

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following Department rule:

Authorization for Medical Care for Child in Placement

This rule is amended to clarify and update the process for seeking authorization for medical care for children in the care of the Department. In the amendment of this rule, consideration was given to: (1) alternative approaches and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This amended rule is accessible on the DCYF website (<http://www.dcyf.ri.gov>) or the R.I. Secretary of State's website (<http://www.sec.state.ri.us/ProposedRules/>). Interested persons may submit written comments by November 4, 2013 to Susan Bowler, Implementation Director for Policy and Programs, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903 (Susan.Bowler@dcyf.ri.gov).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

Authorization for ~~Routine/Emergency~~ Medical Care for ~~the~~ Child in Placement

Rhode Island Department of Children, Youth and Families

Policy: 1000.0020

Effective Date: December 18, 1984

Revised Date: ~~January 22, 1990~~ 2013

Version: ~~34~~

~~In order to meet the Department's responsibility in of Children, Youth and Families responds effectively~~ding to the emergency and routine medical needs of a child in the Department's care, ~~the following procedures have been developed. In addition to meeting the medical needs of the child, The these procedures are intended to protect ensure the~~ Department ~~protects parent(s) and legal guardian(s) right to consent as well as,~~ its employees, and service providers ~~are protected from legal liability by ensuring that appropriate consents are obtained as described in procedure.-~~

~~The Department requires that the natural parent(s) or legal guardian of the child coming into care sign the~~

~~Medical Consent Authorization. This consent provides the Department with written authorization for routine or emergency medical treatment for the child and enables the Department to extend this authority to the caretaker. Upon placing the child, the primary service worker or other Department CYF representative must furnish~~gives the service provider with the ~~signed~~

~~Emergency and Routine Medical Authorization for a Child in Placement form. This form~~authorization

~~allows the service provider(s) to respond to the various medical needs of the child. The parent's authorization for emergency and routine medical treatment does not authorize non-emergency surgery.~~

Related Procedures

~~Authorization for Medical Care for Parental Consent/Authorization for Routine or Emergency Medical Treatment~~

~~Authorization for Service Providers for Emergency and Routine Medical Treatment Child in Placement~~

Related Policy

~~Federal Benefits for Children in DCYF Care~~

~~Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines~~

~~Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program~~

~~Voluntary Placement~~

~~Removal of Child from Home~~

Authorization for Medical Care for Child in Placement ~~Parental Consent/Authorization for Routine or Emergency Medical Treatment~~

Procedure From Policy 1000.0020: Authorization for Routine/Emergency Medical Medical Care for the Child in Placement

I. Medical Consent Authorization Form

A. The ~~Department's primary~~ primary service worker ensures that the Medical Consent Authorization ~~(Form 003)~~ is completed signed, dated, and witnessed for each child entering placement:

1. ~~In all cases, the Department's primary worker ensures that emergency or necessary medical care is provided in a timely manner in accordance with DCYF Policy 500.0075, Removal of Child from Home; DCYF Policy 100.0155, Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines; and DCYF Policy 1000.0045, Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program.~~

~~Every effort is made to have both parents sign the Medical Consent Authorization (Form 003), however it is a valid consent if signed by one parent. 1. The Medical Consent Authorization (Form 003) consent/authorization form must be is completed and signed prior to the child's the child's placement outside of the home whenever possible.~~

~~2. Every effort shall be is made to have both natural parents sign the consent/authorization form. If both parents are unwilling to sign or are unavailable, every effort shall be is made to have one (1) parent sign.~~

2. ~~When the Department accepts the voluntary placement of a child/youth, the Medical Consent is signed by the parent(s) prior to removal from home in compliance with DCYF Policy: 700.0015: Voluntary Placement.~~

~~3. If neither parent is willing to sign or is unavailable, and the Department's status Department's status is one of a Voluntary placement If a youth supervised by Probation or a Wayward/Delinquent Petition is removed from home and neither parent is willing to sign or both are unavailable to sign the Medical Consent Authorization, t~~

~~the Department's primary worker primary service worker and/or his/her supervisor consult with the the~~

~~Department's Legal Counsel to seek a Court Order decide how to proceed.~~

~~The decision shall be properly is documented in a Case Activity Note.~~

~~A DCYF form #152 must be is signed by Legal Counsel if, after reviewing the case record, Legal Counsel determines that the Assistant/Regional Director should sign the Medical Consent Authorization.~~

~~The decision is documented in a Case Activity Note by the Department's primary worker and a Legal Consult Note by the Department's legal counsel. b. The DCYF form #152 must be put into the is filed in the legal section of the child's case record.~~

4.

