Statement of Consideration (SOC)

PPTL 20-06 SOP 4.26.2 Authorization for Medical Services and DPP-106A Authorization for Health Care

The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate.

**SOP 4.26.2**

1. **COMMENT:** It should be noted that in the event non-routine care is needed, the foster parent always informs DPP.  Staff worry after FSOS’s sign giving foster parents permission to sign maybe they would just sign for things in the future and not inform DPP timely.

Procedure

2. DCBS **should attempt to engage the parent(s) of a child in the custody of or committed to the cabinet upon entry into out of home care (OOHC).  DCBS may consent to non-routine or routine medical procedures in the event either parent is unable to be reached.**  **An exception may be made if the parent has provided consent prior to the medical procedure, in which case, the SSW advises the FSOS and the FSOS may sign the consent form, which also authorizes a foster parent to sign for medical consent in non-routine situations.** **1** ~~does not consent to anything other than routine health care if the child is in the emergency or temporary custody of the Cabinet.  The only exception to this is if neither the parent nor the court has provided consent prior to the medical procedure, in which case, the SSW advises the FSOS and the FSOS may sign the consent form.~~

**RESPONSE:** Policy is updated to include:  **A SSW or FSOS should be notified by the next business day following a medical appointment in which they could not be reached to consent.**

1. **Comment:** There needs to be a better explanation and requirement for workers to document that they have actually tried to contact the parents- such as phone call, home visits, etc.

**Non-Routine Health Care**

1. (2) Efforts to locate the parents to obtain consent.

**Response:** Additional guidance has been added**. The SSW should document attempts to obtain medical consent from parents in a variety of ways including home visits and phone calls.**

1. **Comment:** Staff can’t imagine a situation where the placement (foster family or PCC) couldn’t at least be able to reach someone on call (Worker, Supervisor, Regional Office Staff).  Staff are worried things will happen with our kids and we won’t know about it.  Staff feel that we should get an incident report at least if/when a situation like this occurs.

**If a child is on voluntary commitment to the Cabinet:**

1. The FSOS consents to treatment when a parent cannot be located in emergency situations;
2. The placement provider may authorize treatment ~~only in an emergency,~~ when a child needs medical treatment and the SSW or FSOS cannot be located.

**Response:** Policy is updated to include:  **A SSW or FSOS should be notified by the next business day following a medical appointment in which they could not be reached to consent.**

1. **Comment:** My biggest concern is parents are being asked to sign this form at the beginning when their child enters OOHC. Even though policy states workers should engage the parent at the beginning of the work I am concerned that workers will see this form as a blanket consent and not engage the parent to attend doctor appointments (when safe).  Especially since what they are being asked to sign reflects CHFS can consent and foster parents are allowed to consent without their approval (KRS 605.110) and that a court order can and will be obtained.   The language doesn’t reflect partnership with the parents.  This can be detrimental when a child is first removed from parents.

**Response:** The statute was reviewed during the drafting of this policy. The Office of Legal Services was consulted and they advised that the form and the policy adhere to KRS.

**DPP-106A**

No comments.