan for the child's care and treatment, and submit the plan to the court within 14 days from the date of custody (ORS 419b.346). The written plan must include:

1. Identifying information including the child's name, date of birth and the identity of the child's parents;
2. A brief summary of child welfare's involvement with the child and a statement of the child's physical or mental health condition;
3. The plan, including treatment goal(s) for the child and time lines to meet those goals; and
4. The planned services for meeting the child's placement and treatment needs.

The court may request regular progress reports once the plan is implemented and the • caseworker must report annually to the court about the child's progress. If a plan is revised, the caseworker must prepare a report to the court of the revision of the plan and the reasons for the revision.

## **C. Obtain immunization records**

### **Procedure**

The caseworker can contact the DHS Public Health Division to obtain immunization records. •

1. Call the Public Health Division at 1-800-980-9431 to request records by phone. Have the following information ready: Child's full name and DOB. Phone requests can be made only for four or fewer children.
2. Requests for four or more children, or if you are using e-mail, are made by listing the full name and DOB of each child to [OHD.Alert@state.or.us](mailto:OHD.Alert@state.or.us). Be sure to include your fax number in the e-mail request, as all responses are faxed to the caseworker; no information will be shared via e-mail.
3. Requests also can be faxed to the Public Health Division. The caseworker must use DHS letterhead and fax the request to 1-971-673-0276.

Alternatively, the caseworker can request the immunization record from the child's parents, • health care provider, Head Start program, day care program or school.

## **D. Obtain routine health care**

The caseworker collects and maintains a child's medical history in the medical section of the • case file. The medical history includes:

1. Birth certificate;
2. Location or copies of all known medical records;
3. Date and records of the most recent physical exam;
4. Date(s) and records of the most recent dental, vision and hearing screenings;
5. Name, address and phone number of current doctors/therapist;
6. Immunization record;
7. Any serious illnesses or accidents since birth (any caused by abuse/neglect);
8. Any congenital conditions or hereditary factors that may need treatment or correction;
9. Current medical needs;
10. Allergies or other chronic illnesses;
11. Current medications and copies of the child's medication logs;
12. Problems or conditions that may arise later due to genetic or child's health history; and
13. Current medical diagnosis (if any), prognosis and treatment recommendations.

Review the child's current health conditions, medications, health care providers, and any • other special medical or dietary needs (e.g., allergies, diabetes, special formula) during the monthly contact with the substitute caregiver.

Ensure the substitute caregiver records all medications on the Foster Home Individual Child Medication Log (CF 1083) or other medication records kept by a licensed child caring agency.

Each month review and file a copy of the Foster Home Individual Child Medication Log in the medical section. Questions regarding medications are directed to the personal care RN coordinator in Salem. For more information on psychotropic medications and notifications refer to Psychotropic Medications.

Compare the child's current health information with standard height and weight growth charts in Appendix 4.12. Bring significant variations to the standardized norms on the growth charts to the attention of the supervisor.

Review the child's medical information and services when the case plan is being developed whenever a child is in substitute care (so either the Child Welfare Case Plan CF 333a, or the Family Support Services Case Plan, CF 333e, or a review is being completed). Medical services are incorporated into either of these case plans in Child Description, Their Needs and Well Being and on the CF 310 H.

Document the child's medical care and services in the CF 310H. Review and update this information as needed, but at least every six months.

Copies of medical reports are filed in the Medical Section of the child's case file.

## **E. Consent for routine health care**

### **Procedure**

The child's substitute caregiver can consent to routine medical care including vaccinations, immunization, routine examinations and lab tests.

When a child is placed in substitute care through a Voluntary Placement Agreement, the child's parents must be consulted prior to obtaining ordinary medical, or other remedial care, unless the agreement delegates specific authority to the department.

Child welfare is required to have all children in its legal custody immunized (ORS • 418.325(4)). A substitute caregiver cannot make the decision not to immunize a child in child welfare's legal custody.

## **F. Serious or chronic medical needs**

### **Procedure**

The caseworker is responsible for ensuring the chronic or serious medical care needs of the • child are addressed.

Care that involves invasive procedures such as use of intravenous catheters, central lines, • intramuscular injections, IV infusions or mechanical ventilation, as these are tasks that may not be delegated to an unlicensed person and require placement in the home of a registered nurse, or a home that has licensed nursing care assigned to the home on a 24-hour basis while such care is needed by the child.

