Authorization for Medical Care for Child in Placement

Rhode Island Department of Children, Youth and Families
Policy: 1000.0020
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The Department of Children, Youth and Families responds effectively to the emergency and routine medical needs of a child in the Department's care. The Department protects parent(s) and legal guardian(s) right to consent as well as its staff and service providers from legal liability by ensuring that appropriate consents are obtained as described in procedure.

Related Procedures

Authorization for Medical Care for 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

Procedure From Policy 1000.0020: Authorization for Medical Care for Child in Placement

I. Medical Consent Authorization (Form 003)

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

1. 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**.
2. While every effort is made to have both parents sign the Medical Consent Authorization (Form 003), it is a valid consent if signed by one parent. The Medical Consent Authorization (Form 003) is completed and signed prior to placement outside of the home whenever possible.
3. When the Department accepts the voluntary placement of a child/youth, the Medical Consent Authorization (Form 003) is signed by the parent(s) prior to removal from home in compliance with **DCYF Policy: 700.0015: Voluntary Placement**.
4. If a youth supervised by Probation is removed from the home and neither parent is willing to sign or both are unavailable to sign the Medical Consent Authorization (Form 003), the Department's primary worker and/or supervisor consult the Department's Legal Counsel to seek a Court Order. 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.
5. When a child is 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, above, the Department's primary worker attempts to secure parental signatures on the Medical Consent Authorization (Form 003). If neither parent is willing to sign or neither parent(s) is available at the time of removal to sign the Medical Consent Authorization (Form 003):
    a. The Administrator of Child Protective Services or Regional Director signs the Medical Consent Authorization (Form 003).
    b. The Department seeks a Court order to consent for and authorize medical care, as described in the Medical Consent Authorization (Form 003) for the child at the first Court appearance.
    c. Because the Department seeks to encourage parental participation, the Department's primary worker continues to seek the parent's signature on the Medical Consent Authorization (Form 003), in particular, at the first visit after removal and at the first court appearance.
6. After a Termination of Parental Rights is obtained, parental signatures are not sought.

B. The Department's primary worker files the completed and signed Medical Consent Authorization (Form 003) in the child's case record.

C. The Department's primary worker records the child's Medical Assistance number on the Medical Consent Authorization (Form 003) when it is obtained from the Department's Management and Budget Division.

D. If a child in placement returns home and then subsequently re-enters placement, a new Medical Consent Authorization (Form 003) is completed.

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

A. The Department's primary worker ensures that two originals of the Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) are completed for each individual child entering placement:

1. The Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) for a Child in Placement is not completed until the Medical Consent Authorization (Form 003) is completed and signed.
2. One original copy of the Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) for a Child in Placement remains with the service provider and one original is filed in the child's case record.
3. The Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) is completed each time the child enters a new/different placement.

B. The Department's primary worker informs the service provider that the Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) provides authorization for:

1. Emergency surgical and/or emergency medical care, routine diagnostic procedures and/or routine medical care.
2. Immunizations as recommended by the Federal Centers for Disease Control and/or the Rhode Island Department of Health, Immunization Schedules for babies, children and adolescents (unless medically contra-indicated).

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

1. The Emergency and Routine Medical Authorization for a Child in Placement and Personal Care (Form 004) does not authorize elective surgery or non-emergency surgery or the prescription of psychotropic medications.
2. In the event the child needs elective/non-emergency surgery or psychotropic medications, the service provider contacts the primary service worker immediately.

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 and Personal Care (Form 004) 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 Voluntary Application for Admission Form.

III. Application for Medical Assistance

A. The application for Medical Assistance is processed by Department staff in the Office of Management and Budget. The Department's primary worker completes the Living Arrangement and Legal Status in RICHIST towhich triggers the application for Medical Assistance.

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**.