



Series	200: Medical & Behavioral Health Care Services		
Policy Name (Non-psychotropic)	Children’s On-Going Medical Treatment and Medication Management		
Policy Number	203		
Origination Date	4/21/03	Revision Date: 3/1/2023	
Regulation	FAC 65C-14 39.407 F.S. CBCIH Procedure 102 Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook		
Attachments	Medication Log		

Policy

It is the policy of Communities Connected for Kids (CCKids) that all children in out-of-home care receive proper medical care and that caregivers (foster parents, adoptive parents, and child care personnel at group care facilities) are prepared to implement all medication and medical treatment plans as prescribed by a medical professional while ensuring the safety of all children in the home.

Procedure

Medical Care

1. At the time of removal, the parent will sign a consent form to cover standard treatment and/or medication as outlined in CCKids Policy 201.
 - a. If this consent form is not obtained at the time of removal, the need for this form will be addressed at the shelter hearing and a court order giving authority for such will be granted.
 - b. After the child is adjudicated dependent, the court may delegate authority to consent to ordinary medical care and treatment to the out-of-home caregiver.
 - c. The court order will specify individuals who are authorized to consent to ordinary medical care and treatment for the child.
2. When other than ordinary medical care is required, the express and informed consent of the child's parent will be sought.
 - a. If consent cannot be gained, the DCM will contact the Children's Legal Services (CLS) attorney in order to obtain a court order authorizing treatment prior to the treatment being rendered.
 - b. If the parents' rights have been terminated and the child is in the care of DCF, a court order is still needed prior to rendering extraordinary medical treatment.
 - c. If the parents' rights have been terminated and the child is placed in relative or non-relative care, the caregiver may consent to extraordinary care if the court order grants such.



Child Health and Dental Check-Ups

1. Child Health Check-Up, exams must follow the Child Health Check-Up Periodicity schedule. The schedule is based on the American Academy of Pediatrics recommendations. The Child Health Check-Up Periodicity Schedule is as follows:
 - Birth or neonatal examination
 - 2-4 days for newborns discharged in less than 48 hours after delivery
 - By 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - Once per year for 2 through 20 year olds
2. Following the initial dental referral, subsequent examinations by a dentist are recommended every 6 months, or more frequently as prescribed by a dentist or other authorized provider per Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook.
3. CCKids Nurse Care Coordinators (NCC) are available to assist in coordination of Child Health and Dental Check Ups for those children placed in out of home care.
4. The DCM shall obtain a copy of the results of the health check-up or verbal follow up with the medical provider to confirm attendance at the appointment and record this appointment in FSFN.
5. The DCM shall contact the NCC if assistance is needed in reviewing the child health checkup and identify any medical or dental needs requiring follow up. The NCC will assist with care coordination as needed.

Interperiodic Child Health Check-Ups

Children in the child welfare system are disproportionately impacted by psychosocial circumstances and lack of financial resources. The Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook allows for Medicaid reimbursement of interperiodic Child Health Check-Ups that are medically necessary or requested by the child or the child's parent or caregiver. The determination of whether an interperiodic Child Health Check-Up is medically necessary may be made by the child's medical, developmental, or educational professional who has specific knowledge or contact with the child. For any child receiving an interperiodic check-up, the proceed for review and follow-up as outlined above will apply.

Immunizations

The initial and ongoing Child Health Check-Ups shall include efforts to determine the status of the child's immunizations. Recommended Childhood Immunization Schedule endorsed by the American Academy of Pediatrics is available on the Internet at www.cdc.gov/nip. (Click on publications.)



1. DCM is responsible for locating records and documentation of these records in FSN.
2. CCKids NCC will:
 - a. Assist with locating immunization records and coordination of vaccinations as needed. via Florida Shots (www.flshotsusers.com) to identify any follow up immunization needed. The NCC will communicate with DCM accordingly.

CCKids NCC reviews the CCKids weekly medical and dental report and monthly caseload reports on Integrate to review for care gaps which may include: children who are due or overdue for routine primary care physician visits, lab work, immunizations, dental care or vision care. CCKids NCC will provide outreach to assigned DCMs and caregivers and assist with scheduling needed appointments.

Emergency Measures

1. All shelter, foster, adoptive homes, and facilities will be certified annually in CPR and First Aid, including infant and toddler care.
2. All shelter, foster, adoptive homes, and facilities will maintain a First Aid Kit and verify its contents to ensure that adequate supplies are available to handle an emergency. All direct caregivers are responsible for knowing the location of the kit.
3. All emergency phone numbers will be posted in each home or facility, with all caregivers and staff knowing the location of the numbers.
4. All medical emergencies will be handled by the designated staff/caregivers, with appropriate use of the 911 as required.
5. Notification of an emergency will be made as outlined in the CCKids Policy 803: Incident Reporting.
6. All non-emergency medical issues are to be reported to the physician or health care professional during normal business hours.

Medication Management (Non-psychotropic. See Policy 202 for Psychotropic Medication Management)

1. All shelter, foster, adoptive homes, and facilities will be responsible for medications management and security.
2. Unused/out of date/unneeded medications will be destroyed in a manner to ensure safety for all children in the home/facility. All disposal of medication will be documented on the medication log.
3. All medications will be secured in a location that is not accessible to children.
4. All medication will be dispensed as prescribed by the physician. Never will medications be administered or withdrawn without consent of the prescribing physician or nurse practitioner. Never will the dosage or frequency be changed without consent of the prescribing physician or nurse practitioner.



5. Medication administration will be documented on the medication log. Recording of medication administration will be at the time the medication is administered and will not be delayed for any reason.
6. The attending physician and DCM will be immediately notified if medication is administered which was not prescribed for the child, i.e., any error in administering another child's medication or a child taking any controlled substance not prescribed for the child. This should be documented on an incident report per CCKids Policy 803: Incident Reporting.
7. Any questions regarding medications should be directed to the attending physician. This would include dosages, medications which are running out, client refusal to take medications, questions about reactions, etc.
8. At the time a child leaves the home/facility, the medications management documentation will be included in the Child Resource Record.

Over The Counter (OTC) Medications

1. Non-prescription medication prescribed by a physician will be logged in the medication log as the medication log must still be completed when dispensing OTC medications.
2. Non-prescription medication prescribed by a physician will be treated as a prescribed medication.
3. If a child refuses to take a non-prescription medication as prescribed, the attempt to administer must be documented.

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