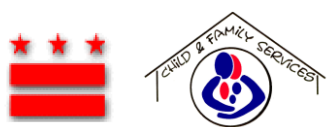


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	CHILD AND FAMILY SERVICES AGENCY Approved by: <u>Debra Porchia-Usher</u> Interim Agency Director Date: October 4, 2011	REVISION HISTORY: September 28, 2011
	LATEST REVISION: October 4, 2011	

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws and regulations, including DC Official Code § 4-1303.06 and the Health Insurance Portability and Accountability Act (HIPAA), and the <i>LaShawn</i> Implementation and Exit Plan (December 17, 2010).
II. APPLICABILITY	All Agency employees, contract agency staff, and contracted personnel.
III. RATIONALE	According to the American Academy of Pediatrics (AAP), the coordination of healthcare for children and youth in care includes ensuring children and youth have access to healthcare, monitoring their use of the healthcare system, and ensuring that children and youth receive services appropriate to their healthcare needs. Coordination includes planning with the child or youth, family, caregivers, and healthcare professionals to ensure that the child or youth's needs are comprehensively assessed. It also includes an advocacy role that ensures that children and youth receive all necessary services in a timely manner, including physical, mental, behavioral, and developmental health services.
IV. POLICY	<p>It is the policy of the Child and Family Services Agency to ensure that each child entering care is offered optimal and comprehensive healthcare through the timely and appropriate coordination of healthcare services. In so doing, the complex psychological, medical (chronic or acute), and developmental needs of children are effectively met.</p> <p>CFSA shall ensure a coordinated healthcare system that supports the provision of assessments, treatments, and follow up services in accordance with the established healthcare standards set forth by the AAP and the Child Welfare League of America (CWLA).</p> <p>CFSA shall include the "family team" to work collaboratively to coordinate the child or youth's healthcare so that medical and mental health decisions and services promote permanency and stability for children and youth. Family team members may include but are not limited to the child (if age-appropriate), birth parents, extended family, resource parents and other caregivers, social workers, guardian ad litem, assistant attorney general (AAG), nurse care manager (if one is assigned), and medical and mental health practitioners.</p>

V. CONTENTS	<ul style="list-style-type: none"> A. Role of the Office of Clinical Practice (OCP) B. Role of the Assigned Social Worker C. Accessing Specialized Healthcare Services D. Accessing Emergency Care E. Accessing Urgent Care Services
VII. PROCEDURES	<p>Procedure A: Role of the Office of Clinical Practice (OCP)</p> <p>The Clinical and Health Services Administration (CHSA) within OCP manages the coordination of healthcare services for children and youth in the care and custody of CFSA. OCP nurses and staff, along with social workers, collaborate to ensure that the child and youth’s medical needs are met through this coordination of services.</p> <ol style="list-style-type: none"> 1. When a child or youth enters CFSA custody or requires a placement change, the following tasks shall be completed by the assigned CHSA staff member: <ul style="list-style-type: none"> a. Ensure that the initial medical screening is held at the Healthy Horizons Assessment Center (HHAC). b. Ensure that comprehensive medical, dental, mental/behavioral, and developmental assessments are scheduled to be in compliance with requirements of the District of Columbia’s HealthCheck Program (see the <i>Preventative and Ongoing Healthcare</i> policy). c. For children and youth assigned a nurse care manager (NCM), based on the needs identified through the assessments, the NCM shall ensure the development of a coordinated healthcare plan as a part of the child or youth’s case plan. d. The NCM shall further ensure the implementation of recommended health services as identified and prescribed by healthcare practitioners. e. For children and youth who are not assigned an NCM, the CHSA shall share the information on the child or youth’s identified needs with the assigned social worker, and assist the assigned social worker with the implementation of recommended health services. 2. If a child or youth is determined to have serious or complex medical needs, the OCP nurse supervisor shall complete the following tasks: <ul style="list-style-type: none"> a. Consult with the child or youth’s family team to formulate an appropriate treatment plan of care. (See <i>Policy</i> section above for a listing of membership in the child or youth’s family team.) a. Assist the child or youth and family team in understanding the child or youth’s medical needs. b. Ensure that the necessary health services are provided to meet the child or youth’s serious or complex needs.

