

Chapter 5

Section 21: Medical Care Services

Medical Care Services

Once a child is in the legal custody of ODHS, the caseworker has the responsibility to ensure that appropriate medical, dental and mental health services are provided for the child.

Each child's medical care must include:

- I. Regular preventive care appropriate to the child's age and condition, including:
 - A. Immunizations and tuberculin (TB) tests (refer to Appendixes 5.11a and 5.11b for guidance on childhood immunizations);
 - B. Timely examinations;
 - C. Timely treatment of non-emergency injuries and illnesses;
 - D. Ongoing care for serious or chronic conditions; and
 - E. Emergency treatment whenever necessary.

Obtain Medical Insurance Coverage

Procedure

- I. Ensure that each child in substitute care has health care coverage.
- II. Contact the branch medical assistance specialist for assistance in having a medical card issued at the time the child is placed in substitute care.

For a child in paid substitute care, the Federal Revenue Specialist completes the [CF 190](#) (Individual Eligibility Determination for Title XIX Medical Coverage). Within the Child Welfare SACWIS system, the Federal Revenue Specialist completes this work and signs the form to assign benefits.

When a child enters substitute care with private health insurance coverage, the caseworker must complete and submit the AFS 415-H (Medical Resource Report Form). A child placed by the department with a Voluntary Placement Agreement may continue to receive medical insurance coverage through the parents' medical insurance. Refer to Chapter 7, Family Support Services, for details on managing a Family Support Services case plan involving a Voluntary Placement Agreement.

When a child requires medical care prior to receiving the wallet sized standard ODHS Medical Care Identification (Medical ID), the Temporary Medical Care Identification ([OAR 410-120-1104](#)) may be printed by the Medical Assistance Specialist or the Federal Revenue Specialist. Circumstances where it is appropriate to issue a Temporary ID:

- I. The Child's medical eligibility and placement information has not been entered into the system (this circumstance may occur when the child is initially placed);
- II. The child has moved to a new substitute care placement, and the Medical ID was not provided by the previous caregiver; or
- III. The Medical ID has been lost.

IV. The Temporary ID is available on the Federal Compliance WIKI, Medical Assistance Specialist's page.

When a child is in the department's legal custody but in the parents' home, monitor the child's health care needs. However, unless the child's health care was part of the identified safety threat or unattended health care needs impact child safety, other procedural requirements for monitoring a child's health care services do not apply.

Obtain an Initial Medical Exam

Procedure

The caseworker must ensure that every child in the department's legal custody must be referred for a medical exam within the first 30 days of placement in substitute care. Request that the substitute caregiver schedule a medical exam as soon as feasible. The Child Welfare case plan also should address the level of involvement of the child's parents in a child's medical care.

When the court identifies a child in need of medical care or other special treatment by reason of physical or mental condition, the caseworker must develop a written plan for the child's care and treatment and submit the plan to the court within 14 days from the date of custody ([ORS 419b.346](#)). The written plan must include:

- I. Identifying information including the child's name, date of birth and the identity of the child's parents;
- II. A brief summary of Child Welfare's involvement with the child and a statement of the child's physical or mental health condition;
- III. The plan, including treatment goal(s) for the child and timelines to meet those goals; and
- IV. The planned services for meeting the child's placement and treatment needs.

The court may request regular progress reports once the plan is implemented, and the caseworker must report annually to the court about the child's progress. If a plan is revised, the caseworker must prepare a report to the court of the revision of the plan and the reasons for the revision.

Immunizations and Vaccinations

All children in the care and custody of Child Welfare will have the opportunity to receive their immunizations and vaccinations within 90 days of coming into care. Immunizations and vaccines should be in accordance with the CDC immunization schedule and healthcare providers recommendations. The caseworker should review vaccination information provided in OR-Kids by the ALERT Immunization Information System (ALERT IIS) within 30 days of the child entering the care and custody of Child Welfare to determine the immunization and vaccination history and needs of the child.

Prior to a child receiving an immunization or vaccination, Child Welfare must engage and have meaningful consultation with the parent(s), Indian custodian(s) if any and the tribe(s) if applicable to determine if there is agreement to the child receiving vaccinations and immunizations.

If parental consent is not granted for a child receiving a vaccination or immunization, then there should be a meeting to discuss what those objections are and to see if they can be addressed. The meeting could include: the child's parent(s), attorney, tribe member, the child's CASA, the caseworker, and other individuals identified by the parent for support. A

summary of the meeting should be documented in a case note and placed in the OR-Kids file cabinet.

If one or both parents raise concerns about their child receiving a vaccination or immunization, best practice for children on reunification plans is to provide the parent(s) with the opportunity to attend medical appointments or to be encouraged to talk with the child's medical provider about any healthcare concerns related to the proposed vaccination or immunization.

If parent(s) do not give consent for vaccination or immunization of the child, then, upon the child's placement in the care of Child Welfare and prior to the first medical appointment, the caseworker will ensure that the child's medical provider and certified resource parent are instructed that the vaccination or immunization may not be given at that time unless:

- I. The child is age 15 and older and consents to their own immunizations and vaccinations.
- II. Child Welfare has been granted custody and guardianship of the child and the child has a chronic medical condition that places the child at high risk for poor health outcomes or life-threatening illness, if unvaccinated.

A staffing should be held with the caseworker, the Child Welfare Health and Wellness Services Program Manager or designee, and the assigned AAG for the branch to determine, in consultation with the child's healthcare providers, to determine whether Child Welfare will authorize the immunization(s) and vaccination(s) that are recommended for the health and safety of the child.