Consult with the supervisor, health care provider or the personal care RN manager when • a child's medical need indicate the need for personal care services. These services may include:

1. Mobility, transfers, repositioning -- assisting a child or young adult with ambulating or transfers with or without an assistive device, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises.
2. Basic personal hygiene -- providing or assisting a child or young adult with needs such as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail care, foot care, dressing, skin care, mouth care, and oral hygiene.
3. Toileting, bowel and bladder care -- assisting a child or young adult to and from bathroom, on and off a toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care or bowel care.
4. Nutrition -- preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes and utensils within reach for eating;
5. Medication management -- assisting with ordering, organizing and administering prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring for choking while taking medications and
6. A delegated nursing task.

Some children may require professional nursing care and should be evaluated for eligibility •by Children’s Intensive In-Home Services (CIIS). After consultation with the supervisor, make a referral by calling 503-731-3088, Ext. 33, to request an evaluation for the child. CIIS may provide payment for in-home professional nursing services.

Record medical information in the medical section of the child’s case file and on the CF • 310H. Consultation notes are recorded in case notes.

Refer to Chapter 4, Section 5 for more information on personal care service. •

## **G. Consent for serious or chronic medical needs**

### **Procedure**

The substitute caregiver can consent to all routine medical care including vaccinations, • immunizations, routine examinations and lab tests. Child welfare is required to obtain immunizations for a child in DHS’s legal custody, and the substitute caregiver cannot refuse to have the child immunized.

The district manager or designee can provide consent and authorize major medical and • surgical procedures that are not extraordinary or controversial, including anesthesia.

Written consent is obtained on the CF 242 Consent for Medical/Surgical Care and Treatment.

Whenever possible and appropriate, the child’s parents should be involved in the decision. • Consent for any procedure to address a serious medical need is a critical decision.

Issues to consider when making decisions regarding medical care in Appendix 4.13 are taken from Principle-Based Decision Making Guidelines.

When a child is placed with a Voluntary Placement Agreement, the child’s parents must be • consulted and authorize surgery prior to surgery.

## **H. Emergency medical care**

### **Procedure**

When there is a life-threatening emergency, instruct the substitute caregiver to: •

1. Call 911;
2. Accompany the child whenever possible in the ambulance; or
3. Immediately follow the ambulance, and meet the child in the emergency room; and
4. Call the caseworker or caseworker’s supervisor as soon as possible to provide them with the nature of the medical emergency. When a caseworker or caseworker’s supervisor is not available, the substitute caregiver must call an emergency contact number to inform the department of the situation.

Confirm with the substitute caregiver how communication will be maintained (e.g., cell • phone, calls from hospital staff, caseworker visits to the hospital) during the emergency. Instruct the substitute caregiver to provide information on the nature of the emergency as • immediately as reasonably possible in order to obtain consent for treatment that would require surgery and/or anesthesia.

Subsequent to the emergency, document the circumstances of the medical emergency. • Request and file copies of all medical reports in the medical section of the child's file, and record related information in case notes.

Notify the child's parents, the child's attorney, the CASA and other parties to the case of the • circumstances of the medical emergency as soon as reasonably possible after the medical emergency if parties to the case have not already been notified.

## **I. Consent for emergency medical care (also refer to "Extraordinary or controversial medical procedures")**

### **Procedure**

If the emergency medical care requires surgery and/or anesthesia, the district manager or • designee may exercise child welfare authority to consent to those services. Consent also can be authorized by the court. Written consent is obtained on the CF 242 Consent for Medical/Surgical Care and Treatment.

1. Unless the child is in the permanent custody of child welfare, the caseworker or other child welfare staff should make reasonable efforts to consult with the child's parents about the proposed actions and consider the parents' preference concerning the action prior to consent and authorization of the proposed action.
2. Children who are 15 years of age or older have the right to consent to hospital care, medical and surgical diagnosis and treatment without the consent of the parent or legal guardian (ORS 109.640).

## **J. Referrals to family planning services**

### **Procedure**

Explore the need for or interest in family planning information and appropriate referrals with • a child 15 years old or older.

1. Provide any child in child welfare custody, who is 15 years of age or older, or any young adult a referral to an appropriate family planning resource when requested.
2. Refer the child to the nearest family planning clinic or the primary care provider.