~~4. When a if the child removed from home and is in the temporary or permanent custody of the Department for any reason other than those specified in Part I, Paragraph A 3 or A 4 on~~

~~an Abuse/Neglect/Dependency petition, above, the Department's primary worker attempts to secure parental signatures on the Medical Consent Authorization (Form 003). and if neither parent is willing to~~

5. ~~sign or neither parent(s) is unavailable at the time of removal to sign the Medical Consent Authorization (Form 003):~~

~~, The Administrator assistant Director of Child Protective Services~~

- a. ~~_____ or Regional Director or administrator can sign the Medical Consent Authorization consent/authorization form.~~
- b. ~~_____ The Department seeks a Court order to consent for and authorize routine treatment for the child at the first Court appearance.~~
~~_____ However, because the Department seeks to encourage parental participation, the Department's primary worker continues to seek the parent's authorization, in particular, at the first visit after removal and at the first court appearance. The form~~
~~_____ may be brought to the Executive Director or the Director if the~~
c. ~~_____ Assistant/Regional Director is unavailable:~~
 - a. ~~_____ A memo must be attached to each form requiring signature by the Assistant/Regional Director.~~
 - b. ~~_____ The memo must include the following information:~~
 - (1) ~~Name of Child.~~
 - (2) ~~Child Welfare Status and Date.~~
 - (3) ~~Reason for Petition.~~
 - (4) ~~Mother's Name - Why No Signature.~~
 - (5) ~~Father's Name - Why No Signature.~~
 - 5. ~~_____ After a Termination of Parental Rights has been is obtained, parental~~
 - 6. ~~_____ signatures need not be sought are not sought needed.~~
- B. ~~_____ The Department's primary worker primary service worker shall files the completed and signed~~
- B. ~~_____ Medical Consent Authorization consent/authorization (Form 003) form in the child's case record.~~
- C. ~~_____ The Department's primary worker primary service worker shall records the child's Medical Assistance number on~~
~~_____ the Medical Consent Authorization (Form 003) whenence it is obtained from the Department's Management and Budget Division-Federal Benefits~~
C. ~~_____ and Programs Unit.~~
- D. ~~_____ In the event that if the case is closed and reopened, a new parental Medical Consent~~
~~_____ Authorization shall be is completed.~~
- E. ~~_____ If a child in placement returns home and then subsequently re-enters placement,~~
a
D. ~~_____ new Medical Consent Authorization shall be is completed.~~

~~_____~~ Authorization for Service Providers for Emergency and Routine Medical Treatment
~~II.~~

~~_____~~ ~~A.~~ ~~Procedure From Policy 1000.0020: Authorization for Routine/Emergency~~
~~Medical~~
~~_____~~ ~~Care for the Child in Placement~~
~~_____~~

~~_____~~ ~~A.~~ The ~~Department's primary worker~~ ~~primary service worker~~ ~~shall~~ ensures that two
(2) originals of the Emergency
and Routine Medical Authorization for a Child in Placement are ~~appropriately~~

~~A.~~ completed for each individual child entering placement:

1. The Emergency and Routine Medical Authorization (form 004) for a Child in Placement ~~shall not be is not~~ completed until the Medical Consent Authorization is completed and signed.
2. One original ~~shall copy of the Emergency and Routine Medical Authorization (004)~~ remains with the service provider, and one (1) original ~~shall be is~~ filed in the child's case record.
3. The Emergency and Routine Medical Authorization for a Child in Placement ~~shall be is~~ completed each time the child enters a new/different placement/~~shelter~~.