If the decision is made to proceed with the immunization(s) or vaccination(s), the caseworker must inform the parents, Indian custodian(s) (if any), tribe(s) (if applicable) and other parties to the juvenile dependency case within a reasonable time of scheduling the immunization(s) or vaccination(s) in order to allow time for consultation with their legal counsel if an objection remains.

Throughout the ongoing case, the caseworker should continue to consult with the child's parents, Indian custodian (if any) and tribe(s) (if applicable) and must continue to keep the child's healthcare provider and certified resource parent informed as to whether the parent(s) objects to specific or all vaccinations and immunizations.

If parental consent is not granted for one or more immunizations or vaccinations that are required for the child to attend school or daycare, the caseworker will obtain the exemption certificate from the parent to have on file or ensure it is on file at the child's school. If an exemption certificate is not available, the caseworker will:

- I. Arrange for the parent to meet with the child's healthcare provider to receive a vaccine education certificate and assist them in completing the Certificate of Immunization Status form within 30 days of the child coming into care.
- II. Arrange for the parent to view the OHA Vaccine Education video to obtain the vaccine education certificate and assist them in completing the Certificate of Immunization Status form that are required by the school district or daycare provider within 30 days of the child coming into care. The Vaccine Education video (available in English, Spanish and Russian) and forms are available on the [OHA Non-medical Exemption website](#).
- III. If the child will be excluded from school or daycare because of vaccination or immunization status, the caseworker will consult with the Child Welfare Education Coordinator and Health and Wellness Program Manager for further direction.

If the child's parent(s) or Indian custodian(s) are unavailable for consultation regarding the child's need for one or more

immunizations and vaccinations within 90 days of a child coming into care, and the child has tribal affiliation, the caseworker should consult with the tribe(s) to determine who will provide consent for vaccinations and immunizations. If the child has no known tribal affiliation, the caseworker will advise the resource parent to follow the guidance of the child's healthcare provider for immunizations and vaccinations.

NOTE: This procedure, is subject to change as new CDC, FDA, Public Health, Oregon Health Authority and Oregon Department of Education guidance becomes available.

Resources

[OHA Community Immunization Resources](#)

[Center for Disease Control \(CDC\) Recommended Vaccination Schedule](#)

[COVID19 Vaccination FAQ's 5-11 Year Olds](#)

[COVID19 Vaccination FAQ's 12-18 Year Olds](#)

Obtain Health Records

The caseworker collects and maintains a child or young adult's medical history in the file cabinet in OR-Kids and in the person management page when applicable.. The medical history includes:

- Birth certificate;
- Location or copies of all known medical records;
- Date and records of the most recent physical exam;
- Date(s) and records of the most recent dental, vision and hearing screenings;
- Name, address and phone number of current medical, dental and/or mental health providers;
- Immunization and vaccination records;
- Any serious illnesses or accidents since birth, including any caused by abuse;
- Any congenital conditions or hereditary factors, including those that may need treatment or correction;
- Current medical needs;
- Allergies or other chronic illnesses;
- Current dietary or nutritional needs;
- Current medications and copies of the child or young adult's medication logs;
- Problems or conditions that may arise later due to the child or young adult's genetic or health history; and
- Current medical and mental health diagnoses (if any), prognosis and treatment recommendations.

The caseworker will review the child or young adult's current health conditions, medications, health care providers, and

any other special medical or dietary needs (e.g., allergies, diabetes, special formula) during the monthly contact with the substitute caregiver.

Ensure the substitute caregiver records all medications on the Foster Home Individual Child Medication Log (CF 1083) or other medication records kept by a licensed child caring agency.

Each month review and file a copy of the Foster Home Individual Child Medication Log in the child or young adult's file cabinet in OR-Kids. Questions regarding medications are directed to the Health and Wellness Services Program Manager, or designee. For more information on psychotropic medications and notifications refer to the Psychotropic Medications section of the Procedure Manual.

Compare the child or young adult's current health information with standard height and weight growth charts in Appendix 5.12. Bring significant variations to the standardized norms on the growth charts to the attention of the supervisor. Consult with Health and Wellness Services if there are any questions or concerns in regards to the child or young adult's current growth or weight.

Review the child or young adult's medical information and services when the child specific case plan (permanency plan in OR-Kids) is being developed whenever a child or young adult is in substitute care. Medical services are incorporated into either of these case plans.

Document the child or young adult's medical care and services in the child specific case plan. Review and update this information as needed, but at least every six months.

Copies of medical reports are filed in the child or young adult's file cabinet in OR-Kids.

Consent for Health Care

Below is a list of who can consent for what regarding a child or young adult in the custody of ODHS Child Welfare. This list is by order of authority and those in higher authority groups can consent for anything in the lists prior to their level. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. For additional information about a specific topic please refer to that section.

When a child or young adult is placed in substitute care through a Voluntary Placement Agreement, their parents must be consulted prior to obtaining ordinary medical care unless the agreement delegates specific authority to the Department or the child is of the age of consent, or a young adult.

Please refer to <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf> for a guide to what minors can consent to for their health care.

Any child or young adult:

- May access family planning/sexual and reproductive health information and services as well as testing and treatment for sexually transmitted infections (STIs) including HIV, without parental consent.

A child 14 years or older:

- Outpatient diagnosis or treatment of a mental or emotional disorder.
- Outpatient diagnosis or treatment of a chemical dependency, excluding methadone maintenance, by a

physician.