The decisions regarding a pregnancy and related medical care are the statutory right of the • child 15 years of age or older.

## **K. Managing hepatitis**

Hepatitis is a viral infection of the liver. The three types of Hepatitis infection are:

1. Hepatitis A, spread through fecal-oral transmission and diagnosed through a blood test.
2. Hepatitis B, transmitted through blood and bodily fluids containing blood and diagnosed through a blood test.
3. Hepatitis C, transmitted by contact with the blood of an infected person and diagnosed through a number of blood tests.

For detailed information regarding hepatitis, contact the Centers for Disease Control Hepatitis Branch by calling 1 888 443 7232 or visit their web site at [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).

### **Procedure**

Once information that a child's biological parent has hepatitis is confirmed and prior to any further action, secure a Release of Medical Information form signed by the child's biological parent (DHS 2099). Authorization for use and disclosure of information authorizes the caseworker to discuss this medical information with the child's physician and caregivers.

Once authorization for use and disclosure of information has been obtained, ensure the following actions occur:

1. Provide information to the child's primary care physician for appropriate medical testing and follow-up care.
2. Follow the immunization schedule recommended by the child's physician.
3. Provide information to the substitute caregiver, along with information on universal precautions (PAM 9014).

The parent's diagnosis of hepatitis should not hamper visitation since transmission of the virus is rare in casual contact. Ensure that biological parents with open or oozing sores, cuts, abrasions and wounds have them covered with a waterproof bandage prior to the child's visit.

## **L. Dealing with Human Immunodeficiency Virus (HIV)**

HIV means Human Immunodeficiency Virus. HIV is a virus. Some viruses, such as the ones that cause the common cold or the flu, stay in the body only for a few days. Some viruses, such as HIV, never go away. When a person becomes infected with HIV, that person becomes "HIV positive" and will always be HIV positive. Over time, HIV disease infects and kills white blood cells and can leave the body unable to fight off certain kinds of infections and cancers.

AIDS means Acquired Immune Deficiency Syndrome and is caused by HIV. Think of AIDS as advanced HIV disease. A person with AIDS has an immune system so weakened by HIV that the person usually becomes sick from one of several opportunistic infections or cancers such as PCP (a type of pneumonia) or Kaposi sarcoma, wasting syndrome (involuntary weight loss), memory impairment or tuberculosis. If someone with HIV is diagnosed with one of these opportunistic infections, he or she is said to have AIDS.

### **Restrictions on HIV Testing**

HIV testing is an intrusive medical procedure and is authorized only under the following conditions:

HIV testing is clinically indicated by a physician knowledgeable in HIV infection and after a • medical evaluation.

Under the direction of a physician, HIV testing can be done on infants born to mothers • known to have engaged in high-risk behaviors. (Because maternal antibodies cross the placenta, the presence of HIV can be determined only after a series of tests.)

Children who are victims of sexual abuse and who have been exposed to blood or semen • may be tested. If the child has the developmental ability to understand informed consent, the child can provide consent.

### **Procedure**

#### **Obtain authorization for HIV testing •**

**1. Consent:** The district manager may authorize an HIV test only under the above conditions.

a. The medical statement from the physician must state that the HIV test is necessary for care and treatment. The caseworker also must follow the informed consent procedures specific to HIV testing as outlined below:

For any child 13 or older, attempt to get the signed written consent of the child.

.☞ Clearly this is a very sensitive issue, and the caseworker must prepare to have this difficult conversation with the child. For most caseworkers, this is a unique and special circumstance, and seeking assistance and guidance from the local health department, the physician, and the supervisor is advised. The CF 990 is used for informed consent for HIV testing [413-040-0430(2)].

The district manager or designee may provide consent to the test after consultation .☞ with the child's physician, even if the child objects to testing.

The caseworker may request the court to order the testing of the child..☞

- b. If a child is in substitute care under a Voluntary Custody Agreement or Voluntary Placement Agreement, the child and the child's parents retain the authority to consent to HIV testing unless the authority to consent has been delegated to DHS in the terms of the agreement.
  - c. Refer any child referred for HIV testing to pre- and post-test counseling. Contact the local health department for resources on this specialized counseling.
2. Identify and notify those who need to know
    - a. Prior to the staffing, seek the input of the child's physician, the local health department or the HIV program coordinator at the Public Health Division for resource information.
    - b. Schedule a staffing when a child is HIV-positive and/or has AIDS to identify who must have knowledge of this information.

