

Medical Passport Introduction

Dear Care Provider*:

Assuring that the health needs of children in out-of-home care are met is a major responsibility for you and the child's Social Service Worker. This Medical Passport was developed to help with this important task. It has been designed to be used for all children in out-of-home care, including medically fragile children, who are placed in resource homes, emergency shelters, private child care facilities, psychiatric and medical settings. It is given to the care provider at the time the child is placed. The Medical Passport must be maintained continuously throughout placement and accompany the child as long as he remains in out-of-home care.

SOP 3.7 states that *“resource parents are to cooperate with CFC in the medical and dental care planning for the child by: (a) scheduling appointments as needed; (b) keeping immunizations current; (c) reporting to CFC all encounters with medical providers and any corrective or follow-up medical or dental care the child needs; (d) maintaining the medical passport with all medical information relating to the health history and on-going medical care of the child; (e) assisting DCBS in obtaining initial health screening within 48 hours of placement of the child; and (f) transporting children to necessary health-related (e.g. mental health, medical, dental, vision) appointment as needed.”*

Why is the Medical Passport so important?

1. It ensures that all pertinent information pertaining to a child's health care is kept in one place. This benefits the child in providing timely service when basic medical records are needed at a moment's notice for medical care and emergencies or events such as case review, court, school enrollment, day care enrollment, and treatment planning conferences, etc.
2. Continuity of medical care is provided.
3. State Law requires that all children in out of home care receive regular medical care. State and Federal Law require the documentation of this care (SOP 7E.4.1).
4. Care Provider Liability - Lack of documentation is equal to lack of services. In other words *“If you don't write it down, it didn't happen!”* The medical passport documentation provides verification that this medical care is taking place.
5. A child's needs and history are more easily explained to birth parents and other care providers upon changes in placement or changes of Social Service Workers.

How do I use this Medical Passport?

DCBS SOP states that resource parents are to maintain *“the medical passport with all medical information relating to the health history and ongoing medical care of the child”*. If the child will be accompanied to the appointment or exam by a Social Service Worker or transportation aid in lieu of the care provider, then the Social Service Worker or care provider will assume responsibility for the passport, share it with the medical professional, and assure that all forms are completed. Care providers should not assign these responsibilities to the child in the care provider's absence.

The medical passport includes tabs that are designed to be used with the three ring passport binder. Children who are medically fragile or who have special health care needs may require more space for documentation and record keeping. Therefore, the care provider may separate the tab sections into more than one volume as needed. Each child should have his/her own binder, even if siblings reside in the same foster home. Each tab section includes instructions on how to utilize the forms for that section. Other helpful hints are also included.

** In this Medical Passport, the term “care provider” is used to define the responsible person with whom the child lives in out-of-home care.*

What about all of the forms?

The forms specifically designed for use in the medical passport are the DPP 106A series. They are numbered accordingly in the top left corner as follows:

- DPP-106A “Medical History”
- DPP-106A-1 “Authorization For Medical Treatment”
- DPP-106A-2 “Medical Appointment”
- DPP-106A-3 “Dental Care”
- DPP-106A-4 “Visual Screening”
- DPP-106A-5 “Medications History”
- DPP-106A-6 “Mental Health Services”

All of these forms will be used at some point during the child’s stay in out-of-home care. The care provider should request a complete set of forms and additional copies of the DPP 106A-2 through 106A-6 as these will be used most often. If you run out of forms or never receive them to begin with, request them from the child’s Social Service Worker and be persistent. It is very difficult to get forms filled out by medical professionals a few days or weeks after the appointment. Not having blank forms is no excuse for failing to include them in the passport. Photo copies of blank forms may be used. If photocopied forms are used, additional copies must be made for the case file once the forms are completed.

Other forms and documents used by medical professionals may be added to the passport in addition to the above forms. These may be filed under the appropriate related tab sections.

How are copies of the forms distributed?

Medical passport forms are composed of carbonless paper forms with white and yellow copies. Once completed, the white copy original is to be kept in the passport binder. The yellow copy is to be given to the child’s Social Service Worker to notify him / her of the medical status of the child and is to be kept in the child’s case record. Yellow copies of medical, dental, and visual screening forms should be given to the child’s Social Service Worker within one week of the appointment. Yellow copies of medication forms should be given to the child’s Social Service Worker at the end of each month.

Passport forms in the child’s case file must be available for review by many service professionals. Medical professionals are encouraged to write legibly and press firmly. If you cannot read the yellow copy, please give the Social Service Worker a photo copy of the original (white copy) for the case file.

DO NOT allow the medical professional to keep completed forms. Encourage them to make photo copies and return the originals and carbons for passport use. You may also want to make copies of completed forms for activities such as day care, school, and camp registration/enrollment. If you do not have a resource to make photo copies, these may be made at your local DCBS office.

Notes:

Important Information

Effective Date: _____

This page should be completed with current information once a child enters out-of-home care and should be updated using the **Important Information Updates** boxes on the next tab / page as needed. Past history information should be provided in the "Medical History" section.

Child's name: _____ Date of Birth: _____

Race: American Indian or Alaskan Native Asian or Pacific Islander Biracial Black, Non-Hispanic
 Hispanic White, Non-Hispanic Other _____

Gender: Female Male Social Security Number: _____

In the following sections related to allergies and medical diagnosis, please write "unknown" in the space provided if the information is unclear from past or current history.

Medication Allergies: Medication: _____ Reaction: _____

Other Allergies (Please identify type and reactions.): _____

Medical Diagnosis or Special Medical Needs (in brief): _____

Date of Child's Original Entry Into Out-of-Home Care: _____ Date of Child's Most Recent Entry: _____

Parental rights terminated? Yes No

Name of Mother: _____

Custodial parent? Yes No

Address: _____

Telephone Numbers: _____

Name of Father: _____

Custodial parent? Yes No

Address: _____

Telephone Numbers: _____

Other Legal Guardian: _____

Address: _____

Telephone Numbers: _____

IMPORTANT
INFORMATION

Important Information continued

IMPORTANT
INFORMATION

Child's Social Service Worker: _____ **Effective Date:** _____

Address: _____

County: _____ Region: _____

Telephone Number: _____ E-mail: _____ FAX Number: _____

Family Services Office Supervisor: _____ **Effective Date:** _____

Address: _____

Telephone Number: _____ E-mail: _____ FAX Number: _____

Pediatrician/Primary Care Physician: _____

Effective Date: _____

Address: _____

Telephone Number: _____ FAX Number: _____

Dentist: _____ **Effective Date:** _____

Address: _____

Telephone Number: _____ FAX Number: _____

Other Important Numbers (relatives, medical specialists, therapists, mental health, etc.):

Name:	Description:	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

Important Information Updates

Please photo copy this page as needed for additional updates.