A child 15 years or older:

- Hospital care;
- Medical and surgical diagnosis, or treatment without the consent of the parent or guardian. ORS 109.640; and
- Termination of a pregnancy.

A Young adult, age 18 and over:

- Medication management

Resource Family:

- Routine medical care,
- Vaccinations,
- Immunization,
- Routine examinations, and
- Lab tests.

Caseworker:

- Authorize a child, age 15 and older, to self-administer medications.

Branch Program Manager:

- Use of alternative and naturopathic treatments, in consultation with the Health and Wellness Services Program Manager or Nurse Consultant. May require approval by the Child Welfare Director or their designee.
- Transgender Medical Services fully reversible interventions, in consultation with the Health and Wellness Services Program Manager or Nurse Consultant.
- Transgender Medical Services partially reversible interventions, in consultation with the Health and Wellness Services Program Manager or Nurse Consultant.
- Surgery and/or anesthesia, unless the child is 15 years of age or older.

District Manager:

- Surgery and/or anesthesia, unless the child is 15 years of age or older.

Health and Wellness Program Manager:

- Use of new psychotropic medication (may also be approved by Nurse Consultant).

- Medical or surgical procedure to which the child or young adult's parents are opposed (in consult with the DHS Deputy Director for Child Welfare, as needed).
- Termination of a pregnancy for a child under the age of 15 (in consult with the DHS Deputy Director for Child Welfare, as needed).
- Transgender Medical Services non-reversible gender affirmation surgery, in consultation with the Child Welfare Director.

Child Welfare Deputy Director:

- Use of cannabis-based treatments.

Child Welfare Director:

- Alternative and Naturopathic Treatments may require additional approval by the Child Welfare Director or their designee.
- Use of cannabis-based treatments.

Consent for Routine Health Care

Procedure

A substitute caregiver can consent to routine medical care including vaccinations, immunization, routine examinations and lab tests, for a child or young adult in their care. Caseworker will discuss routine medical care at each monthly face to face visit and document updated information in a case note in OR-Kids and on the person management page, as applicable.

A child or young adult age 15 years or older can consent to hospital care, medical and surgical diagnosis, or treatment without the consent of the parent or guardian. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Documentation of this conversation should be included in a case note.

A child or young adult age 14 years or older can consent to outpatient diagnosis or treatment of a mental or emotional disorder or chemical dependency, excluding methadone maintenance, by a physician. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Documentation of this conversation should be included in a case note.

When a child is placed in substitute care through a Voluntary Placement Agreement, their parents must be consulted prior to obtaining ordinary medical care unless the agreement delegates specific authority to the department or the child is of the age of consent, or a young adult.

Resource:

ORS 418.325(4)

ORS 109.675

ORS 109.640

Serious or Chronic Medical Needs

Procedure

The caseworker is responsible for ensuring the chronic or serious medical care needs of the child or young adult are addressed.

The caseworker should consult with the healthcare provider to understand the child's health condition and medical needs and ensure that a personal care referral is done if indicated. Submit a Personal Care referral by emailing to PERSONAL.CARE@dhsosha.state.or.us.

If there are known significant medical needs prior to placement in substitute care, consult with the Health and Wellness Services Program Manager or the Nurse Consultant to ensure the placement is able to meet the needs of the child or young adult.

Refer to Chapter 5, Section 5 for more information on Personal Care Services.

Medically Fragile Children

Some children or young adults may require professional nursing care in the home and should be evaluated for eligibility by Children's Intensive In-Home Services (CIIS).

After consultation with the Health and Wellness Services Program Manager or the Nurse Consultant, make a referral by retrieving the referral form from <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/CIIS-Eligibility-Referral.aspx>, please **ONLY** use the forms from the website since they are the most up to date forms, and email it to CIIS.Referrals@dhsosha.state.or.us. CIIS may provide payment for in-home professional nursing services.

Upload medical information including healthcare provider consultation notes in the medical section of the child or young adult's file cabinet in OR-Kids.

Consent for Serious or Chronic Medical Needs

Procedure

The resource parent can consent to all routine medical care including vaccinations, immunizations, routine examinations and lab tests.

The District Manager or Branch Program Manager can provide consent and authorize major medical and surgical procedures that are not extraordinary or controversial, including anesthesia. Written consent is obtained on the [CF 242](#) Consent for Medical/ Surgical Care and Treatment or the facilities consent form.

Consent for any procedure to address a serious medical need is a critical decision. Whenever possible and appropriate, the child or young adult's parents should be involved in the decision.

When a child is placed with a Voluntary Placement Agreement, the child or young adult's parents must be consulted and authorize surgery prior to surgery, unless Child Welfare has been given authorization to consent for healthcare as

part of the Voluntary Placement Agreement. If the child is age 15 or older Child Welfare must receive their consent to discuss medical needs with the parent(s) or guardian(s) [ORS 109.640](#).

Emergency Medical Care and Consent

Procedure

The caseworker should inform the substitute caregiver that in the event of an emergency, the substitute caregiver should:

- Call 911;
- Accompany the child or young adult whenever possible in the ambulance; or
- Meet the child or young adult in the emergency room; and
- Call the caseworker or caseworker's supervisor as soon as possible to provide them with the nature of the medical emergency. When a caseworker or caseworker's supervisor is not available, the substitute caregiver must call the Oregon Child Abuse Hotline at (855) 503-SAFE (7233) to inform the department of the situation.

The caseworker will confirm with the substitute caregiver how communication will be maintained (e.g., cell phone, calls from hospital staff, caseworker visits to the hospital) during the emergency. The caseworker will communicate with the substitute caregiver and the hospital to receive updates and to obtain consent for treatment that would require surgery and/or anesthesia.