The staffing must include the child's caseworker, the supervisor, the substitute caregiver, the child when appropriate, the child's parents when appropriate and the central office RN personal care coordinator.
    - c. For a child in substitute care under a Voluntary Custody Agreement or Voluntary Placement Agreement, the caseworker must involve the child's parents in making medical decisions and must provide access to the child's medical information.
    - d. Inform the substitute caregiver of the importance of using universal precautions (PAM 9014).
    - e. Inform the substitute caregiver of the strict confidentiality of the child's HIV status information.
  3. HIV documentation and court reporting
    - a. A child or parent's HIV testing and test results are highly confidential information. Sensitize and secure the case record. Ensure that physician reports, medical records, testing authorization, test results and decisions resulting from the staffing are recorded and stored in sealed envelopes in a separate locked file. Informed consent documentation is kept for a minimum of seven years.
    - b. If any disclosure of HIV information is necessary for planning in the context of court hearings, the caseworker cannot disclose the status in open court without either the written consent of the person or a court order. In addition, all written HIV test information released with authorization of the tested individual must be labeled with a statement which substantially says, "This information may not be disclosed to anyone without the specific written authorization of the individual." [OAR 133-12-270 (9)].

## **M. Managing use of psychotropic medications**

Psychotropic medication is “medication, the prescribed intent of which is to affect or alter thought processes, mood or behavior, but is not limited to antipsychotic, antidepressant and anxiolytic medication and behavior medication. The classification of a medication depends upon its stated intended effect when prescribed because it may have many different effects.” OAR 413-070-0410 (3).

Psychotropic medications are used to make symptoms of mental and/or mood disorders more manageable and often make it possible for therapy to be more effective. Psychotropic medications do not cure mental disorders, and should be used in conjunction with counseling or other forms of therapy and under the supervision of a medical professional.

A Mental Health assessment is required prior to the prescription for more than one new psychotropic medication or any antipsychotic medication. This assessment must be within 3 months prior to the prescription for more than one new psychotropic medication or any antipsychotic medication, or may be an updated assessment which addressed the new issues of concern.

Consent must be obtained from the Child Welfare Program Manager or Designee prior to any new prescription for psychotropic medication(s).

An annual review of psychotropic medications is required if the child is taking more than 2 psychotropic medications or the child is younger than 6 years old.

### **Procedure**

The Department must inform the substitute caregiver that consent is required prior to •filling a prescription for a new psychotropic medication and provide medical/mental health information to the caregiver.

1. At the time of initial placement the caseworker must request medical and mental health information from parents, therapists, Licensed Medical Professionals and school personnel, including medical / mental health services and support and a list of current medications.
  - a. This should be incorporated into the development of case plans and included in the health information provided to the caregivers.
  - b. This information must be updated every 6 months, or as information becomes known.
2. The caseworker must provide the following information to the substitute caregiver (at the initial placement and as additional medical or mental health information becomes known):
  - a. Medical and mental health history;

- b. Immunization records;
  - c. Medication information;
  - d. Supports and services;
  - e. Records of any known allergies;
  - f. Medication Administration packet. The packet must include:
    - Psychotropic Medication Consent Form(s)CF173C;.👉
    - FAX cover sheet (should be prefilled with branch contact name and FAX number);.👉
    - CF1983 Individual Child Medication Log(s).👉
3. The caseworker must work with substitute caregivers to ensure that there is an understanding and agreement that they will:
- a. Take Medication Administration packet to all mental health appointments;
  - b. Inform prescribing licensed medical professional that consent must be obtained from either Department personnel, or legal parents (When there is a voluntary custody agreement or voluntary placement agreement, please refer to the tip box below) for any new prescription for a psychotropic medication;
  - c. Fill prescription for psychotropic medication *only* after being notified that consent was obtained;
  - d. Follow the orders of the prescribing licensed medical professional when administering psychotropic medication;
  - e. Complete the CF 1083 Individual Child Medication Log and return the log to the caseworker monthly;
  - f. Maintain all psychotropic medication in a locked container, drawer, or cabinet (if medication needs to be refrigerated, must be kept in locked box in refrigerator);
  - g. Notify the Department within one business day after receiving a new psychotropic medication prescription, having knowledge of a new prescription for a psychotropic medication, or if there is a change in dosage or the discontinuation of a psychotropic medication.
  - h. Monitor child for expected changes in the child's behavior, mood, etc. and for signs of side effects and report side effects to the Licensed Health Care Professional.

