

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Child Health Care
Policy Number: 9.00.01
Policy Name: Comprehensive Health Care for Children in Placement and HIPAA Signature Authorization

Original Effective Date: 12/19/2005
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Approved By: Jacqueline M. Fletcher

PURPOSE: To ensure that all children in the custody/placement of the Cuyahoga County Division of Children and Family Services (CCDCFS) receive comprehensive health care consistent with the regulations set forth in Ohio Administrative Code (OAC) Rule 5101:2-42-66.1 Comprehensive Health Care for Children in Placement; and that the health care events are documented according to OAC Rule 5101: 2-42-66.2. As well as provide clarification on sign-off responsibility for forms required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding children in Cuyahoga County Division of Children and Family Services (CCDCFS) custody.

SCOPE: This policy applies to all staff with children on their caseloads in CCDCFS Custody.

POLICY

- I. The Child Protection Specialist (CPS) ensures all children in the custody of CCDCFS receive comprehensive health care in a timely manner pursuant to OAC Rule 5101: 2-42-66.1.
- II. The CPS documents and maintains all physical, behavioral and developmental health care events for the child within the State Automated Child Welfare Information System (SACWIS) pursuant to OAC Rule 5101:2-42-66.2, as part of the child's health care record and uploads all supporting documents into Traverse. This information is provided as applicable/needed to health care professionals, parents, guardians, custodians, substitute caregivers and pre-finalized adoptive parents in order to provide care for the child.
- III. Whenever possible, CCDCFS arranges for health care services from the child's existing and/or previous medical providers as well as involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of health care services.
- IV. A licensed medical provider (LMP) must provide health care services. A LMP is defined as one of the following:

- A. A licensed physician / psychiatrist
 - B. An advanced practice nurse
 - C. A registered nurse
 - D. A licensed practical nurse
 - E. A physician assistant
- V. For every child entering CCDCFs custody, the CPS determines whether the parent(s), or legal guardian/custodian has health care insurance and/or financial resources to provide comprehensive health care. If insurance or financial resources are available, CCDCFs requests financial support to help meet the child's health care needs. If insurance or financial resources are not available, CCDCFs assesses the child's eligibility for Medicaid, Title IV-E, Supplemental Security Income (SSI), or other assistance programs. CCDCFs applies for Medicaid on behalf of the child no later than thirty (30) days after the date of the child's placement into substitute care.
- VI. The CPS makes every effort to involve the parent(s), guardian(s) or custodian(s) in the planning and delivery of the physical, behavioral and developmental health care services provided to the child during their substitute care placement. All efforts are documented in SACWIS by the CPS.
- VII. CCDCFs updates the parent(s), guardian(s) or custodian(s) on the child(ren)'s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR). The parent(s), guardian(s) or custodian(s) is informed, consulted and provides consent (if applicable) anytime a child in substitute care experiences a serious physical health problem, mental health problem, and/or medical emergency.
- VIII. When it is determined a youth in the custody of CCDCFs is pregnant, the CPS ensures that the youth receives appropriate prenatal health care as directed by an LMP, and that the pregnancy, estimated due date and all applicable medical care is documented in SACWIS, pursuant to OAC Rule 5101:2-42-66.2 and all supporting documents are uploaded into Traverse.
- IX. The Substitute Caregiver secures transportation for and accompanies all youth to any physical, behavioral and/or developmental health appointments. The youth must be accompanied by an adult who is familiar with their behavior, family situation, and medical and social history which may include Substitute Caregivers (e.g., Relative Caregiver, Agency/Network Foster Parent, Residential/Group Home Staff); CPS and/or Resource Manager. If it is determined that the youth is of age and ability to attend independently, the CPS must be notified of the date and time of the appointment and plan for transportation to ensure attendance. The decision that a youth may travel independently must be a collaborative effort between the CPS, Substitute Caregiver and Health Care Provider.

- X. The CPS is responsible for making the arrangements for transportation of youth placed in Agency Foster Homes and/or Relative Caregiver Homes, when necessary, to ensure that every child in custody receives adequate physical and behavioral health care. Such appointments must never be canceled due to lack of transportation.
- XI. In any health care emergency, medical attention is sought immediately via the emergency room of any hospital, or by calling 911.
- XII. Although not technically a “covered entity”, CCDCFS shall work with all health care vendors who provide treatment to children in the custody of CCDCFS to assure their compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This requires sign off on forms required by HIPAA, i.e. Acknowledgement of Receipt of Notice of Health Information Practice for children in custody.