After the emergency, the caseworker will document the circumstances of the medical emergency. Request and file copies of all medical reports in the child or young adult's file cabinet in OR-Kids, and record related information in case notes.

The caseworker will notify the child or young adult's parent(s) or guardian(s), the child or young adult's attorney, the CASA and other parties to the case of the circumstances of the medical emergency as soon as reasonably possible after the medical emergency if parties to the case have not already been notified.

Health and Wellness Services Program Manager or Nurse Consultant is available for consultation.

Consent for Emergency Medical Care

Procedure

If the emergency medical care requires surgery and/or anesthesia, the District Manager, or designee may consent to those services. Health and Wellness Services Program Manager can also authorize consent and is available for consultation. Consent can also be authorized by the court. Use the medical facility or healthcare provider consent form.

- Unless the child or young adult is in the legal custody of Child Welfare, the caseworker or other Child Welfare staff should make reasonable efforts to consult with the child or young adult's parents about the proposed actions and consider the parents' preference concerning the action prior to consent and authorization of the proposed action.
- Children who are 15 years of age or older have the right to consent to hospital care, medical and surgical

diagnosis and treatment without the consent of the parent or legal guardian (ORS 109.640).

Referrals to Family Planning Services

Explore the need for or interest in family planning information and appropriate referrals with a child 15 years old or older.

- I. Provide any child in Child Welfare custody, who is 15 years of age or older, or any young adult a referral to an appropriate family planning resource when requested.
- II. Refer the child to the nearest family planning clinic or the primary care provider. The decisions regarding a pregnancy and related medical care are the statutory right of the child 15 years of age or older.

Managing Hepatitis

Hepatitis is a viral infection of the liver. The three types of Hepatitis infection are:

- I. Hepatitis A, spread through fecal-oral transmission and diagnosed through a blood test.
- II. Hepatitis B, transmitted through blood and bodily fluids containing blood and diagnosed through a blood test.
- III. Hepatitis C, transmitted by contact with the blood of an infected person and diagnosed through a number of blood tests.

For detailed information regarding hepatitis, contact the Centers for Disease Control Hepatitis Branch by calling 1-888-443-7232 or visit their [website](#).

Procedure

Once information that a child's biological parent has hepatitis is confirmed and prior to any further action, secure a Release of Medical Information form signed by the child's biological parent ([MSC 3010](#)). Authorization for use and disclosure of information authorizes the caseworker to discuss this medical information with the child's physician and caregivers.

Once authorization for use and disclosure of information has been obtained, ensure the following actions occur:

- I. Provide information to the child's primary care physician for appropriate medical testing and follow-up care.
- II. Follow the immunization schedule recommended by the child's physician.
- III. Provide information to the substitute caregiver, along with information on universal precautions (PAM 9014).

The parent's diagnosis of hepatitis should not hamper visitation because transmission of the virus is rare in casual contact. Ensure that biological parents with open or oozing sores, cuts, abrasions and wounds have them covered with a waterproof bandage prior to the child's visit.

Human Immunodeficiency Virus (HIV) Testing and Supporting Children and Young Adults with HIV

Human Immunodeficiency Virus (HIV) is a virus that weakens a person's immune system by destroying important cells that fight disease and infection. HIV is spread by contact with certain bodily fluids of a person with HIV. If left untreated, HIV can lead to the disease Acquired Immunodeficiency Syndrome (AIDS). There is no effective cure for HIV; however,

with proper medical care, people with HIV can live long and healthy lives.

For more information related to HIV, please visit <https://www.cdc.gov/hiv/default.html>

Health and Wellness Services Program Manager, or designee is available for consultation.

Reasons for HIV Testing

The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. HIV testing can be done at the direction of the child or young adult's health care provider.

The following are some of the risk factors for HIV listed by the CDC. For the complete list you can visit the [CDC Website](#).

- Children or young adults who are suspected of being sexually abused.
- Infants born to mother who have engaged in high-risk behaviors or are HIV positive.
- Children or young adults who have been exposed to blood or semen.
- Children or young adults exposed to used needles.
- Not using barrier protection during intercourse.

Children or young adults at an increased risk, including those who are sexually active, should follow CDC's guidelines for rescreening at least annually, and potentially as frequently as every 3 to 6 months if at high risk.

High risk factors may include:

- Engaged in anal intercourse.
- Active injection drug users.
- Children or young adults having sexual partners who are HIV-infected or injection drug users, of any gender.
- Children or young adults exchanging sex for drugs or money.

All children or young adults, especially those that have been missing or a runaway for any duration of time, should be encouraged to talk to their health care provider about testing.

Below is a list of suggested actions to take with a child or young adult who may have risk factors associated with HIV.

- Encourage a child or young adult, especially those with high risk factors, to discuss testing with their health care providers.
- Ensure the child or young adult has access to testing, if requested.
- Obtain written consent from child or young adult to share results, whether positive or negative.
- For a positive result, with the consent of the child or young adult, complete a Personal Care referral (CF0172b).

If needed, consult with the Health and Wellness Services Program Manager, or designee.

Consent or Authorization for Testing

A child or young adult of any age may consent to a HIV test; and when their consent is given, the consent of the child or young adult's parents or guardians is not necessary for diagnosis, care or treatment (ORS 109.610, ORS 109.640).

A resource parent can also provide consent as HIV testing is considered routine health care.

The caseworker must get written consent from the child or young adult prior to notifying any parties of the results of the test.