Consent to administer psychotropic medication • When a child or young adult is prescribed a new psychotropic medication(s) consent must be obtained before the prescription is filled. The consent is provided by the Child Welfare Program Manager of designee and completed in a timely manner, which should not exceed 3 days from receipt of the consent form.

1. Psychotropic Medication Consent form CD173C is completed by prescribing licensed medical professional during the office visit.
2. Prescribing licensed medical professional faxes the consent form to the branch personnel designated on the FAX cover sheet (FAX cover sheet should be pre-filled with branch contact name and FAX number).
3. If the branch personnel receiving the consent are not the caseworker, notification must be made to the caseworker and supervisor that a psychotropic consent form has been received and deliver hard copy of consent form to the caseworker. Date stamp the consent form.
4. Caseworker must review consent form and complete sections B and C.
  - a. Completion of Section B:

Notify the legal parents or guardians of the new prescription(s) for psychotropic medications.

Document any comments or information in designated comment area.

Document notification in the child or young adult's case notes (formal written notification is still required).

b. Completion of Section C:

Document date of required mental health assessment (completed before more than one new psychotropic medication or any antipsychotic medication is prescribed, must be completed within 3 months prior to medication prescription or may be an update of assessment), or date of assessment update, or circumstances of urgent medical need. For more information on 'urgent medical need', please refer to child welfare Policy I-E.3.3.1, OAR 413-070-0410, and the definition of this term in 413-070-0410.

Document placement of child or young adult (e.g. foster care, residential treatment, hospital, other).

5. Caseworker delivers form to Child Welfare Program Manager or designee.

6. Child Welfare Program Manager or designee reviews consent form and completes section D.

a. Completion of Section D:

If more information is required prior to completing Section D. and signing the Consent for Psychotropic Medications form:

Child Welfare Program Manager or designee may call prescribing licensed medical professional with questions, or use other resources.

If questions/concerns are not resolved the Child Welfare Program Manager or designee may call the CAF Nurse manager at 503-945-6620.

When sufficient information has been obtained the Child Welfare Program Manager or designee completes section D.

If consent is granted:◦◦

The signed, completed consent form should be faxed to prescribing licensed medical professional.

Caseworker (or designee) must contact caregivers to inform them that they may fill prescription.

Caseworker or designee will file signed consent form in medical section of child or young adult's case file and make entry into case notes regarding medication consent.

If consent is not granted:◦◦

Inform prescribing licensed medical professional of decision. FAX

consent form to licensed medical professional documenting "consent not granted" as well as the reason(s) the consent was denied.

Caseworker (or designees) must inform caregivers of decision and

- ① instruct the caregivers to destroy the prescription.

The completed consent form should be filed in medical section of child

- ① or young adult's case file and an entry made in case notes regarding medication consent denial.

Caseworker must work with the prescribing health care professional, the

- ① mental health care provider and the caregiver to establish an alternative treatment plan and/or support(s) to address the signs and symptoms exhibited by the child or young adult which precipitated the initial recommendation for psychotropic medication(s). The written plan should be filed in the medical section of the child or young adult's case file and an entry should be made in the case notes.

A child or young adult 14 years or older may consent to outpatient diagnosis or treatment of a • mental or emotional disorder, or chemical dependency issue (excludes methadone treatment).

1. If the caseworker learns from the child or young adult or the substitute caregiver that the child or young adult has been prescribed and is taking a psychotropic medication, the caseworker must follow the Notification Requirements (OAR 413-070-0470(2), 413-070-0480, and 413-070-0490).

**Urgent Medical Need:** • An urgent medical need means the onset of psychiatric symptoms requiring attention within 48 hours to prevent a serious deterioration in a child or young adult's mental or physical condition. In case of an urgent medical need prior to consent is not required. When an urgent medical need occurs and the urgent medical need requires the use of psychotropic medication to manage a child or young adult's behavior or condition, the case worker must:

1. Request copies of all medical treatment records including hospitalization within seven business days of the urgent medical care.
2. FAX Consent form to prescribing licensed medical professional.
  - a. Include a written request for the completion of page 1 of the consent form and request that consent form be returned to you via FAX.
  - b. Include FAX cover sheet with name and branch FAX number.
  - c. Following receipt of consent form, procedure for obtaining consent should be followed.
  - d. File the medical treatment records in the medical section of the child or young adult's case record, and follow the notification requirement, including the fact that the psychotropic medication were prescribed for an urgent medical need.