IMPORTANT
INFORMATION UPDATES

Check one: Social Service Worker Supervisor Primary Care Physician Dentist
 Therapist/Counselor (Mental Health) Other _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____ FAX: _____

Effective Date: _____

Check one: Social Service Worker Supervisor Primary Care Physician Dentist
 Therapist/Counselor (Mental Health) Other _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____ FAX: _____

Effective Date: _____

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Address: _____

Telephone: _____ E-mail: _____ FAX: _____

Effective Date: _____

IMPORTANT
INFORMATION UPDATES

Medical History

Introduction:

In order to provide for the immediate and ongoing medical needs of the child placed in out-of-home care, it is important to know as much as possible about the medical history. Prior to placement in out-of-home care, sources for this information are birth parents, relatives, prior out-of-home care providers, medical providers, medical records, school and day care records.



Most medical history information will be collected by the child's Social Service Worker prior to placement or at the initial out-of-home care conference, usually held within 5 days of placement. However, Social Service Workers and care providers may become aware of other medical history information during the course of the child's placement. All medical information received by the Worker or care provider must be shared between these two parties verbally as well as documented in the passport.

Any available medical records related to a child's history should be copied for the Medical Passport and shared with medical professionals. Care providers may keep these documents in this section of the medical passport.

Using The Form (DPP 106A "Medical History"):

The child's Social Service Worker is to help the birth parent or primary care giver of the child fill out this form. It is important that the form be filled out completely and signed by the parent so that there is no question later as to the parent's or caregiver's understanding of the child's medical history, current state of health, and any medical needs and / or conditions requiring immediate response upon entry into out-of-home care.

Parents should be as specific as possible regarding types of allergies, special medical conditions, recent and past health problems and illnesses. Dates of illnesses or approximations should be recorded on this form. Surgeries should be listed specifically in the "other" section along with type and date of the procedure.

When changes or additions occur (such as allergies discovered, surgeries, and illnesses occurring in out-of-home placement like chicken pox, etc.), these are to be recorded on a new (additional) DPP-106A Medical History form and filed in this section with the yellow copy returned to the child's Social Service Worker.

The Medical History form should be discussed with the medical professional at the child's initial exam following entry into out-of-home care. Every effort should be made to complete this form prior to this initial exam.

Copies of Other Documents to be Included in this Section:

- ✓ Birth Certificate
- ✓ Immunization Record
- ✓ Most Recent Physical Prior to Child's Entry into Out-of-Home Care
- ✓ Significant Medical Records Prior to Placement

- ✓ Social Worker's Assessment of the Child Upon Entry into Care
- ✓ Allergy Information
- ✓ Care Provider Assessment of the Child Upon Entry to their Home/Facility
- ✓ Hospital Discharge Summaries Prior to Placement
- ✓ Mental Health Evaluations and Testing Prior to Placement

Past Medical Professionals for this Child:

Please list medical providers prior to the child's placement in out-of-home care. Additional spaces are provided on the back of this page.

Name: _____

Address: _____

Type of Provider: _____

Telephone Number: _____

Dates: from: _____ to: _____

Name: _____

Address: _____

Type of Provider: _____

Telephone Number: _____

Dates: from: _____ to: _____

Payment for Medical Services

Medical Assistance Cards

The majority of children in out-of-home care are eligible for the Kentucky Medical Assistance Program (Medicaid), and therefore will receive a medical card to cover their general medical needs. Please be aware that not all medical facilities and providers accept the medical card as a form of payment. Check with the child's Social Service Worker or your local Department for Community Based Services(DCBS) Family Support office for a listing of accepting providers in your area.

How do I know if my child is eligible for the Kentucky Medical Assistance Program?

Following placement in out-of-home care, the child's Social Service Worker will apply for the medical assistance card within two weeks. It may then take up to a month for the new card to be issued. Please understand that this process may be delayed if necessary documents such as birth certificates and / or social security cards are not accessible and need to be applied or reapplied for prior to application for the medical assistance card.

How do I get the medical card if my child is eligible?

The medical card is generally issued to the Social Service Worker in the child's name. It is mailed to the local DCBS office at the beginning of the month. There it will be copied for the file. The original card will be mailed to you.

What if I am waiting for a medical card for my child and he needs medical care?

Your child will need arrangements for appointments for medical care (i.e. at least a complete physical, dental, and visual exam) within the first two weeks of placement. However, you do not need to wait on the medical card before accepting an available appointment. Explain the situation and have the bill sent to the DCBS office. Do not pay for medical services yourself or list your name or the Social Service Worker's name as the responsible party for payment.

How long do I keep my child's medical card?

Medical cards should be maintained in the medical passport for one year after the eligibility month to cover past services for which you may receive bills. Return these bills to the health care facility along with a photo copy of the medical card for payment. Medical cards are invalid after one year and may be discarded.

Medical cards should be kept in this section and sent along with the child when he/she leaves your home/facility.

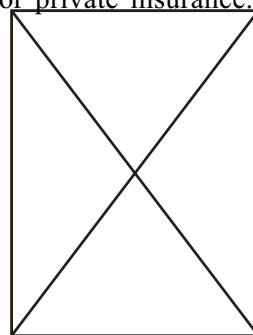
Private Insurance

Some children in out-of-home care remain eligible for private insurance under their birth parent's or guardian's health care plan. In this situation, the child's Social Service Worker will request a copy of the child's insurance card from the birth parent or guardian and provide a copy of it to you. You may contact the insurance company for a list of accepting medical providers in your area.

If the private insurance plan does not cover 100% of the medical, dental, or other related expenses, the child may be eligible for the Kentucky Medical Assistance Program as a secondary payment source. The child's Social Service Worker will apply for a medical card for this purpose. Please refer to the information in the previous section entitled "Medical Assistance Cards."