Notification of Results

The child or young adult would receive results directly from their health care provider. At the discretion of the child or young adult, the health care provider could then share the results with the caseworker, parent, and other parties. If any disclosure of HIV information is necessary for planning in the context of court hearings, the caseworker cannot disclose the status in open court without either the written consent of the child or young adult or a court order. In addition, all written HIV test information released with authorization of the tested individual must be labeled with a statement which substantially says, "This information may not be disclosed to anyone without the specific written authorization of the individual." (OAR 333-022-0210)

If the caseworker is notified of a positive test result, the caseworker should ensure the child or young adult is provided with access to local resources and supports.

For a positive test result, with the consent of the child or young adult, inform the substitute caregiver of the positive result.

As with all medical information, HIV testing results are confidential. HIV test results can only be shared with those who have the consent of the child or young adult.

Resources

Center for Disease Control (CDC) - <https://www.cdc.gov/hiv/clinicians/screening/index.html>

American Academy of Pediatrics (AAP) - <https://publications.aap.org/pediatrics/article/149/1/e2021055207/183848/Adolescents-and-Young-Adults-The-Pediatrician-s>

Oregon Health Authority (OHA) - <https://www.oregon.gov/oha/ph/DiseasesConditions/HIVSTDViralHepatitis/HIVPrevention/Pages/HIVTestProcess.aspx>

Home Testing Resources - <https://takemehome.org/products>

Managing Use of Psychotropic Medications

Psychotropic medication is defined as "medication, the prescribed intent of which is to affect or alter thought processes, mood or behavior, but is not limited to antipsychotic, antidepressant and anxiolytic medication and behavior medication. The classification of a medication depends upon its stated intended effect when prescribed because it may have many different effects." OAR 413-070-0000(62), ORS 418.517.

Psychotropic medications are used to make symptoms of mental and/or mood disorders more manageable and often

make it possible for therapy to be more effective. Psychotropic medications do not cure mental disorders and should be used in conjunction with counseling or other forms of therapy and under the supervision of a medical professional.

A Mental Health assessment is required prior to the prescription for more than one new psychotropic medication or any antipsychotic medication. This assessment must be within three months prior to the prescription for more than one new psychotropic medication or any antipsychotic medication or may be an updated assessment which addressed the new issues of concern.

Authorization must be obtained from the Health and Wellness Services Program Manager or Nurse Consultant prior to any new prescription for psychotropic medication(s).

An annual review of psychotropic medications is conducted for all children and young adults in the custody of Child Welfare who are prescribed psychotropic medications.

Health and Wellness Services work in collaboration with the Oregon Psychiatric Access Line about Kids (OPAL-K) for the purpose of expert guidance and provider consultation (OPAL-K provides pediatric psychiatric consultation for clinicians treating youth in Oregon). When there are concerns or questions regarding the prescribed medication regimen, Health and Wellness Services may request OPAL-K to consult with the health care provider.

Procedure

The caseworker must inform the substitute caregiver that authorization is required prior to filling a prescription for a new psychotropic medication and provide medical/mental health information to the caregiver.

- At the time of initial placement, the caseworker must request medical and mental health information from parents, therapists, Licensed Medical Professionals and school personnel, including medical / mental health services and support and a list of current medications.
 - This should be incorporated into the development of case plans and included in the health information provided to the caregivers.
 - This information must be updated every 6 months, or as information becomes known.
- The caseworker must provide the following information to the substitute caregiver (at the initial placement and as additional medical or mental health information becomes known):
 - Medical and mental health history;
 - Immunization records;
 - Medication information;
 - Supports and services;
 - Records of any known allergies;
 - Medication Administration packet. The packet must include:
 - Psychotropic Medication Authorization Form(s) CF 173C;.
 - CF 1083 Individual Medication Log(s)
 - FAX cover sheet (FAX cover sheet should be prefilled with branch contact name and FAX number). Secure email can also be used to send authorization requests in digital form.

- The caseworker must work with substitute caregivers to ensure that there is an understanding and agreement that they will:
 - Take Medication Administration packet to all mental health and medication management appointments;
 - Inform prescribing licensed medical professional that authorization must be obtained from either Department personnel, or legal parents (when there is a voluntary custody agreement or voluntary placement agreement) for any new prescription for a psychotropic medication;
 - Fill prescription for psychotropic medication only after being notified that authorization was obtained;
 - Follow the orders of the prescribing licensed medical professional when administering psychotropic medication;
 - Complete the CF 1083 Individual Child Medication Log and return the log to the caseworker monthly;
 - Maintain the safe storage and administration of all medications in the household, taking into consideration the age, developmental level, and needs of the child or young adult in the care or custody of the Department placed in the home.
 - Notify the Department within one business day after receiving a new psychotropic medication prescription, having knowledge of a new prescription for a psychotropic medication, or if there is a change in dosage or the discontinuation of a psychotropic medication.
 - Monitor child or young adult for expected changes in their behavior, mood, etc. and for signs of side effects and report side effects to the Licensed Health Care Professional.

Authorization to Administer Psychotropic Medication

When a child or young adult in the custody or care of ODHS is prescribed new psychotropic medication(s), a Psychotropic Medication Authorization (PMA) form (CF173C) must be completed and approved before the prescription is filled and administered. The approval is provided by the Health and Wellness Services Program Manager, or Nurse Consultant and completed in a timely manner, which should not exceed three business days from receipt of the authorization form and 24 business hours for residential treatment program authorization.