### Mental Health Assessments:•

1. The caseworker must also ensure a child or young adult has received the required mental health assessment from a qualified mental health professional or licensed medical professional prior to the administration of a new prescription for more than one psychotropic medication or any antipsychotic medication.
2. A mental health assessment is required unless the new prescription is:
  - a. Prescribed for the treatment of an urgent medical need;
  - b. A change in the way the same medication is administered (e.g. patch instead of by mouth);
  - c. A change in the medication within the same classification (e.g. Concerta instead of Adderall);
  - d. A one-time medication prior to a medical procedure (e.g. Valium before surgery);
  - e. A dosage change of established medication.
3. Mental Health Assessments must have been completed within 3 months of the time a new psychotropic medication is prescribed, or may be an update of a prior assessment which focuses on a new or acute problem.
4. Whenever possible the mental health assessment should be shared with prescribing licensed health care professional prior to the appointment for medication evaluation.
5. For more information on how to request a mental health assessment refer to Chapter 4, Section 24 “Mental Health Services”.

### Annual Review of Psychotropic Medications:•

1. When a child or young adult has more than two prescriptions for psychotropic medications, or if the child or young adult is under the age of six years an annual review of these medication must be completed by a practitioner other than the prescriber.
2. The annual review will be completed by a staff person or contractor with the Drug Use Review (DUR) Program in Division of Medical Assistance Program.
3. The DUR staff person may contact the caseworker or request more information regarding mental health services, diagnostic information and perhaps other questions as needed to assist with the Annual Review. The caseworker should respond to these questions in a timely manner to prevent delay in the completion of the review.
4. The completed written review will be sent to the caseworker via mail or e-mail. The caseworker should:
  - a. Receive the Annual Review and review the comments.
  - b. File the completed Annual Review of Psychotropic Medication in the medical section of the child or young adult’s care file and make an entry in the case notes regarding the review results.

### Monitor effects of Psychotropic Medication:•

1. During the monthly face to face contact with the child or young adult and the caregiver the caseworker should discuss information regarding the prescribed psychotropic medications. This discussion should include information about the intended effects and any side effects of the medication.
2. The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult will be monitored by a licensed health care professional on a routine basis.
3. Contact the prescribing licensed health care professional with information regarding the child or young adult's condition if it is not improving, is deteriorating or if side effects are observed or reported.
4. Receive and review medication logs (CF1083) and file in the medical section of the case file.
5. Record the information gathered from the caregiver and the child in the case notes.

#### Providing Psychotropic Medication Notification:•

1. The caseworker must provide written notification to all legal parties within a timely manner not to exceed 10 business days following receipt of notification of:
  - a. Prescription for a new psychotropic medication (and consent has been granted); or
  - b. The dosage of a psychotropic medication has been changed; or
  - c. Discontinuation of a psychotropic medication.
2. For detail of the notification refer to Oregon Administrative rules:  
[http://www.dhs.state.or.us/policy/child or young adult welfare/manual\\_1/i-e331.pdf](http://www.dhs.state.or.us/policy/child%20or%20young%20adult%20welfare/manual_1/i-e331.pdf).
3. CAF standardized notification letter may be used to notify legal parties: CF 173A, Notice to Parties of Psychotropic Medication Use at  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0173a.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0173a.doc).

#### Monitor effects of psychotropic medication•

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2. The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult will be monitored by a licensed health care professional on a routine basis.
3. Contact the prescribing licensed health care professional with information regarding the child or young adult's condition if it is not improving, is deteriorating or if side effects are observed or reported.
4. Receive and review medication logs (CF1083) and file in the medical section of the case file.
5. Record the information gathered from the caregiver and the child in the case notes.

## **N. Nutritional resources for a child under 5 years**

Refer the child's substitute caregiver to the local Oregon Women, Infants and Children (WIC) • clinic. The WIC program provides quality nutrition education for substitute caregivers and services for children up to 5 years.