Payments for Special Expenses

On occasion, you may encounter some medical, medications, or related expenses for children in out-of-home care that are not covered by The Kentucky Medical Assistance Program or private insurance. Please talk with the child's Social Service Worker to arrange for a special needs payment before arranging services or paying expenses on your own. Justification must accompany bills for medical expenses and state if the child was ineligible or if the service was not covered by Medicaid or private insurance. Please remember that approval must be granted in advance of any treatment (SOP 7E.4.5).



Medical Expenses During Out of State Travel

Kentucky Medical Assistance Cards are invalid for payment of medical services out of state. Care providers may obtain an out of state travel form from the child's Social Service Worker which states that the Kentucky Department for Community Based Services is the guarantor for payment of any medical services incurred while the child is out-of-state. This form must be notarized.

Authorization for Medical Treatment

Introduction:

Seeking medical care and treatment for the child in out-of-home care is not as simple as it may be for a biological child because you are not the child’s biological or legal parent. **Care providers are not authorized to sign for any medical services or treatment unless it is an emergency and the child requires immediate medical attention (see Procedures below).** Other parties such as the child’s biological parent, in some cases, and the Cabinet, in all cases have legal rights, responsibilities, and liabilities in providing for this child. To properly involve the appropriate parties, protect yourself, and provide the best possible care for your child, make sure that proper authorization procedures are followed. Please copy this section for all respite providers so that proper procedures are followed in the absence of the primary care provider.

Authorization Procedures (SOP 7E.4.5):

Type of Custody/Commitment	Situation	Approval by
Temporary Custody/Emergency Custody	Medical Services	Birth Parent or District/Family Court Judge by written approval
Temporary Custody/Emergency Custody	Emergency	Birth Parent, District/Family Court Judge, Social Service Worker (if parent and judge unavailable) Care Provider (if Worker unavailable)
Committed to Cabinet	Medical Services	Birth Parent or Social Service Worker
Committed to Cabinet	Emergency	Birth Parent or Social Service Worker or Care Provider (if Worker unavailable)
Parental Rights Terminated	Medical Services	Social Service Worker
Parental Rights Terminated	Emergency	Social Service Worker or Care Provider (if Worker unavailable)
Voluntary Commitment	Serious Illness/ Major Surgery	Birth Parent or Social Service Worker (if parents unavailable)
Voluntary Commitment	Emergency	Birth Parent, Social Service Worker, Care Provider (if Worker and birth parent unavailable)

Parents shall be notified as soon as practicable of any emergency medical treatment, serious illness, or major surgery. The Service Region Administrator and Commissioner are also notified by the worker in the case of serious injury to a child in out-of-home care (SOP 7E.3.15).

Using The Form (DPP 106A-1 “Authorization For Medical Treatment”)

The child’s social worker is to complete this form upon the child’s entry into out-of-home care. If the custody or commitment status changes, the worker is to fill out a new form with the appropriate date of the change and add it to this section. For your general information:

- * Emergency Custody does not last longer than 72 hours.
- * Commitment to the Cabinet has no time limit.
- * Temporary Custody lasts up to 45 days and in some cases may be extended by a judge’s order.
- * Voluntary Commitment lasts for 6 months unless it has been extended upon formal review.

File the original (white copy) and all subsequent DPP 106A-1 forms in this section of the Medical Passport. The yellow copy is to be filed in the child’s case record.

Medical Appointments

Introduction:

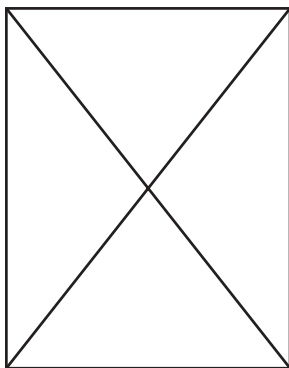
It is imperative that all children in out-of-home care be provided with proper medical care. It is REQUIRED BY STATE LAW that all children in out-of-home care receive a complete physical upon entry into out-of-home care and annual physical each year thereafter (KRS 605.110 and SOP 7E.4.1). Children under age two should have “well-baby” exams more often. Care providers shall cooperate with the agency in the medical care planning for the child by scheduling appointments as needed (SOP 3.7).

What Does a Complete Annual Physical Include?

Your child’s annual physical is much more than a visit to the doctor’s office. It cannot be replaced or exchanged for a “sick visit” or follow up exam. Medically fragile children must also have an annual physical even though they may see a variety of medical professionals regularly.

There are a number of components that need to be completed annually to ensure that the child is continuing in good health and receiving proper care and to rule out and/or address special medical needs. An exam can be counted as an annual physical, provided that the following components are included:

- height and weight
- vital signs
- hearing and vision screening
- urinalysis
- blood screening (for nutritional needs, lead poisoning, communicable diseases)
- physical evaluation of:
 - eyes, ears, nose
 - throat, mouth, teeth
 - heart and lungs
 - abdomen
 - extremities
 - skin
 - posture
 - reflexes
 - genitalia
- immunizations (see schedule below)



Immunization Schedule

Care providers to children in out-of-home care are responsible for keeping immunizations current (SOP 3.7) A copy of the child’s immunization record should be obtained and kept in the child’s Medical Passport (SOP 7E.4.2). The following is recommended by the Center for Disease Control, 1996.

Age	Immunization
Birth to 2 months of age	Hepatitis B (Hep B)
2 months of age	Diphtheria, Tetanus, Pertussis (DTP or DTaP); Haemophilus influenzae type b (Hib); Polio (OPV or IPV)
2 to 4 months of age	Hepatitis B (Hep B)
4 months of age	Diphtheria, Tetanus, Pertussis (DTP or DTaP); Haemophilus influenzae type b (Hib); Polio (OPV or IPV)
6 months of age	Diphtheria, Tetanus, Pertussis (DTP or DTaP); Haemophilus influenzae type b (Hib)
6 to 18 months of age	Hepatitis B (Hep B); Polio (OPV or IPV)
12 to 15 months of age	Haemophilus influenzae type b (Hib); Measles, Mumps, Rubella (MMR)
12 to 18 months of age	Diphtheria, Tetanus, Pertussis (DTP or DTaP); Varicella Zoster--chicken pox (VZV)
Between 4 and 6 years of age (pre Kindergarten/ Early Start)	Diphtheria, Tetanus, Pertussis (DTP or DTaP); Polio (OPV or IPV);
Between 10 and 12 years of age	Hepatitis B (Hep B); Varicella Zoster--chicken pox (VZV); Measles, Mumps, Rubella (MMR)
11 to 16 years of age and every 10 years thereafter	Tetanus-Diphtheria (Td)

MEDICAL APPOINTMENTS

When Should I Take My Child to the Doctor?