Procedure to fill out the Psychotropic Medication Authorization Form (CF173C) *Please note that Sections A, C and D are completed prior to Section B

Section A – Psychotropic medication recommendation (to be completed by licensed medical professional):

- Prescribing licensed medical professional must fully complete all of Section A of the Psychotropic Medication Authorization form when requesting a new psychotropic medication for a child or young adult in the custody of DHS.
- Prescribing licensed medical professional faxes or emails the authorization form to the branch personnel. The authorization form may also be given to the substitute caregiver to deliver to the caseworker or sent directly to Health and Wellness Services Program by fax or secure email.
- If the branch personnel receiving the authorization is not the caseworker, notification must be made to the caseworker or their supervisor that a psychotropic authorization form has been received and deliver hard copy of form to the caseworker or their supervisor, as appropriate. Date stamp the authorization form.

Section C – Child or young adult mental health assessment and placement information (to be completed by caseworker):

- If the authorization form was sent directly to the branch personnel, the caseworker must review authorization form and complete section C within 48 hours of receipt prior to sending to Health and Wellness Services.
- Document date of required mental health assessment (completed before more than one new psychotropic medication or any antipsychotic medication is prescribed, must be completed within three months prior to medication prescription or may be an update of assessment), or date of assessment update, or circumstances of urgent medical need. For more information on ‘urgent medical need’, please refer to OAR 413-070-0000(80).
- Document placement of the child or young adult (e.g. foster care, residential treatment, hospital, other).
- Upon completion of Section C, caseworker emails the authorization request form to Health and Wellness Services at CW-Psychotropic.Med-Auth@dhsosha.state.or.us or FAX (503) 945-5635 for authorization.
- If the authorization form was sent directly to Health and Wellness Services by the prescriber, then Section C will need to be completed once the authorization has been emailed to the caseworker from Health and Wellness Services.

Section D – Authorization for administration of psychotropic medications (to be completed by Health and Wellness Services Program Manager, or Nurse Consultant):

- Health and Wellness Services Program Manager, or Nurse Consultant will review authorization request form.
- If additional information is required prior to the approval of the psychotropic medication authorization form, the caseworker will coordinate with Health and Wellness Services to obtain needed information.
- If Health and Wellness Services Program Manager, or Nurse Consultant does not grant authorization, a review is conducted by the consulting psychiatrist and/or OPAL-K (Oregon Psychiatric Access Line for Kids) for authorization.
- If approved, Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker the signed authorization form.
- If not approved, Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker with a summary of the OPAL-K consultation notes and any other recommendations.

Section B – Notification (to be completed by caseworker): Once approval is received, the caseworker must:

- Notify the legal parents or guardians of the new prescription(s) for psychotropic medications by written notification within a timely manner, not to exceed ten business days. Document any comments or information in designated comment area once the medication has been authorized.
- Document notification in the child or young adult’s case notes in OR-Kids (formal written notification is still required).
- Notify the substitute caregiver that authorization has been obtained and they may fill the prescription and administer medication as ordered.

- Fax the signed, completed authorization form to prescribing licensed medical professional.
- Caseworker will ensure that the completed authorization form is uploaded in the child or young adult's file cabinet in OR-Kids.

A young adult 14 years or older may consent to outpatient diagnosis or treatment of a mental or emotional disorder, or chemical dependency issue (excludes methadone treatment). However, authorization from the Health and Wellness Services Program Manager or Nurse Consultant, is still required.

If the caseworker learns from the child or young adult or the substitute caregiver that the child or young adult has been prescribed and is taking a psychotropic medication, the caseworker must follow the Notification Requirements (OAR 413-070-0470(2), 413-070-0480, and 413-070-0490).

Urgent Medical Need: An urgent medical need means the onset of psychiatric symptoms requiring attention within 48 hours to prevent a serious deterioration in a child or young adult's mental or physical condition. In case of an urgent medical need prior authorization is not required. When an urgent medical need occurs, and the urgent medical need requires the use of psychotropic medication to manage a child or young adult's behavior or condition, the caseworker must:

- Request copies of all medical treatment records including hospitalization within seven business days of the urgent medical care.
- FAX Authorization form to prescribing licensed medical professional.
- Include a written request for the completion of Section A of the authorization form and request that authorization form be completed and faxed back to the caseworker at the branch office.
- The caseworker must complete sections B and C and email the authorization form to Health and Wellness Services at CW-Psychotropic.Med-Auth@dhsosha.state.or.us or FAX (503) 945-5635 for authorization within ten business days of receiving medical treatment records.
- Once received, the Health and Wellness Services Program Manager, or Nurse Consultant will complete section D and email the caseworker the signed authorization form.
- Caseworker will ensure that the completed authorization form is uploaded in the medical section of the child or young adult's file cabinet in OR-Kids.

The Health and Wellness Services Program Manager, or Nurse Consultant is available for consultation.

Mental Health Assessments

The caseworker must ensure a child or young adult has received the required mental health assessment from a qualified mental health professional prior to the administration of an initial prescription. A psychotropic medication or any antipsychotic medication prescription requires a mental health assessment within three months. An updated mental health assessment should be completed yearly and uploaded into the medical section of the child or young adult's file cabinet in OR-Kids.

A mental health assessment is required unless the new prescription is:

- Prescribed for the treatment of an urgent medical need;
- A change in the way the same medication is administered (e.g. patch instead of by mouth);
- A change in the medication within the same classification (e.g. Concerta instead of Adderall);
- A one-time medication prior to a medical procedure (e.g. Valium before surgery);
- A dosage change of established medication.