## **O. Managing extraordinary or controversial medical procedures**

### **Specific authorizations REQUIRED**

*Oregon Administrative Rule requires specific authorizations for these circumstances. The age of consent varies depending on the medical service and procedure as defined in Oregon statute, and is noted below.*

*The caseworker must fully inform the supervisor who works in conjunction with the child welfare program manager and district manager to provide clear, accurate, concise and timely information to administrative staff to make the decision whether to authorize consent for treatment.*

### **A medical or surgical procedure to which the child's parents are opposed**

#### **Procedure**

Inform CAF administration regarding a medical or surgical procedure to which the child's •  
parents are opposed.

1. Provide a written description of the nature of the extraordinary or controversial medical procedure, including physician recommendations for treatment, hospital medical consent forms, and contact information for medical and hospital staff. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child.
2. Send the information via e-mail or fax to the DHS assistant director for CAF followed with a phone call to the assistant director's administrative assistant to alert the central office of the incoming information and request for consent.

Obtain CAF administration consent for a medical or surgical procedures to which the child's •  
parents are opposed:

1. Only the DHS assistant director for CAF, the deputy assistant director for CAF Policy and Program, the deputy assistant director for CAF Field Services, or the court can consent to a medical or surgical procedure to which the child's parents are opposed. Written consent is obtained on the CF 242 Consent for Medical/Surgical Care and Treatment, and filed in legal section of the child's case file.
2. Exception to the required CAF administration consent: When a child is placed with a Voluntary Placement Agreement, the contract agreement specifically states that the child's parents must be consulted prior an extraordinary or controversial medical procedure.

### **Termination of a pregnancy**

#### **Procedure**

Work in close collaboration with the child's medical providers and the substitute caregiver to •  
ensure appropriate care and counseling before and after termination of a pregnancy.

When the female child is under 15 years of age and prior to the termination of pregnancy, •  
prepare documentation of the child's current situation including physician recommendations, hospital medical consent forms, and contact information for medical and hospital staff. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child.

Inform CAF administration of the information via e-mail or fax to the DHS assistant director for •  
CAF followed with a phone call to the assistant director's administrative assistant to alert the central office of the incoming information and request for consent.

Obtain consent: •

1. Only the DHS assistant director for CAF, the deputy assistant director for CAF Policy and Program, or the deputy assistant director for CAF Field Services can consent to termination of a pregnancy except when a child is 15 years of age or older and exercises her statutory right to consent to her own termination of a pregnancy. Written consent is obtained on the CF 242, Consent for Medical/Surgical Care and Treatment, and filed in the legal section of the child's case file.

## **Sterilization**

### **Procedure**

Sterilization can only be authorized through administration or the court when such a procedure •  
is necessary to protect the child's life. Provide CAF administration with the following:

1. A written description of the child's current situation, including physician recommendations for sterilization, hospital medical consent forms, and contact information for medical and hospital staff; and
2. A copy of the most recent court order or court report regarding the legal status of the child.
3. Send the information via e-mail or fax to the DHS assistant director for CAF followed with a phone call to the assistant director's administrative assistant to alert the central office of the incoming information and request for consent.

Obtain consent: •

1. Only the DHS assistant director for CAF, the deputy assistant director for CAF Policy and Program, or the deputy assistant director for CAF Field Services can consent to sterilization and only under ORS Chapter 436 and when the procedure is necessary to protect the child's life. Written consent is obtained on the CF 242, Consent for Medical/Surgical Care and Treatment, and filed in the legal section of the child's case file.



## The Supervisor's Psychotropic Medication Management Responsibilities

1. Complete Section D of the Psychotropic Consent form
2. Consult with prescribing licensed health care professional if there are questions or concerns prior to signing the consent form
3. Consult with Nurse manager 503-945-6620 if questions or concerns cannot be resolved with the prescriber.

Routinely consult with the caseworker regarding the identified needs of the child. •

Support the caseworker in ensuring the child has appropriate medical coverage. •

Support the caseworker in making decisions regarding medical care and treatment. •

Review the case and assist in securing consent when management, administration or court consent is required.

Participates in staffings regarding HIV testing results. •

Ensure appropriate documentation and secure filing of all sensitive and confidential medical information.