Upon Entering Out-of-Home Care:

DCBS SOP 7E.4.1 states that “the Social Service Worker ensures that the child receives a physical health screening within 48 hours of an order in which a child enters custody of CFC, and treatment for any injury/illness that may be a result of maltreatment within 24 hours.” Within 2 weeks of a child entering out of home care, the SSW makes arrangements for a complete medical, dental and visual examinations. The purpose of the screening and examination is to document the medical condition of the child upon entry into care and is essential to identify any special medical needs or conditions. Please bring a completed Medical History form (DPP 106A) to this appointment.

It is often difficult to get a physical exam within a short of a time period. Try to explain the special circumstances and see if an appointment can be scheduled as soon as possible. If not, document your efforts and notify the child’s Social Service Worker.

Should the child not come directly to you from his birth family (i.e. from a shelter, etc.), check with the Social Service Worker to see if a physical has taken place or is scheduled. If it has already taken place, a copy of the medical appointment form should be filed in this section when you receive the passport. This exam is required even if the child comes to you from a medical facility.

Examinations are not required for children who exit and re-enter care within 30 days, unless the child’s circumstances indicate otherwise.

The American Academy of Pediatrics recommends that the initial health screening include the following, in addition to the components of an annual physical:

- ◆ Measurement of head circumference
- ◆ Notation of bruises, scars, deformities or limitations in function
- ◆ X-rays if history of physical abuse
- ◆ Sexually transmitted disease testing when indicated clinically or by history
- ◆ Pediculosis (lice) exam
- ◆ Developmental and mental health evaluation

Please let the physician know of any special needs or past circumstances which may affect the child’s comfortability with the exam such as history of sexual abuse, fears, etc.

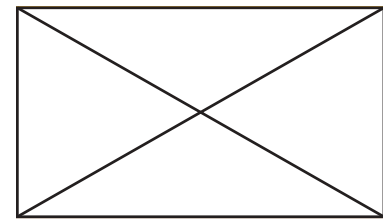
Annual Physical Exams:

Annual physical exams are REQUIRED BY STATE LAW for all children placed in out-of-home care. The appointment should be scheduled annually and within 12 months from the appointment of the previous year. (KRS 605.110 and SOP 7E.4.1).

Prior to Age Two (“Well Baby”) Exams:

It is recommended by the American Academy of Pediatrics that the schedule below be followed for children under the age of two (this will assist in monitoring growth and development and assure that all required immunizations are received):

- 2 Weeks
- 2 Months*
- 4 Months*
- 6 Months*
- 11 Months
- 15 Months*
- 18 Months*



*Indicates when immunizations will coincide with these exams as required by the Center for Disease Control, 1996.

School Physical Exams are scheduled as follows:

- ◆ Before entering Kindergarten (or the Early Start / 3-4 year-old programs)
- ◆ Before entering 6th grade (Middle School)
- ◆ Before participating in athletics

Immunizations will coincide with these exams as required by the Center for Disease Control, 1996.

These exams may take the place of the annual physical exam if they include the components listed on the previous page in the section entitled “What Does a Complete Annual Physical Include?”

Female Children:

It is recommended by the American Council on Obstetrics and Gynecology that girls who are or have been sexually active have an annual pelvic exam and pap smear.

Older girls may prefer to see an OB/GYN instead of a pediatrician. The OB/GYN can conduct the annual physical required for all children in out-of-home care. Please explain to the doctor why the exam is needed and how to use the form.

Pregnant girls in out-of-home care are required to receive appropriate prenatal care. These appointments should be scheduled monthly as soon as the care provider becomes aware of her pregnancy. A prenatal exam may not take the place of the annual physical required for all children in out-of-home care. Though the two may occur together, the components of the complete physical should not be omitted (see *What Does a Complete Annual Physical Include?* at the beginning of the **Medical Appointments** section).

Other:

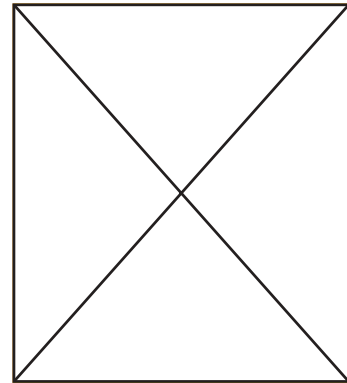
Your child should be taken to the doctor when ill or in need of special evaluation. Please take special care to keep scheduled appointments and / or call to reschedule in advance. Many medical professionals will bill for missed appointments when not properly cancelled or rescheduled. Please remember to reschedule any cancelled or missed appointments to ensure that your child receives his or her proper medical care.

Using the Form (DPP 106A-2 “Medical Appointment”)

This form is to be filled out in its entirety at each medical appointment: physical exam, well baby exam, school exam, sick visit, specialist visit, prenatal exams, etc. Care providers should fill in the date of the appointment, child’s name and date of birth, the reason for the appointment, and doctor’s name, address, and phone number to ensure that these are legible. Medical professionals are to fill in the results of the exam and sign the form. Remember to press firmly.

The form is separated into three categories: “Medical Appointment,” “General Screening,” and “Sexually Transmitted Diseases.” The Medical Appointment section (column one) must be filled out at each visit regardless of its nature. The General Screening section (columns three and four) need only

to be filled out as applicable to the nature of the appointment. The Sexually Transmitted Disease Section should be used as necessary.



Please do not substitute school physical forms

for this document. Explain to the medical professional that the Cabinet tracks medical care using this form.

If you forget the forms, they may be filled out at a later date, however this can be burdensome. It may be helpful to leave a supply of blank forms in your car or with the medical professional in the child’s record so that they will be available when needed.

Completed forms should be filed in this section with the yellow copy given to the child’s Social Service Worker (SOP 7E.4.2).