PROCEDURES

I. TRIAGE EXAMINATIONS

- A. The CPS secures a triage examination (medical screening) of each child entering into CCDCFS Custody or when the child’s placement changes, to prevent possible transmission of common childhood communicable diseases and identify any symptoms of illness, injury, or maltreatment. This triage examination is to be performed by an LMP (as listed above) and occurs the same day of placement, unless not in the best interest of the child, in which case the triage occurs the next business day. CPS must obtain supervisor approval in instances where a child is not triaged on the same day as placement.
- B. Triage examinations occur each time a child in CCDCFS custody is initially placed or moved to another placement (or another cottage within a facility), and/or there are concerns regarding the care of the child. Triage is not required for newborn and/or other children directly placed into CCDCFS custody from the hospital, and/or other facilities where a medical screening is completed upon discharge.
- C. The CPS presents the LMP with a copy of the *Triage Report Form* (available on the intranet under DCFS Agency Forms Repository) for completion by the LMP. The CPS provides a copy of the completed *Triage Report Form* to the Substitute Caregiver and will maintain one copy in the child’s health record, including uploading of the document into Traverse.
- D. When the child is taken into CCDCFS custody directly from a hospital setting, the CPS obtains a discharge summary from the LMP indicating the reason for hospitalization, current medical issues and prescribed follow up care and requests completion of the *Triage Report Form*.

- E. Initial triage health care screening examinations includes but is not limited to the following:
 - i. Health and developmental histories (as available)
 - ii. Current complaints/concerns
 - iii. Current medications and known allergies
 - iv. Comprehensive unclothed physical examination
 - v. Current physical and mental health diagnoses (if available)
 - vi. Indications of suspected abuse/neglect
 - vii. Required follow-up care

- F. The initial triage screening is recorded using the *Triage Report Form*. This health care event is documented in SACWIS pursuant to OAC Rule 5101:2-42-66.2 and uploaded into Traverse.

II. **COMPREHENSIVE HEALTH CARE/ PHYSICAL EXAMINATIONS**

- A. Within sixty (60) days of placement into CCDCFS custody, all children receive a comprehensive physical examination which includes a review of physical, behavioral, developmental, vision, hearing and dental health.

- B. The CPS shall arrange for health care pursuant to rule 5160-1-14 of the Administrative Code and “Bright Futures” guidelines (rev. 2/2017) for a child who is in substitute care. The guidelines can be reviewed at <http://brightfutures.aap.org>. CCDCFS shall ensure:
 - 1. A comprehensive physical exam for children age three (3) or over, including a review of physical, behavioral, developmental, vision, hearing and dental health is completed within sixty (60) days after a child enters substitute care.

 - 2. A comprehensive physical exam is not required if a comprehensive physical exam has been conducted within six (6) months prior to the child’s entry into substitute care and a copy of the exam is filed in the child’s case record.

 - 3. The CPS shall ensure an annual comprehensive physical exam is completed no later than thirty (30) days after the anniversary date of the child’s last physical, which shall include a vision and hearing screening.

 - 4. Additional visits, as appropriate, should occur during the first sixty (60) to ninety (90) days of the child entering into CCDCFS custody to:
 - a) Assess the child in the process of transition;
 - b) Monitor adjustment to care;
 - c) Identify evolving needs; and
 - d) Continue information gathering

5. A child under the age of three (3) receives required pediatric care, which includes medical, developmental, behavioral, dental, vision and hearing.
6. A child up to age 3 is referred to the County "Help Me Grow Program" when a screening or assessment indicates the child has or is at risk of a developmental disability or delay or substantiated abuse or neglect.
7. Every child entering CCDCFS custody receives immunizations appropriate to age and health history. If a child's record of previous immunizations is unavailable at the time of the comprehensive physical exam, and it is reasonable to assume the child has received immunizations, immunizations may be postponed until an immunization record is available for review.
8. A dental examination is completed for a child three (3) years of age and older no later than six (6) months after the child's placement into substitute care.
9. The CPS shall ensure a follow-up dental examination is completed every six (6) months from the date of the last dental examination with a thirty 30-day grace period for scheduling purposes.
10. Treatment for any diagnosed medical or psychological need is initiated within sixty (60) days of diagnosis, unless treatment is required sooner.
11. Pursuant to section 2152.72 of the Revised Code, if a child has been adjudicated delinquent for any crimes listed in 2152.72 of the Revised Code, CCDCFS shall ensure a psychological examination of the child is completed within sixty days of the child's entry into substitute care. A psychological examination of the child is not required if a psychological evaluation has been conducted within the twelve (12) months prior to the child's entry into substitute care and a copy is filed in the child's case record. Prior to any subsequent placements, CCDCFS shall ensure a new psychological examination is completed unless either of the following apply:
 - a) A psychological examination of the child has been conducted within twelve (12) months prior to placement.
 - b) A psychological examination of the child has been conducted within twenty-four (24) months prior to the date of the adoptive placement when the foster caregiver seeks to adopt the foster child.

