

Policy Title:	Placement Procedures for AIDS and HIV - Infected Clients – Policy		
Policy Number:	I-B.5		Effective Date: 01-07-2003

Approved By: *on file*

Date Approved: 1-07-03

Policy

Forms, etc.

Definitions

References

Contact

Reference(s):

- PAM 9014 - "Preventing AIDS and Other Blood-Borne Diseases"
- Child Welfare Policy I-E.3.1, Placement Matching
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e31.pdf

Form(s) that apply:

- None referenced.

Policy:

Purpose

The purpose of this policy is to assure least restrictive, placement environment for children who have *HIV infection* or AIDS.

Definitions

- (1) "Acquired Immune Deficiency Syndrome (AIDS)" is a disorder in which a person's immune system is severely suppressed. It is caused by the human immunodeficiency virus (*HIV*). Presence of *HIV infection* does not constitute AIDS. In order for a person to be diagnosed as having AIDS, the virus, immune system suppression, and an opportunistic infection or other condition stipulated by the U.S. Centers for Disease Control must all be present. A laboratory diagnosis of a CD4 less than 200 also is an AIDS defined illness.
- (2) "CAF" means Children, Adults and Families (CAF).
- (3) "Department" means the Department of Human Services (DHS).
- (4) "High Risk Group" means the following:
 - (a) Having shared a needle with an intravenous drug abuser since 1977;
 - (b) For a man, having had sex with another man or men since 1977;

- (c) Having been sexually active in an area where heterosexual transmission is known to be high;
 - (d) Persons with hemophilia;
 - (e) Having been the sexual partner of a person in one of the previous categories;
 - (f) Being born to a woman whose history has put her in one of these other categories.
- (6) "HIV" is the acronym for human immunodeficiency virus. This is the current name for the virus which causes AIDS.
- (7) "HIV Infection" means people who have been tested and found to have the antibody are referred to as having an *HIV infection*. These people are capable of transmitting the virus through risk behaviors, as described below.
- (8) "HIV Positive" means that a blood test has indicated the presence of antibodies to HIV. This means that the person has been infected by the virus and the immune system has responded by producing antibodies. An exception is infants of HIV-infected mothers. They have been exposed to the mother's antibodies in utero and carry these antibodies in their blood for a number of months after birth. A series of tests is necessary to determine if these infants are themselves infected with *HIV*.
- (9) "Opportunistic Infections" are infections which would normally either not be found, or produce only mild illness, in a person with a normal immune system. When a person's immune system is suppressed, however, *opportunistic infections* result in serious, often fatal illnesses.
- (10) "SDA" means Service Delivery Area (*SDA*). A geographic region of one or more counties served by the *Department* and managed by an *SDA* Manager.

Placement procedures

Providers should be familiar with the strict confidentiality safeguards (ORS 433.045) that prohibit sharing the information about the child's *HIV infection* with others. For those cases that will be referred to the *Department*, use the following guidelines for placement.

- (1) For most children with *HIV/AIDS*, no special placement procedures are required, unless the child has high-risk behaviors, i.e., those which involve the exchange of blood or semen. In such instances, the case staffing procedure described below shall be followed to determine the appropriate placement setting. These children are asymptomatic and can be placed in any appropriate substitute care setting, however, the provider must be informed of the child's *HIV* status to facilitate the optimum care of the child. *HIV* is a serious medical condition requiring ongoing clinical monitoring of the child.
- (2) When considering day care placement of an *HIV* infected child, consult with the local Health Department on a case-by-case basis.

- (3) Because the child does carry and therefore is capable of transmitting *HIV*, the hygiene procedures and information in Pamphlet 9014, "Preventing AIDS and Other Blood-Borne Diseases" are applicable.
- (4) When children with *HIV/AIDS* are not actually ill; they can go to school, on outings, engage in play activities, etc. Every effort should be made to place these children in the least restrictive, most family like setting which can provide the best care possible to meet their needs. If the child does not have significant medical or behavior management issues, a foster family (with a low child population) would be the most appropriate placement. If family foster care is not appropriate for the child, a family group home or residential treatment program should be considered, in that order.
- (5) No more than one child with *HIV/AIDS* should be placed in any foster care setting, unless approved by the *SDA* Manager or designee. An example of an appropriate exception might be siblings;
- (6) An appropriate case plan shall be developed in a case staffing by a team comprised of:
 - (a) The caseworker and his/her supervisor;
 - (b) *SDA* Manager or designee;
 - (c) Provider;
 - (d) The certifier and his/her supervisor;
 - (e) The physician who is treating the child.
 - (f) When considering a day care placement of a child with symptomatic disease, consult with the *HIV* Program of the Health Division on a case-by-case basis.

(7) Payment Rates

Because of the special medical care needed for children with symptomatic disease, an individually negotiated, personal care payment may be appropriate for foster care placement.

(8) Sharing Personal and Environmental Hygiene Precautions with Providers

Pamphlet 9014 discusses personal and environmental hygiene precautions applicable in foster care, and shall be given to all foster care providers.

Counseling

- (1) If the child having *HIV Infection* is mature enough to understand the implications, the child will need counseling. The child's family and the substitute care provider will also need counseling.
- (2) "Counseling" includes group and individual counseling, emotional support groups, one-on-one emotional support, AIDS education and information services.

All sexually active youth may require age-appropriate counseling regarding their sexual

practices. When selecting a counseling resource for a gay or bisexual child, special care shall be taken to ensure that the resource can meet the special information needs of that child. Children with hemophilia may also need counseling geared to their special circumstances. A third group with possible specialized counseling needs are current and former intravenous drug abusers.

Questions

Technical questions about AIDS and *HIV*-infection should be directed to the County Health Department or the *HIV* Program of the Health Division.

Staff are reminded to safeguard confidentiality if specific case circumstances are discussed.

Exceptions

Exceptions to these placement procedures will be handled on a case-by-case basis in consultation with the case staffing team identified under "Placement Procedures" 2(d).

Contact(s):

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