Copies of Other Documents to be Included in this Section:

- ✓ Doctor’s Clinic Notes about particular visits/ exams
- ✓ Emergency Department and Hospital Discharge Summaries
- ✓ School Physical Forms

Notes:

Dental Appointments

Medical Alert! Medical Alert!

This child has a heart condition (describe) _____

Premedication prior to dental treatment is required.

Introduction:

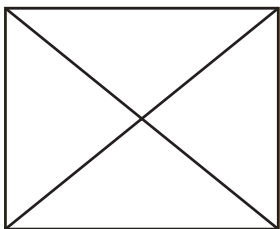
Dental care for the child in out-of-home care is also very important. It is something that may have been overlooked by many birth families or previous placements, especially for children in constant transition. It is required by state law that all children in out-of-home care receive a complete dental exam upon entry into out-of-home care and annual exam each year thereafter (KRS 605.110 and SOP 7E.4.1). Care providers shall cooperate with the agency in the dental care planning for the child by scheduling appointments as needed (SOP 3.7).

When Should I Take My Child to the Dentist?

Upon Entering Out-of-Home Care:

Arrangements are to be made for a complete dental exam for all children entering out-of-home care within the first two weeks of placement (SOP 7E.4.1). This will document the child's dental condition upon entry into care and identify any special dental needs. As with medical appointments, it may be difficult to get the exam scheduled within a short period of time. Again, try to explain the situation and work with your dentist, document your efforts and notify the Social Service Worker.

Please let the dentist know of any special needs or past circumstances which may affect the child's comfortability with the exam such as history of sexual abuse, fears, etc.



Annual Exams and Cleaning:

These exams are **REQUIRED BY STATE LAW** for all children placed in out-of-home care. The appointment should

be scheduled annually and within 12 months from the appointment of the previous year (KRS 605.110 and SOP 7E.4.1).

The annual exam usually consists of an x-ray, cleaning, and oral exam. The American Dental Association recommends that young children wait until age three for this annual exam unless there is visible decay or other problems. The child's pediatrician or dentist can assist with other suggestions for young children.

Follow-up / Other:

Annual exams may often indicate the need for restorative work and require follow-up exams. Please take special care to keep these and all other dental appointments, cancelling and rescheduling as needed. Tooth decay does not improve with time!

The American Dental Association recommends routine exams and cleaning every six months, however the Kentucky Children's Health Insurance (medical card) will only pay for one annual exam. Should your child's special dental condition require more frequent exams, talk with the dentist about making a request for pre-approval to the Kentucky Medical Assistance Program. If this is denied, talk with the child's Social Service Worker about working out an alternative billing with the dentist and special needs payment (KAR 1.350, SOP 3.9).

Any time you can see decay, your child complains of tooth pain, or teeth are injured, the child should be taken to the dentist.

Referral:

Some children may require orthodontic or other special dental care (oral surgery, etc.) as recommended by the dentist. Children should have a complete dental evaluation before beginning specialty work. It is important to follow the course of treatment recommended by any specialist regarding frequency of exams, personal care, etc.

The Orthodontist and Other Oral Specialists

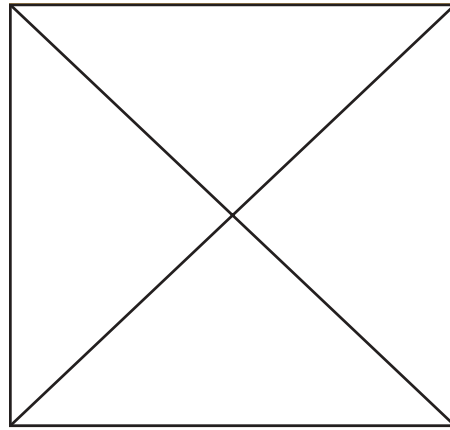
Orthodontic work must be pre-approved by medicaid if the child is medicaid eligible. Usually the child is taken to an initial orthodontic evaluation appointment. The orthodontist then makes a report to the Kentucky Medical Assistance Program explaining the need and related costs. The approval process may take a number of weeks or months.

Once the report is submitted to the Kentucky Medical Assistance Program, do not switch orthodontists because the process must start all over. Do not switch orthodontists in the middle of a treatment course for the same reason. Services may not be reimbursed by medicaid in this situation.

If the child is not medicaid eligible, if private insurance does not exist or will not pay, or if medicaid denies approval for these services deemed necessary by the dentist / orthodontist, the child's Social Service Worker may arrange for a special needs payment through the Department. Please remember that this approval must be granted in advance of any treatment (SOP 3.9).

Using the Form (DPP 106A-3 "Dental Care")

This form is to be filled out in its entirety at each dental / orthodontic appointment. Care providers should fill in the date of the appointment, child's name and date of birth, and the dentist's or orthodontist's name, address, and phone number to ensure that these are legible. The dentist / orthodontist is asked to fill in all information related to the exam as indicated and sign the form. Remember to press firmly.



The "general appearance" section should state the reason for the particular appointment (i.e. annual cleaning, restoration needed, adjustment needed, appliance installed). It should also state the appearance / oral hygiene rating (i.e. good, fair, poor). The tooth status chart (middle section) should always be completed, even if there is no change from the last appointment. The follow-up appointment section should explain the need for the appointment (evaluation, restorative, annual, cleaning, etc.) and the date. If no follow-up is needed, enter the date of next annual exam on the line for the "next appointment."

If you forget the forms, they may be filled out at a later date, however this can be burdensome. It may be helpful to leave a supply of blank forms in your car or with the dentist / orthodontist in the child's record so that they will be available when needed.

Completed forms should be filed in this section with the yellow copy given to the child's Social Service Worker (SOP 7E.4.2).

Notes:

Eye Appointments

Introduction:

Eye care for the child in out of home care is another important factor that may often be overlooked by many families. It is required by state law that all children in out-of-home care receive a complete visual exam upon entry into out-of-home care and annual exam each year thereafter (KRS 605.110 and SOP 7E.4.1). This may be done as part of the initial and annual physical exams. However, should the child in your care have vision needs, the annual exam should be completed by an optometrist or ophthalmologist. Some resource parents have learned from experience that children younger than school age should have exams by a pediatric ophthalmologists for the most accurate results. A vision examination by an optometrist or ophthalmologist is **required** by the Department of Education for all children entering school (KRS 156.160). Care providers shall cooperate with the agency in the medical care planning for the child by scheduling appointments as needed (SOP 3.7).