Mental Health Assessments must have been completed within three months of the time a new antipsychotic medication is prescribed or may be an update of a prior assessment which focuses on a new or acute problem.

Whenever possible the mental health assessment should be shared with prescribing licensed health care professional prior to the appointment for medication evaluation.

For more information on how to request a mental health assessment refer to Chapter 5, Section 24 “Mental Health Services”.

Annual Review of Psychotropic Medications

An annual review of psychotropic medications is conducted for all children and young adults in the custody of Child Welfare who are prescribed psychotropic medications. This annual review is completed during their birth month.

The annual review will be completed by the Health and Wellness Services Program Manager, or Nurse Consultant. If needed, records will be requested from medical and mental health providers and can be referred to the consulting psychiatrist or OPAL-K for review.

Health and Wellness Services may contact the caseworker or request more information regarding mental health services, diagnostic information and perhaps other questions as needed to assist with the Annual Review. The caseworker must respond to these questions within seven business days to prevent delay in the completion of the review.

The caseworker will receive an email notifying them that a review was completed, a copy of the completed review and any concerns that were identified.

Health and Wellness Services will file the completed Annual Review of Psychotropic Medication report in child or young adult's file cabinet in OR-Kids.

Monitor Effects of Psychotropic Medication

During the monthly face to face contact with the child or young adult and the caregiver, the caseworker should discuss information regarding the prescribed psychotropic medications. This discussion should include information about the intended effects and any side effects of the medication.

Consult with Health and Wellness Services Program Manager or designee with any concerns regarding prescribed medication.

The caseworker should also talk with the caregiver to ensure an understanding that the child or young adult should be monitored by a licensed health care professional on a routine basis.

Contact the prescribing licensed health care professional with information regarding the child or young adult's condition if it is not improving, is deteriorating or if side effects are observed or reported.

Obtain, review, and sign medication logs (CF 1083) and file in the child or young adult's file cabinet in OR-Kids .

Record the information gathered from the caregiver and the child or young adult in the case notes.

Providing Psychotropic Medication Notification

The caseworker must provide written notification to all legal parties within a timely manner not to exceed ten business days following receipt of notification of:

- Prescription for a new psychotropic medication (and authorization has been granted); or
- The dosage of a psychotropic medication has been changed; or
- Discontinuation of a psychotropic medication.

For details of the notification, refer to OAR [413-070-0480](#) and [413-070-0490](#).

The Child Welfare standardized notification letter may be used to notify legal parties: CF 173A, Notice to Parties of Psychotropic Medication Use at http://dhsresources.hr.state.or.us/WORD_DOCS/CE0173a.doc.

Voluntary Placement Agreements and Voluntary Custody Agreements

When a child or young adult is in substitute care through a Voluntary Placement Agreement or authorization, the caseworker must review the specific agreement for the authorization to consent to the specific medical and/or mental health decisions.

If the legal parents retain the responsibility to make medical and/or mental health decisions, the caseworker must notify the legal parents regarding the psychotropic medication prescription authorization request and ensure consent is obtained from the legal parents.

If the legal parents have delegated consent authority to the Department, the authorization to administer psychotropic medication from the Department must be followed.

Nutritional Resources for a Child Under 5 years

When a child under the age of five is involved with Child Welfare, refer the child's caregiver to the local Oregon Women, Infants, and Children (WIC) clinic. The WIC program provides nutrition support and healthy food information for substitute caregivers and services for children up to 5 years of age. WIC can also provide breast feeding support to biological parents.

Caseworkers should refer all children under the age of 5 to WIC by giving the phone number of the local WIC clinic to the families. Oregon Health Authority has the most up to date local WIC clinic contact information and can be found at:

www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC.

Managing Extraordinary or Controversial Medical Procedures, Including Termination of Pregnancy

Specific Authorizations REQUIRED

Oregon Administrative Rule requires specific authorizations for these circumstances. The age of consent varies depending on the medical service and procedure as defined in Oregon statute, and is noted below.

The caseworker must fully inform the supervisor who works in conjunction with the Child Welfare program manager, or designee, and district manager to provide clear, accurate, concise and timely information to the appropriate management level to make the decision whether to authorize needed treatment. The Health and Wellness Services Program Manager is available for consultation and to provide written consent when necessary, including after business hours.

A Medical or Surgical Procedure to Which The Child or Young Adult's Parents are Opposed

Procedure

The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult. Inform appropriate level of Child Welfare Administration in regards to a medical or surgical procedure to which the child or young adult's parents are opposed.

- Provide a written description of the nature of the extraordinary or controversial medical or surgical procedure, including physician recommendations for treatment, hospital medical consent forms, and contact information for medical and hospital staff. Also include parent or guardian concerns for opposing the procedure and the validity of the opposition. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child or young adult.
- Send the information via e-mail to the Health and Wellness Services Program Manager who will consult with a ODHS Deputy Director for Child Welfare, as needed.

Consent for Treatment of Extraordinary or Controversial Medical Procedures to Which The Child or Young Adult's Parents are Opposed

Obtain appropriate level of Child Welfare Administration consent for medical procedures to which the child or young adult's parents are opposed:

- Only the Health and Wellness Services Program Manager in consult with the ODHS Child Welfare Director, or a ODHS Child Welfare Deputy Director, or the court can consent to a medical or surgical procedure to which the child or young adult's parents are opposed. Written consent is obtained on the CF 242 Consent for Medical/ Surgical Care and Treatment, or the facility's consent form, and filed in legal section of the child or young adult's file cabinet in OR-Kids.
- A child or young adult age 15 years or older can consent to hospital care, medical and surgical diagnosis, or treatment without the consent of the parent or guardian. ORS 109.640
- Exception to the required Child Welfare administration consent: When a child or young adult is placed with a Voluntary Placement Agreement, the contract agreement specifically states that the child or young adult's parents must be consulted prior to an extraordinary or controversial medical procedure. The caseworker

should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult.