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	<p>3. If a child or youth has a court order for clinical or health-related services, the OCP nurse supervisor shall complete the following tasks:</p> <ol style="list-style-type: none"> a. Receive the written court order from the social worker or from the Office of the Attorney General (OAG). <ul style="list-style-type: none"> • This information shall be provided to OCP within 24 hours of issuance of the court order. <i>Note: the OAG may provide this information via email statement.</i> b. Review the court order and, if necessary, contact the social worker and/or OAG for clarification within 24 hours of receipt of the court order or email statement. c. Initiate the referral and appointment process within 24 hours. If there is a need for further clarification from the social worker or the OAG, the process shall be initiated within 24 hours of this discussion. d. If there is a concern or belief that the court order is not in the best interest of the child or youth or is medically harmful, contact the assigned assistant attorney general (AAG) immediately. <ol style="list-style-type: none"> i. With guidance from CFSA’s medical director, justify in writing the reasons why the order is considered inappropriate. ii. With guidance from CFSA’s medical director, request that the order be vacated and offer guidance on how to amend the order to meet the child or youth’s needs. e. Contact the assigned AAG immediately when it is known that timelines for court-ordered clinical or health-related services will not be met.
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	<p>Procedure B: Role of the Assigned Social Worker</p> <p>The assigned social worker makes sure that all necessary services are in place to address the developmental, medical and behavioral health needs of a child or youth. This role is integral to the healthcare coordination process and fosters the promotion of emotional, physical, and psychological well-being of children and youth in out-of-home care. The child or youth’s social worker shall complete the following tasks:</p> <ol style="list-style-type: none"> 1. Ensure that all information about the child or youth’s health history is identified and placed in his or her case file (see the CFSA policy on Medical Records Maintenance). 2. Consult with and make the necessary referrals to OCP to ensure that children and youth receive the necessary health, dental, vision, and mental and behavioral health services. 3. Ensure the appropriate referral for all infants and toddlers in foster care to the District of Columbia’s Early Intervention program for required developmental screening and assessment. (<i>See the CFSA policy on Initial Evaluation of Children’s Health.</i>) 4. Coordinate with the caregiver, age-appropriate child, and birth parent(s) when appropriate, to ensure that they understand the child or youth’s health needs and that all health services and supports are accessed in a timely manner.
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	<ol style="list-style-type: none"> 5. Coordinate with the caregiver to collect information regarding each health visit or service provided, including proper administration of all medications. The child or youth’s social worker shall provide this information to the child or youth’s primary care physician. 6. Share medical or health information with the child or youth’s family team for the benefit of the health and safety of the child or youth and to ensure service coordination. <i>Note: confidential medical information will only be divulged to extended family members who are directly involved in the treatment or care of a child and only when necessary to identify service needs or resources.</i> 7. For questions and concerns, the social worker shall consult with his or her supervisor.
	<p>Procedure C: Accessing Specialized Healthcare Services</p> <p>The acquisition of specialized health services is a primary consideration when attempting to identify an appropriate placement for a child or youth with special medical and/or developmental needs. <u>All</u> children and youth who have any medical, developmental, cognitive, or physical impairments shall require specialized healthcare services. This includes children or youth who require long-term medication or treatment for a condition, or require medication or treatment for a recurring condition that may lead to serious illness if left untreated. Coordination of this type of healthcare need is integral to ensuring that the child’s developmental, physical and emotional needs are adequately met. The process for obtaining specialized health services is as follows:</p> <ol style="list-style-type: none"> 1. The assigned social worker in consultation with the OCP nurse supervisor shall determine the specific needs of the child or youth. 2. If it is determined that specialized services are necessary, the OCP nurse supervisor shall initiate the referral process by collaborating with the appropriate entities for the acquisition of the needed service(s).
	<p>Procedure D: Accessing Emergency Care</p> <p>CFSA recognizes that emergency care is imperative for attending to potentially life-threatening conditions.</p> <p>When CFSA has physical custody of a child or youth during the 72-hour period prior to the initial court hearing, CFSA may consent to emergency medical, surgical or dental treatment, and emergency <u>outpatient</u> psychiatric treatment without first obtaining consent from the parent or legal guardian. Prior to CFSA’s authorization, reasonable efforts must have been made to notify the parents or legal guardians, unless contacting the parent or guardian was clinically determined not to be in the best interest of the child or youth. The assigned social worker shall inform resource parents and caregivers that in an emergency situation, the healthcare practitioner or the</p>