When Should I Take My Child to the Eye Doctor?

Upon Entering Out-of-Home Care:

Arrangements are to be made for a complete visual exam for all children entering out-of-home care within the first two weeks of placement (SOP 7E.4.1). If there is no known problem, the visual screening may be done at the initial physical. However, if the child has vision problems (i.e. is already wearing glasses), these arrangements should be made with an ophthalmologist to check prescription, etc.

Annual Exams:

These exams are **REQUIRED BY STATE LAW** for all children placed in out-of-home care. The appointment should be scheduled annually and within 12 months from the appointment of the previous year (KRS 605.110 and SOP 7E.4.1).

If there is no known problem, the annual exam / screening may be done by the child's primary doctor as part of the annual physical. If a problem is discovered at the physical exam, the child should be taken to an ophthalmologist for further evaluation.

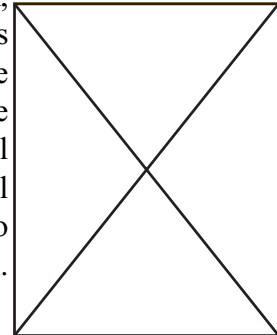
Follow-up / Other:

Please take special care to keep follow-up and all other appointments, cancelling and rescheduling as needed. Vision problems can lead to developmental delays, poor school performance, and behavior problems if left untreated.

Any time a teacher recommends an eye exam, the child complains of vision problems, or eyes are injured, the child should be seen by an ophthalmologist.

Using the Form (DPP 106A-4 "Visual Screening")

This form is to be filled out in its entirety at each eye exam. It may be filled out by the child's primary care doctor at the initial out-of-home care exam and subsequent annual exams if the child has no need to see an eye doctor for identified vision problems. Care providers should fill in the date of the appointment, child's name and date of birth, and the medical professional's name, address, and phone number to ensure that these are legible. Medical professionals are asked to fill in all information pertaining to the exam and sign the form. Remember to press firmly.



The "observation and results" section should state the reason for the particular appointment (i.e. annual exam, prescription adjustment, etc.). It should also state the diagnosis and vision rating in each eye.

The follow-up appointment section should explain the need for the appointment and the date. If no follow-up is needed, the date of the next appointment should be the next annual exam.

If you forget forms, they may be filled out at a later date, however this can be burdensome. It may be helpful to leave a supply of blank forms in your car or with the doctor in the child's record so that they will be available when needed. Completed forms should be filed in this section with the yellow copy given to

Medications

Medication Allergy Alert!

Medication:

Reaction:

Introduction:

Medications and their management are just as essential if not more essential than taking your child to the doctor, dentist, therapist, or specialist. Medication provides for continuation of the treatment phase beyond the medical professional's office.

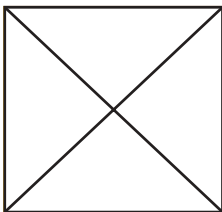
Policy requires that care providers administer medications as prescribed and document the use of these medications for a child in out-of-home care. Care providers should take special care to follow the use and proper regimen for each medication in order to carry out the medical professional's intent and plan for treatment.

When Do I Give My Child Medication?

Prescription Medication:

Prescription medications are to be administered to a child according to the doctor's instructions on the medication bottle, box, etc. It is unlawful to change or skip dosage, change frequency, or medication without a doctor's order. Therefore, medication changes should be given to the care provider, by the doctor, in writing and changed on the prescription bottle. If a doctor does not provide the change in writing or if the change is made by telephone, request a written order immediately for your record and protection.

Care providers can take a copy of a doctor's order on a prescription pad to the pharmacist and request that a new label be made. This will serve to protect the child and care provider. Many school and childcare centers will not administer medication other than the way it is indicated on the label.



It is also unlawful to give prescription medication to any other person than who is named on the prescription label.

SOP 3.7 states that "resource foster parents are to give a child's prescribed medications only with a physician's prescription or authorization, and are to dispense in the exact amount of any medication prescribed for a child by a physician or dentist and may not stop medication without a physician's orders."

It is expected that DCBS staff not routinely authorize certain psychotropic drugs without prior consent from birth parents. For this reason the care provider should make every effort to inform the Department of the plan for medication even before it is prescribed.

It is preferred that psychotropic drugs be prescribed by a psychiatrist, rather than a pediatrician, for management of mood, emotional or behavioral disorder.

Some prescription medications may not be covered by the child's Kentucky Children's Health Insurance Program (KCHIP) Card or other health insurance. Care providers should ask the doctor for an alternative medication that is covered or seek approval from the child's Social Service Worker for payment of the medication as a special expense.

Over-The-Counter Medications:

Children in out-of-home care are at risk for the use of over-the-counter (OTC) medications because care providers and Social Service Workers often know little about the child's medical history. For this reason, care providers should check with the child's doctor before administering any OTC medications and administer them according to the package or doctors instructions.

If the doctor suggests that the medication should be given differently than instructed on the package, ask that these instructions be written on a prescription pad or other written order. Also ask the child's doctor for a

standing order for any specific OTC medications the child may need. For the child’s protection and your own, keep a copy of these within the passport folder.

OTC medications are not harmless just because they are sold without prescription. They may cause side effects or interfere with prescription medications that the child is also taking.

Troubleshooting / Prevention of Medication Errors:

1. Make sure you can read the prescription order form before leaving the doctor’s office.
2. When picking up a new prescription from the pharmacy, make sure the label matches the prescription order given by the medical provider. If there is a discrepancy, contact the doctor before dispensing.
3. Keep each child’s medication separate and also separate from the medications of your own family members.
4. Check the bottle before administering the medication to make sure you are administering the right medication, to the right child, and in the right amount.
5. Make sure you administer the medication at the right time of day. Check with the doctor to see for example if “4 times daily” means every six hours or 4 times during the time of day the child is awake. Ask the doctor if there can be any flexibility in the schedule and get this in writing if so. Know the following abbreviations:
 - q.i.d = four times daily
 - t.i.d. = three times daily
 - b.i.d. = twice daily
 - q.d. = once a day
 - p.r.n. = as needed
6. Do not measure liquid medication (prescription or OTC) using a standard kitchen utensil or measure. Use a medication spoon or oral syringe.
7. Request that your pharmacist cut tablets for you when the dosage required is only a partial tablet.
8. Crush tablets and mix them with food only when

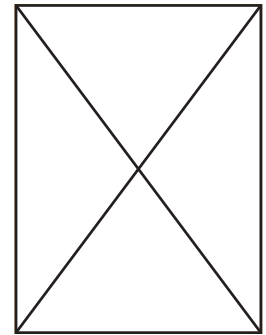
approved by the medical care provider. Sometimes this will cause medication to become ineffective.

