



Series: 200: Medical & Behavioral Health Care
Policy Name: Initial Medical Screening and Consent for Treatment
Policy Number: 201
Origination Date: 4/21/03 **Revision Date:** 3/1/2023
Regulation: Section 39.407, F.S.,
 Section 415.507, F.S.
 Section 743.064, F.S.
 CFOP 175-40
 65C-29.008
 CBCIH Procedure 102

Policy: It is the policy of Communities Connected for Kids (CCKids) to ensure that all children placed in substitute care are medically screened and treated. All children placed in substitute care will have a Child Health Check-Up completed within a goal of 72 hours from removal and provisions for any follow-up care as recommended will be made. "Child Health Check-Up" is Florida's name for the federal program known as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Procedure:
Health Care Screening and Treatment:

1. The Dependency Case Manager (DCM) will schedule an Initial Medical Screening to occur for all children entering Out of Home Care with a goal of completion of 72 hours; however, screening completed within 5 days will be consider on-time per 65C-29.008.
2. The DCM will arrange for the child to be accompanied to the appointment.
 - a. The CCKids Nurse Care Coordinator (NCC) will assist the DCM in coordinating any follow-up recommendations from the licensed health care provider for treatment of the child.
 - b. The medical screening will be performed by a licensed health care professional.
3. Any equipment, device, medication and specific instructions, will accompany the child to the health care provider for review.
 - a. The use of any equipment, device or medication will be explained to the DCM and/or Caregiver prior to use with the child.
4. The Caregiver should accompany the child to the appointment whenever possible to receive direct information from the health care provider.
 - a. The health care provider should provide clear and complete written instructions for the Caregiver if the child is taken to the appointment DCM or designee.



- b. NCC to review outcomes as they are made available from coordinated well and specialty exams to determine if additional care coordination is needed.
5. Follow up with the foster parent or court approved placement will be made to convey any additional health conditions the placement should be aware of by the NCC.
 - a. The NCC shall coordinate with the DCM regarding follow up for medical or behavioral health findings and assist with scheduling further assessment/treatment to include a referral to and coordination with Sunshine Health Case Management for enrollees of the Child Welfare Specialty Plan, if needed.
 - b. Dental findings for children 2 years old and older shall be referred by the NCC or DCM to schedule further assessment/treatment.
 - c. A dental referral for a younger child may be made if it is medically necessary.
 - d. Results of Initial Medical Screenings shall be entered, by the DCM in FSFN. Any immunizations requiring follow-up should be communicated to the NCC by DCM and will be coordinated between the NCC and DCM.
6. If a licensed health care professional determines the child to be in need of medical treatment CCKids must seek parental consent for such treatment.
 - a. If parental consent cannot be obtained, the DCM, and Children's Legal Services (CLS) attorney will obtain the appropriate court order as soon as possible to get treatment for the child.
 - i. The DCM will gather information to be delivered to CLS to include, but not limited to, the physician's prescription, physician's name, name or the procedure or treatment, and date and place of the procedure or treatment.
 - b. If the parent or guardian refuses to consent to treatment for the child, a court order must be obtained.
 - c. If the situation meets the definition of an emergency in s. 743.064 or the treatment needed is related to suspected abuse, abandonment, or neglect of the child by a parent, caregiver, or legal custodian, the department shall have the authority to consent to necessary medical treatment. This authority is limited to the time reasonably necessary to obtain court authorization.
7. All efforts to obtain parental consent or court orders for treatment, to gather medical records, medical history, and medical needs of a child, and to provide for the medical needs of a child in out-of-home care must be documented in FSFN.
8. The DCM or designee will take the informed consent form to the parents for signature and/or the health care provider may obtain informed consent by telephone to avoid delaying the child's receipt of the treatment or medication.
9. At no time may CCKids or any designee or any authorized agent, give consent to sterilization, abortion, or termination of life support of any child in its care.
10. Minors can consent to their own examination and treatment for a sexually transmitted disease; to family planning services (under certain conditions); and to voluntary substance abuse treatment services.



11. The administration of psychotropic medication to a child in physical or temporary custody of the state must have prior court approval, unless the attending physician considers the situation an emergency and documents in the medical record that the care was needed to ensure the child's health and well-being. See CCKids Policy 202 related to psychotropic medication.
12. The DCM must ensure that medical personnel have informed the substitute caregivers of the possible side effects of the treatment or medication the child is to receive, and how to handle this situation should it occur.
13. CCKids and its contracted Case Management Organizations, as authorized agents of DCF, have the authority to consent to ordinary medical care for a child whose parental rights have been terminated.

Approved: DocuSigned by:

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