## Forms and Reference Forms

CF 1005, "Voluntary Custody Agreement" •

<http://dhsforms.hr.state.or.us/Forms/Served/CE1005.pdf>

CF 499 Voluntary Placement Agreement •

<http://dhsforms.hr.state.or.us/Forms/Served/CE0499.pdf>

CF 173c Psychotropic Medication Consent Form •

<http://dhsforms.hr.state.or.us/Forms/Served/CF0173c.pdf>

• CF

<http://dhsforms.hr.state.or.us/Forms/Served/DE2099.pdf>

<http://dhsforms.hr.state.or.us/Forms/Served/DS2099.pdf>

<http://dhsforms.hr.state.or.us/Forms/Served/DR2099.pdf> (Spanish)

<http://dhsforms.hr.state.or.us/Forms/Served/DV2099.pdf> (Russian)

<http://dhsforms.hr.state.or.us/Forms/Served/DN2099.pdf> (Vietnamese)

<http://dhsforms.hr.state.or.us/Forms/Served/DC2099.pdf> (Chinese)

<http://dhsforms.hr.state.or.us/Forms/Served/DC2099.pdf> (Cambodian)

<http://dhsforms.hr.state.or.us/Forms/Served/DK2099.pdf>  
<http://dhsforms.hr.state.or.us/Forms/Served/DL2099.pdf> (Korean)  
<http://dhsforms.hr.state.or.us/Forms/Served/DO2099.pdf>  
<http://dhsforms.hr.state.or.us/Forms/Served/DB2099.pdf> (Romanian)  
<http://dhsforms.hr.state.or.us/Forms/Served/DE2099.pdf> (Bosnian)  
[d](#) (Self-Administered Instructions)

CF1083•

<http://dhsforms.hr.state.or.us/Forms/Served/CE1083.pdf>

CF242•

<http://dhsforms.hr.state.or.us/forms/databases/FMP>  
RO

CF990 •

<http://dhsforms.hr.state.or.us/Forms/Served/CE0990.pdf>

CF1085•

<http://dhsforms.hr.state.or.us/Forms/Served/CE1085.pdf>  
<http://dhsforms.hr.state.or.us/Forms/Served/CS1085.pdf> (Spanish)

CF0173a Psychotropic Medication: Required Notification letter•

[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0173A.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0173A.doc)  
(English)  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CS0173A.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CS0173A.doc)  
(Spanish)



## Legal referenc Federal law

Title XIX of the Social Security Act

## ORS

ORS 109.675.418.005, 418.517  
109.610, 109.640, 109.675, 413.005, 414.025 through 414.815, 418.325, 419b.346, 428.517, 433.045

## OAR

I-A.3.1. Procedures for Maintaining Confidentiality•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-a31.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a31.htm)

I-A.3.2. Confidentiality of Client Information•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-a32.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a32.htm)

I-B.1.3 Voluntary Custody Agreement•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b13.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b13.pdf)

I-B.1.3.1 Voluntary Placement Agreement•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b131.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b131.pdf)

I-B.5 Placement Procedures for AID and HIV-Infected Clients•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b5.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b5.htm)

I-E.5.1.2. Personal Care Services•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-e512.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e512.pdf)

I-C.4.1 Medical Services Provided Through the Oregon Health Plan•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-e512.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e512.pdf)

I-D.3 Family Planning Services•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-d3.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-d3.htm)

I-E.3.3.1. Psychotropic Medication Management•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-e331.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e331.pdf)

II-B.1. Certification Standards for Foster Care and Adoptive Families•

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_2/ii-b1.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_2/ii-b1.pdf)



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A cooperative relationship with the child's substitute caregiver is critical as most often it is the substitute caregiver who transports the child to the appointment, consults with the medical professional, and provides the medication or other care ordered by the medical provider. The caseworker gives clear instructions on how and when medical information is shared.

When coordinating a child's medical services, ensure that the substitute caregiver:

- Is fully aware of the care and treatment needs of the child;
- Can perform the medical care functions;
- Has the ability and capacity to adequately care for the child; and
- Follows the child's scheduled appointments and treatment.



### Voluntary Placement Agreements and Voluntary Custody Agreements

1. When a child is in substitute care through a Voluntary Placement Agreement or authorization, the caseworker must review the specific agreement for the authorization to consent to the specific medical and/or mental health decisions.
2. If the legal parents retain the responsibility to make medical and/or mental health decisions, the careworker must notify the legal parents regarding the psychotropic medication prescription consent request and ensure consent is obtained from the legal parents.
3. If the legal parents have delegated consent authority to the Department the consent to administer psychotropic medication from the Department must be followed.