

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

Rhode Island Department of Children, Youth and Families

Policy: 1000.0020

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In order to meet the Department's responsibility in responding 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, these procedures are intended to protect the Department, its employees, and service providers are protected from legal liability.

The Department requires that the natural parent(s) or legal guardian of the child 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 DCYF representative must furnish the service provider with the Emergency and Routine Medical Authorization for a Child in Placement. This form 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

[Parental Consent/Authorization for Routine or Emergency Medical Treatment](#)

[Authorization for Service Providers for Emergency and Routine Medical Treatment](#)

Parental Consent/Authorization for Routine or Emergency Medical Treatment

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

- A. The primary service worker shall ensure that the Medical Consent Authorization is completed signed, dated, and witnessed for each individual child entering placement:
1. The consent/authorization form must be completed and signed prior to the child's placement outside of the home.
 2. Every effort shall be 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 made to have one (1) parent sign.
 3. If neither parent is willing to sign or is unavailable, and the Department's status is one of a Voluntary placement or a Wayward/Delinquent Petition, the primary service worker and his/her supervisor shall consult with the Department's Legal Counsel to arrive at a decision as to how to proceed. The decision shall be properly documented in a Case Activity Note.
 - a. A DCYF #152 must be signed by Legal Counsel if, after reviewing the case record, Legal Counsel determines that the Assistant/Regional Director should sign the Medical Consent Authorization.
 - b. The DCYF #152 must be put into the legal section of the child's case record.
 4. 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, the Assistant Director of Child Protective Services or Regional Director can sign the consent/authorization form. The form may be brought to the Executive Director or the Director if the 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 obtained, parental signatures need not be sought.
- B. The primary service worker shall file the completed and signed consent/authorization form in the child's case record.
- C. The primary service worker shall record the child's Medical Assistance number on the Medical Consent Authorization once it is obtained from the Federal Benefits and Programs Unit.

- D. In the event that the case is closed and reopened, a new parental Medical Consent Authorization shall be completed.
- E. If a child in placement returns home and then subsequently re-enters placement, a new Medical Consent Authorization shall be completed.

Authorization for Service Providers for Emergency and Routine Medical Treatment

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

- A. The primary service worker shall ensure that two (2) originals of the Emergency and Routine Medical Authorization for a Child in Placement are appropriately completed for each individual child entering placement:
 - 1. The Emergency and Routine Medical Authorization for a Child in Placement shall not be completed until the Medical Consent Authorization is completed and signed.
 - 2. One original shall remain with the service provider, and one (1) original shall be filed in the child's case record.
 - 3. The Emergency and Routine Medical Authorization for a Child in Placement shall be completed each time the child enters a new/different placement/shelter.
- B. The primary service worker shall inform the service provider that the Emergency and Routine Medical Authorization for a Child in Placement does provide authorization for emergency surgical or medical care, necessary immunizations, non-surgical diagnostic procedures, routine medical examinations, and hospitalizations. The service provider shall be informed that the authorization is to be presented to the medical facility when medical treatment is necessary.
- C. The primary service worker shall make the service provider fully aware that the Emergency and Routine Medical Authorization for a Child in Placement does not authorize elective surgery or non-emergency surgery. In the event the child is in need of elective/non-emergency surgery, the service provider shall be instructed to contact the primary service worker immediately.
- D. The primary service worker 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 used to supplement the child's other types of medical coverage, e.g. Blue Cross, Harvard/Pilgrim.
- 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.