Termination of a Pregnancy

Procedure

Work in close collaboration with the child or young adult's medical and mental health providers and the substitute caregiver to ensure appropriate care and counseling before and after termination of a pregnancy. The caseworker should encourage conversations with the parent or guardian when it is in the best interest of the child or young adult.

When the child is under 15 years of age and prior to the termination of pregnancy, prepare documentation of the child's current situation including the child's choice, physician recommendations, hospital medical consent forms, and contact information for medical and hospital staff. In addition, the caseworker provides a copy of the most recent court order or court report regarding the legal status of the child or young adult.

Inform Child Welfare administration of the information via e-mail to the Health and Wellness Services Program Manager who will consult with the ODHS Deputy Director for Child Welfare, if needed.

Consent for Termination of Pregnancy

Only the Health and Wellness Services Program Manager in consult with the ODHS Child Welfare Director or Child Welfare Deputy Director can consent to termination of a pregnancy except when a young adult is 15 years of age or older and exercises her statutory right to consent to her own termination of a pregnancy (ORS 109.640). Written consent is obtained on the CF 242, Consent for Medical/Surgical Care and Treatment, or the facility's consent form, and filed in the medical section of the child or young adult's file cabinet in OR-Kids.

Sterilization

Procedure

Sterilization can only be authorized through administration or the court when such a procedure is necessary to protect the child's life. Provide CAF administration with the following:

- I. A written description of the child's current situation, including physician recommendations for sterilization, hospital medical consent forms, and contact information for medical and hospital staff; and
- II. A copy of the most recent court order or court report regarding the legal status of the child.
- III. Send the information via email or fax to the ODHS assistant director for CAF followed with a phone call to the assistant director's administrative assistant to alert the central office of the incoming information and request for consent.

Obtain consent:

- I. Only the ODHS assistant director for CAF, the deputy assistant director for CAF Policy and Program, or the deputy assistant director for CAF Field Services can consent to sterilization and only under [ORS Chapter 436](#) and when the procedure is necessary to protect the child's life. Written consent is obtained on the CF [0242](#), Consent for Medical/Surgical Care and Treatment, and filed in the legal section of the child's case file.

The Supervisor's Role

Psychotropic Medication Management Responsibilities

- I. Complete Section D of the Psychotropic Consent form;
- II. Consult with prescribing licensed health care professional if there are questions or concerns prior to signing the consent form; and
- III. Consult with Nurse manager at 503-945-6620 if questions or concerns cannot be resolved with the prescriber.

Routinely consult with the caseworker regarding the identified needs of the child. Support the caseworker in ensuring the child has appropriate medical coverage. Support the caseworker in making decisions regarding medical care and treatment. Review the case and assist in securing consent when management, administration or court consent is required.

Participate in staffings regarding HIV testing results. Ensure appropriate documentation and secure filing of all sensitive and confidential medical information.

References

Forms

[CF 1005](#), "Voluntary Custody Agreement"

[CF 499](#) Voluntary Placement Agreement

[CF 173C](#) Psychotropic Medication Consent Form

[MSC 3010](#)

[CF 1083](#)

[CF 242](#)

[CF 990](#)

[CF 1085](#)

[CF 173A](#) Psychotropic Medication: Required Notification letter

Federal law

Title XIX of the Social Security Act

Oregon Revised Statutes

[ORS 109.675](#), [418.005](#), [418.517](#), [109.610](#), [109.640](#), [413.005](#), [414.025 through 414.815](#), [418.325](#), [419b.346](#), [428.517](#), [433.045](#)

Oregon Administrative Rules

[413-010-0010 to 0075](#), Confidentiality of Client Information

[413-020-0005 to 0050](#), Voluntary Custody Agreement

[413-090-0085 to 0210](#), Personal Care Services

[413-020-0060 to 0090](#), Voluntary Placement Agreement

[410-141-0000 to 0860](#), Medical Services Provided Through the Oregon Health Plan

[413-060-0000 to 0030](#), Family Planning Services

[413-070-0400 to 0490](#), Psychotropic Medication Management

[413-200-0301 to 0396](#), Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources

Tip

A cooperative relationship with the child's substitute caregiver is critical as most often it is the substitute caregiver who transports the child to the appointment, consults with the medical professional, and provides the medication or other care ordered by the medical provider. The caseworker gives clear instructions on how and when medical information is shared.

When coordinating a child's medical services, ensure that the substitute caregiver:

- » *Is fully aware of the care and treatment needs of the child;*
- » *Can perform the medical care functions;*
- » *Has the ability and capacity to adequately care for the child; and*
- » *Follows the child's scheduled appointments and treatment.*

Tip

Voluntary Placement Agreements and Voluntary Custody Agreements

- 1. When a child is in substitute care through a Voluntary Placement Agreement or authorization, the caseworker must review the specific agreement for the authorization to consent to the specific medical and/or mental health decisions.*
- 2. If the legal parents retain the responsibility to make medical and/or mental health decisions, the caseworker must notify the legal parents regarding the psychotropic medication prescription consent request and ensure consent is obtained from the legal parents.*
- 3. If the legal parents have delegated consent authority to the Department, the consent to administer psychotropic medication from the Department must be followed.*