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emergency room physician may treat the child or youth even if physical written consent is absent. If the healthcare practitioner requests consent be provided before services are given, the resource parent or caregiver shall immediately contact the assigned social worker supervisor or OCP on-call manager at 202.498.8456. Once notified, the social worker shall then immediately contact the AAG. (See *the CFSA policy on [Medical Consents](#)*.)

1. Emergency care shall be utilized only when it is medically necessary.
2. In the event of life-threatening circumstances, the following steps are required before accessing emergency care:
 - a. When a caregiver’s best judgment indicates a potentially life-threatening circumstance, the caregiver shall immediately call 911 and follow instructions.
 - i. As soon as possible after making the 911 call (and no later than 30 minutes after following the instructions), the caregiver shall notify the CFSA Hotline.
 - ii. The Hotline worker shall follow the procedures outlined in the *Critical Events* policy, including notification of OCP and the assigned social worker. *Note: the resource parent or caregiver may also contact the assigned social worker after calling the Hotline.*
 - b. Once informed of the emergency, the social worker shall make reasonable efforts to notify the birth parent(s) immediately and facilitate their transport to the emergency room.
 - c. The social worker shall meet the caregiver, child or youth and birth parent(s) at the emergency room.
3. The OCP nurse supervisor, in conjunction with the social worker, the parent(s) and the caregiver, shall plan the child or youth’s discharge and follow the prescribed plan of care.
4. The social worker shall ensure that the caregiver is fully informed as to the child or youth’s ongoing care needs and that the proper supports are provided. The social worker shall also engage the child or youth’s birth parent as well as the child or youth as appropriate in treatment planning and services, including granting permission for treatment and authorizing medications, as appropriate.

Procedure E: Accessing Urgent Care Services

The acquisition of urgent care occurs when it is impossible to wait for a medical appointment to access services. Urgent care is for non-life-threatening needs. No appointment is needed and patients are seen at a local urgent care center.

Consent is required from parents or legal guardians for non-routine (non-emergency) medical and/or mental health evaluations and treatments, based on each occurrence. Resource parents and caregivers are not authorized to give consent for non-routine medical care or any psychiatric treatment. They

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shall contact the assigned social worker for guidance on the provision of consent. (See *the CFSA policy on [Medical Consents](#)*.)

To access urgent care, the following steps must occur:

1. The caregiver shall contact the OCP on-call manager for consultation on the health circumstance. The OCP on-call manager shall advise as to when and how to access a local urgent care provider.
2. Following the discussion with the OCP on-call manager, the caregiver shall immediately notify the assigned social worker. The social worker shall notify the birth parent(s), if appropriate.

Note: the caregiver is encouraged to contact OCP's Clinical and Health Services Administration for medical assistance and advice at any time.

3. If the child or youth is advised to go to a local urgent care center, the caregiver shall notify the social worker of the outcome of the visit, including recommended follow-up treatment needs and any necessary prescriptions that may need to be filled. (For information on the administration of medications, see *the CFSA policy on [Medication Administration and Management](#)*.)
4. The social worker shall obtain any discharge documents from the caregiver, file the documents in the child or youth's official case file, and record all information on the medical screen in FACES.
5. All forms and documents containing medical information are subject to the HIPAA Privacy Act. If this information is scanned for the purpose of saving to a network or to be emailed or faxed, it becomes Electronic Protected Health Information (e-PHI) and falls within the guidelines of CFSA's HIPAA Security policy. (For additional guidance, CFSA staff shall review the HIPAA policies located on CFSA's Intranet Website. Private agencies should contact the CFSA contract monitor to access a copy of the relevant policy.) Any questions regarding CFSA's HIPAA policy or privacy practices should be directed to the Agency HIPAA Privacy Officer or Security Officer.

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