- C.** Upon enrollment into Ohio Medicaid, each child is eligible to receive Healthchek services. Healthchek is the name of Ohio's Early and Periodic Screening, Diagnosis and Treatment Program promoting regular, preventive medical care. The IV-E employee who determines Medicaid eligibility for each child in CCDCFS custody completes the ODM 03528 (HPRS Form) for each child deemed eligible for Medicaid coverage. The IV-E employee submits the completed ODM 03528 HPRS form to the CJFS Healthchek Coordinator within the time frame required by the OAC and consults with the Healthchek Coordinator with any questions or concerns. The IV-E employee ensures the ODM 03528 HPRS form is filed in the Electronic Document Management System (EDMS). The assigned CCDCFS caseworker provides the substitute caregiver with a copy of the HPRS form and works with the parents and caregivers to assure that all of the child's healthcare needs are met per OAC requirements. The caseworker contacts the CCDCFS Health Care Unit and/or CJFS Healthchek Coordinator for assistance in scheduling care and appointments. The CCDCFS caseworker refers all children under age three (3) to the Bright Beginnings (Moms First/Help Me Grow) Program per OAC guidelines.
- D.** Whenever possible, CCDCFS arranges for health care services from the child's existing and/or previous medical providers as well as involve the parent(s), guardian(s) or custodian(s) in the planning and delivery of health care services.
- E.** For every child placed in CCDCFS custody, the CPS determines whether the parent(s), or legal guardian/custodian has health care insurance and/or financial resources to provide comprehensive health care. If insurance or financial resources are available, CCDCFS requests financial support to help meet the child's health care needs. If insurance or financial resources are not available, CCDCFS assesses the child's eligibility for Medicaid, Title IV-E, Supplemental Security Income (SSI), or other assistance programs. CCDCFS applies for Medicaid on behalf of the child no later than thirty (30) days after the date of the child's placement into substitute care.
- F.** Upon initial custody of the child(ren), the CPS completes and submits an IV-E application for the child(ren), to their supervisor for approval. The IV-E department assesses the child(ren)'s eligibility for Medicaid, Title IV E, and Supplemental Security Income (SSI), or other assistance programs that might provide financial assistance to help meet the child's health care needs. When CCDCFS petitions for custody, it also requests financial support for comprehensive health care, if applicable.

When a child has been determined Medicaid eligible, CCDCFS is responsible for ensuring the child receives comprehensive health care and documents all physical, behavioral and developmental health care events for the child within the State Automated Child Welfare Information System (SACWIS) pursuant to OAC Rule 5101:2-42-66.2, as part of the

child's health care record and uploads supporting documents into Traverse.

- G.** The CPS makes every effort to involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of the physical, mental, and developmental health care services provided to the child during their substitute care placement. The CPS documents all efforts in SACWIS.
- H.** When it is determined a youth in the custody of CCDCFS is pregnant, the CPS shall ensure that the youth receives appropriate prenatal health care as directed by an LMP, and that the pregnancy, estimated due date and all applicable medical care is documented in SACWIS, pursuant to OAC Rule 5101:2-42-66.2 and all supporting documents are uploaded into Traverse.
- I.** Comprehensive health care pursuant to paragraph (A) of this section is not required if the child's placement episode is less than sixty (60) days; however, CCDCFS shall coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.
- J.** Health care information about the child is documented in the case record within SACWIS pursuant to OAC Rule 5101:2-42-66.2 by the WOR and all supporting documents are uploaded into Traverse.

III. ROUTINE HEALTH CARE

- A.** All routine or minor office health care/treatment for children in CCDCFS custody is provided with the "*Consent for Routine/Minor Office Health Care/Treatment (ap144a)*" form. The "ap144a" pre-approves all routine or minor health care for CCDCFS custody children; Routine or minor health care is be defined as: physical exams; childhood immunizations (including influenza, H1N1, Hepatitis B and Tetanus shots); routine medications; short-term medications for acute/non-chronic conditions; birth control medications/devices/implants; routine laboratory work/testing; preventative/routine dental care and treatment; routine hearing services; routine vision services; and minor sutures/incisions/drainage.
- B.** The CPS documents routine health care information about the child within SACWIS pursuant to OAC rule 5101:2-42-66.2 and uploads all supporting documents into Traverse.
- C.** CCDCFS updates the parent(s), guardian(s), or custodian(s) on the child(ren)'s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR).