9. Store medications as directed (i.e. away from light, refrigerator, etc.) and out of the reach / access of children.

Using the Form (DPP 106A-5 “Medications History”)

DCBS SOP requires that all medication (prescription and over-the-counter) administered to a child in out-of-home care be documented. From a legal standpoint, if it isn’t written down, it didn’t happen. This is an area in which care providers are extremely liable. Document to protect your child and yourself. (SOP 3.7)

This form is to be filled out by the care provider or whoever is giving the medication. Each time a child is administered a dose of medication it should be indicated with the appropriate date and time. If doses are to be given at school, a separate form should be maintained there and collected / replaced each month.



Record each medication name, dosage, and if/when a refill is due.

Information and observations such as side effects to watch for, reactions, or changes in medication should also be recorded on the form including the dates of each. Remember to get medication changes in writing from the doctor and ask that the medication label be changed as needed.

A new form should be used each month. File the original in this section and provide a copy to the child’s Social Service Worker (SOP 7E.4.2).

Copies of Other Documents to be Included in this Section:

- ✓ Doctor’s Orders Changing Prescriptions
- ✓ Standing Order for Over-the-Counter Medications
- ✓ Copies of Release Forms for Schools to Administer Medications
- ✓ Printed Information on Medication Side Effects Provided by the Pharmacy
- ✓ Instructions on Specific Medication Administration Provided by the Pharmacy

Mental Health

Introduction:

Providing for the mental health care of all children in out-of-home care is as essential as the provision of proper medical and dental care.

From infancy, a child's life becomes a complex and everchanging balance of systems interacting to form his or her environment. Child abuse and neglect place new forces on these systems, changing the balance and types of systems involved. Removal from the birth family home and placement into out-of-home care as a result of abuse, neglect, or dependency turns the child's systems and environment, as they are known, entirely upside down. Family, friends, surroundings, and schools all change in some form or fashion, and the child is often left with little ability to understand and possible feelings of loss, guilt, anger, and despair. It is therefore recommended that all children in out-of-home care be evaluated to assess the need for mental health services and that they receive those needed for support during placement in out-of-home care.

Mental health services can assist children and youth in communicating their feelings about separation and loss by providing a neutral party (therapist / counselor) for discussion. Mental health services benefit both the child and care provider by addressing additional areas such as anger and behavior management, socialization, abuse recovery, school performance, and parenting issues. The care provider should see themselves as potentially the strongest change agent who has contact with the child. They need to form a team with the therapist to understand, support, and respond strategically to the child's treatment issues.

When Should My Child Receive Mental Health Services?

Upon Entering Out-of-Home Care:

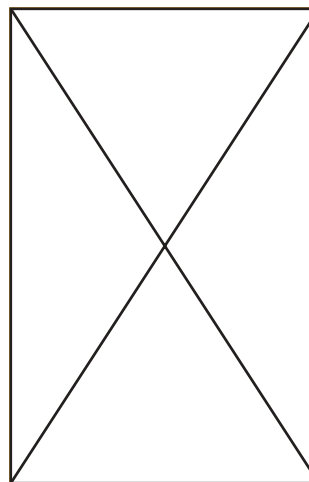
Arrangements should be made for an initial mental health screening to be performed by a qualified mental health professional for all children within 30 days of entering out-of-home care. It may be necessary for the child's Social Service Worker to make the referral for this service due to contract agreements between the Department and mental health agencies. Therefore, care providers should discuss setting up the screening with the child's worker prior to scheduling an appointment.

The mental health screening will serve to determine the child's mental health needs. When the screening indicates that further assessment or treatment is necessary, the Social Service Worker makes arrangements and documents service provision. Arrangements are made for initial service provision within two working days of the receipt of information.

It will be helpful for the care provider and child's Social Service Worker to share as much of the child's history as possible with the mental health professional prior to the assessment. This will help determine the method and techniques to be used and questions and topics to explore.

As Recommended By The Mental Health Professional:

Some mental health services may include brief or long term individual or group sessions, play therapy, art therapy, psychiatric services, testing, evaluation, medication, and medication management. Following an initial assessment, the mental health professional will recommend what services should be provided and the frequency.



Most children participate in sessions weekly or twice monthly, while others may attend sessions daily, twice weekly, or monthly. The frequency of services may often change during particular periods of stress or success. Periodic breaks in services may also be taken when a child has resolved his current issues or is not making progress.

Care providers and Social Service Workers should work with the mental health professional to determine the best frequency for the child. Care providers and workers may need to share transportation responsibility to enable the child to attend sessions as needed.

During Times of Crisis or Major Change:

Children and care providers need additional support during times of family crisis and change. At these times, care providers should schedule additional sessions with the mental health professional if services are already in place or work with the child’s Social Service Worker to make a referral for services.

Some times of crisis and change may include:

- < A negative visit with birth parents
- < Death (of a birth or foster family member or pet)
- < Marriage or divorce of birth or foster parents
- < Disruption or change in placement
- < Addition of new child to placement or movement of another from placement
- < Change of Social Service Worker
- < Change of permanency goal (i.e. termination of parental rights and movement toward adoption)
- < School-based behavioral/emotional problems suspension
- < Legal issues (i.e. allegations against the child, criminal offenses, and preparation for court appearances)
- < The onset of puberty

Medication Management

Children in out-of-home care who are on prescription medication for behavior management or for treatment of a psychiatric diagnosis will require periodic appointments with a psychiatrist for medication management and monitoring. These appointments will be in addition to sessions with therapists or counselors who are not physicians and cannot prescribe or medically monitor medication. Medication management appointments are often scheduled monthly or quarterly and usually coincide with the time that a prescription refill is due.

Care providers should share information with the psychiatrist about the child such as any behavior changes, weight gain or loss, eating and sleep changes, and other medications the child is taking.