~~B.~~ The ~~Department's primary worker~~ ~~primary service worker~~ ~~shall~~ informs the service provider that the Emergency and Routine Medical Authorization for a Child in Placement ~~does~~ provides

~~B.~~ authorization for:

1. ~~E~~-emergency surgical or medical care, ~~necessary immunizations,~~ ~~routine non-surgical~~ diagnostic procedures ~~and,~~ ~~routine~~ medical ~~care examinations, and~~ ~~hospitalizations.~~
2. ~~Immunizations as recommended by the Rhode Island Department of Health Immunization Schedules for babies, children and adolescents, unless medically contra-indicated.~~

The service provider ~~shall be is are~~ informed that the authorization is to ~~be~~ presented to the medical facility when medical treatment is necessary.

~~C.~~ ~~C.~~ ~~The primary service worker shall makes the service provider fully aware that~~
1. ~~the~~

Emergency and Routine Medical Authorization for a Child in Placement does not authorize elective surgery or non-emergency surgery ~~or the prescription of psychotropic medications and that.~~

2. In the event the child ~~is in~~ ~~needs of~~ elective/non-emergency surgery ~~or psychotropic medications,~~ the service provider ~~shall be is instructed~~ ~~to contacts~~ the primary service worker immediately.

~~D.~~ ~~D.~~ For children voluntarily admitted to a facility for the care and treatment of a mental disability, a signed Emergency and Routine Medical Authorization for a Child in Placement is not the only authorization necessary. ~~Additional admission forms specific to the facility must be signed, including the Voluntary Application for Admission form required by RI Mental Health Law (RIGL 40.1-5-6):~~

1. For a child being voluntarily admitted when the Department's status with the child is based on a Wayward/Delinquent Petition or Voluntary Placement, the primary worker follow the procedures described above to obtain co-signatures for Admission Documents.

2. If the child is in the temporary or permanent custody of the Department on an Abuse/Neglect/Dependency petition, and if neither parent is willing to sign or is unavailable, or if the child is free for adoption, the Director or designee may co-sign the Admissions Form.

III. Application for Medical Assistance

AD. The application for Medical Assistance is processed by Department staff in the office of Management and Budget. The Department's primary worker ~~primary service worker~~ completes the Living Arrangement and Legal Status in RICHIST which triggers the application for Medical Assistance as appropriate. ~~shall apply~~ for a Medical Assistance number as soon

as the child enters placement:

1. ~~A child from an AFDC home with a "C" number is only covered by the "C" number for thirty (30) days after his/her removal from the natural home.~~
2. ~~When the Medical Assistance number is received, the primary service worker shall contact the service provider immediately providing him/her with the number.~~
3. ~~The Medical Assistance Coverage shall be is used to supplement the child's~~
 - A. ~~other types of medical coverage, e.g. Blue Cross, Harvard/Pilgrim.~~

B. Care is provided in conformance with DCYF Policy 1000.0000, Federal Benefits for Children in DCYF Care, DCYF Policy 100.0155, Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines, and DCYF Policy 1000.0045, Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

~~E. For children being voluntarily admitted to Bradley Hospital for treatment/evaluation, a signed Emergency and Routine Medical Authorization for a Child in Placement is not the only authorization necessary. Additional admission forms specific to Bradley must also be signed including the Voluntary Application for Admission form required by RI Mental Health Law, (RIGL 40-1-5-6):~~

1. ~~For a child being voluntarily admitted to Bradley Hospital when the Department's status with the child is based on a Wayward/Delinquent Petition or voluntary placement, the worker must follow the procedure in Section A, to obtain co-signatures for the Bradley Admission Documents.~~
2. ~~If the child is in the temporary or permanent custody of the Department on an Abuse/Neglect/Dependency petition, and if neither parent is willing to sign or is unavailable, appropriate DCYF administrative staff may co-sign the Bradley Admissions Form in the following order:~~

~~a. — The Assistant Director of Child Protective Services, Regional Director or Chief of Mental Health Services who is most familiar with the case. If the Assistant/Regional Director is thoroughly aware of a case, he/she may designate a staff person who is also familiar with the case to sign the Bradley documents on a case-by-case basis.~~

~~b. — The Executive Director or the Director if the Assistant/Regional Director or Chief is unavailable.~~