IV. NON-ROUTINE HEALTH CARE

- A.** All non-routine health care/treatment for children in CCDCFS custody require prior written consent of CCDCFS. The “*Consent for Non-Routine Health Care/Treatment (ap144b)*” form is used to provide written authorization in the event a CCDCFS child requires this type of care/treatment.
- B.** Authorization for non-routine health care/treatment shall only be granted by CCDCFS personnel at the Senior Manager level or above, and by CCDCFS 696-KIDS Hotline Supervisors for authorizations required after regular business hours, or on weekends and holidays. Authorization is only provided after receipt of the completed “*Surgical, Invasive, and Non-Routine Procedures and Opiate Prescriptions Request Form*” or “*Request to Administer/Modify Psychotropic/Opiate Medication Form*” (available on the intranet under DCFS Agency Forms Repository) request from a LMP. Non-routine health care/treatment is defined as, but not limited to: all surgical, invasive and/or experimental procedures; procedures/treatments requiring sedation or general anesthesia; hospital admissions; treatment of chronic conditions; all psychotropic medication and/or any experimental or high risk medications; HIV/AIDS testing (SEE CCDCFS POLICIES ON HIV TESTING); and any extensive dental or orthodontia treatments.
- C.** Any health care requiring the “*Consent for Non-Routine Health Care/Treatment (ap144b)*” is documented in SACWIS pursuant to OAC Rule 5101:2-42-66.2 by Health Care Unit Staff.
- D.** CCDCFS updates the parent(s), guardian(s), or custodian(s) on the child(ren)’s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR).
- E.** The CPS makes every effort to involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of the physical, mental, and developmental health care services provided to the child during their substitute care placement. Such information is shared with the parent(s), guardian(s), or custodian(s) after triage and at the time of the medical emergency/incident. All efforts are documented in SACWIS by the CPS.

V. TRANSPORTATION

- A.** Substitute Caregivers are required to transport all child(ren)/youth placed in their homes to all physical, behavioral and developmental health appointments.
- B.** The CPS provides transportation when Agency Foster Parents and/or Relative Caregivers are unable to transport the child(ren)/youth.

- C. Network Providers are responsible for ensuring transportation to all physical behavioral and developmental health appointments for the child(ren).
- D. Agency/Network Foster Parents may submit their travel expenses for transportation to and from these appointments to the Resources and Placement Department.
- E. If a youth in custody is determined to be of age and responsible to travel independently to their physical or behavioral health appointment, the CPS must be notified as soon as possible of the date and time of appointment and transportation plan. The decision that a youth may travel independently is a collaborative effort between the CPS, Substitute Caregiver and Health Care Provider.

VI. EMERGENCY HEALTH CARE

- A. In the event of a medical emergency, the child(ren) are transported immediately to an appropriate emergency medical facility. The immediate health and safety of the child(ren) is considered FIRST in determining the best method of transportation.
- B. If readily available, a copy of the “Consent For Routine & Minor Office Health Care & Treatment (ap144a)” is provided to the medical staff to serve as authorization for the emergency treatment.
- C. As soon as possible, the medical staff and/or substitute caregiver contacts the CCDCFS Health Care Unit @ (216) 881-4712 (during the normal business hours) or the KIDS HOTLINE @ (216) 696-KIDS (after normal business hours or on a weekend or holiday) to discuss the nature of the emergency and obtain further permission to treat.
- D. The Health Care Unit or the KIDS HOTLINE notifies the child’s case worker of the medical emergency.

VII. HIPAA SIGNATURE AUTHORIZATION

- A. The CCDCFS CPS shall have sign off responsibility for all HIPAA related forms pertaining to children within the permanent custody of CCDCFS.
- B. Whenever possible, the CPS will contact the biological parents for sign off on HIPAA related forms and document these attempts in SACWIS, unless the child is in permanent custody of CCDCFS.

SEE ALSO:

- Ohio Administrative Code

- Section: 5101:2-42-66.1 Comprehensive Health Care for Children in Placement
- Section: 5101:2-42-66.2 Documentation of Comprehensive Health Care for Children in Placement

- **Cuyahoga County Division of Children and Family Services Policies and Procedures Manual**

Policy No. 5.02.02 – Case Reviews/Semi-Annual Administrative Reviews

Policy No. 9.00.02 – Help Me Grow Services

Policy No. 9.03.01 – HIV/AIDS Non-Discrimination

Policy No. 9.04.03 – Psychotropic and Opiate Medication

Policy No. 10.02.03 – Transportation of Children/Youth