Psychiatric Hospitalization

Some children in out-of-home care may require temporary or longer term hospitalization in an acute psychiatric care facility or hospital.

The mental health professional and physician working with the child must make the recommendation and referral for hospitalization.

Once a child is admitted to a psychiatric hospital, it is essential that the care provider and child’s Social Service Worker be involved as members of the treatment team. Care providers who are planning to have the child return to their homes / facilities should take an active role in “parent” groups, visitation, and other support sessions provided. This will assist in planning for the child’s discharge and success in treatment.

Using the Form (DPP 106A-6 “Mental Health Services”)

This form is to be filled out in it’s entirety at each counseling / therapy session and medication management appointment. Care providers should fill in the child’s name, date of birth, therapist or counselor’s name and telephone number, psychiatrist’s name and telephone number, and the date of the session or appointment. Mental health professionals are to fill in the remaining information and sign the form. Remember to press firmly.

The form is separated into two sections: “Counseling / Therapy Session” and “Medication Management Appointment.” The Counseling / Therapy Session section must be filled out by the child’s counselor or therapist at each individual or group session even if the information remains the same as the previous session.

The Medication Management Appointment section must be filled out by the psychiatrist / physician at each medication management appointment.

If you forget the forms, they may be filled out at a later date, however this can be burdensome. It may be helpful to leave a supply of blank forms in your car or with the mental health professional in the child’s record so that they will be available when needed.

Completed forms should be filed in this section with the yellow copy given to the social worker (SOP 7E.4.2).

Copies of Other Documents to be Included in this Section:

- ✓ Mental Health Services Referrals
- ✓ Mental Health Evaluations/Psychological Testing
- ✓ DCBS Pediatric Symptom Checklists / Behavior Rating Scales
- ✓ School Psychoeducational Testing
- ✓ Behavior Management Plans
- ✓ Psychiatric Hospital Discharge Summaries
- ✓ Copy of any psychotropic medications given by another physician

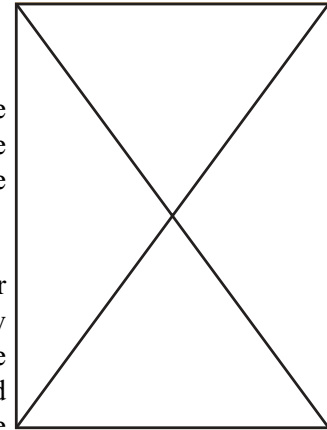
Medically Fragile and Children with Special Medical Needs

MEDICALLY FRAGILE AND
CHILDREN WITH
SPECIAL NEEDS

Introduction:

The term “medically fragile” is used to describe Kentucky’s children in out-of-home care who have a medical condition, documented by a physician, which can become unstable and change very quickly into a life-threatening situation. DCBS SOP lists some conditions that may require designation as medically fragile (SOP 7E.1.4(B))

For a child to become designated as Medically Fragile the child’s Social Service Worker must seek approval. The Medical Support Section in DCBS’ Quality Central will review and advise the Regional Staff of eligibility. If a child is designated Medically Fragile there are additional Standards of Practice that become important. Each region has a designated Medically Fragile Liaison who will assist the Social Service Worker in insuring that the child’s medical needs are addressed.



Individual Health Plans

Each Medically Fragile child is to have an “Individual Health Plan (IHP)” to be completed with input from the birth parents, resource parents, medical/rehabilitative health care providers. A copy of this IHP is to be kept in the passport as well as sent to the Regional Medically Fragile Liaison. The IHP is to be reviewed quarterly and re-evaluated every six months. The DCBS Medical Support Section staff may also assist and provide consultation.

Placement of Medically Fragile Children

A child who is designated as medically fragile should generally be placed in a resource home that is approved to care for medically fragile children. There are several levels of certification and this involves additional training and/or a nursing degree. If a medically fragile child is not placed in a medically fragile home, it is the SSW, in consultation with the Medically Fragile Liaison who must determine how the child’s medical needs may be met. A letter must be sent to the DCBS Commissioner from the local Service Region Administrator explaining the placement. This situation might occur if the child is placed in a Private Child Care Program (PCC) or a foster home that is not medically fragile certified.

The Monthly Report:

Resource parents or other care providers of medically fragile children are to submit monthly reports (see sample form). These will be submitted to the child’s Social Service Worker and then forwarded to the Medically Fragile Liaison. Please include information such as diagnosis medications, therapies, appointments, specialists seen, procedures completed or planned, hospitalizations, height and weight, new developments, and any other pertinent information or changes occurring during the month. If you do not already have a preferred format, a reproducible sample report form is printed on the back of this

page. The child’s monthly report information may in fact need more space than that which is provided in the sample. Please use additional sheets or redesign your own form including the same information as needed. File copies of your reports in this section.

Copies of Other Documents to be Included in this Section:

- ✓ Therapy Notes
- ✓ Tube Feeding Flow Sheets for Intake Monitoring
- ✓ Infant Stimulation Notes
- ✓ Articles and Pamphlets Specific to Child’s Condition
- ✓ Apnea Alarm / Event Records
- ✓ Education / IEP Plans Outlining Medical Adaptations for the Child During School

MEDICALLY FRAGILE MONTHLY REPORT

Date: _____

Child's Name: _____ **Resource Home:** _____

Birthdate: _____ **Date of Placement:** _____ **Weight:** _____ **Ht./Length:** _____

Overall Diagnosis and Care Needs: _____

Medications: _____

Name(s) of Physician(s): _____ **Speciality:** _____

Most recent medical appointments: _____

Future medical appointments: _____

CHANGES:

Medication: _____

Daily Medical Procedures/Treatment: _____

Nutrition/Feeding Procedure: _____

Medical Emergencies since Last Monthly Report: _____

Services: Therapies (O.T., P.T., Speech, Infant Stimulation): _____,

Medical Equipment Company: _____ **School:** _____

Home Health Visit: _____ **Counseling:** _____

Family Visits: _____ **Comments/New Concerns:** _____

Resource Parent Signature **Date**

Send original to SSW
SSW sends copy to Regional Medically Fragile Liaison and
Peggy Arvin, RN or Jean Marie Piacsek, RN
275 E. Main Street, 3E-A
Frankfort, KY 40621

**MEDICALLY FRAGILE AND
CHILDREN WITH
SPECIAL NEEDS**