Department of Health & Human Services

DHHS

N E B R A S K A

Division of Children and Family Services

State of Nebraska
Pete Ricketts, Governor

Division of Children and Family Services **Protection and Safety Procedure #24-2016**	
Regarding:	Medical, Dental, and Vision Exams for State Wards
Rescinding:	AM #18-2015
Date Effective:	08/30/2016
Contact:	Katie Weidner at (402)-471-9700 or katie.weidner@nebraska.gov
Issue by:	Douglas J. Weinberg, Director, Division of Children and Family Services

Philosophy:

Preventative healthcare is important. Children involved with the Division of Children and Family Services (DCFS) will be provided with routine preventative healthcare services (medical, dental, and vision) to support healthy development.

Definitions:

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment exam (also known as a "Health Check"). This type of exam is more extensive than a "well-child check" and **must be requested specifically when making an appointment** due to the additional time it takes to complete. Each EPSDT exam includes the following: health developmental history, comprehensive unclothed physical examination, immunizations, lab tests (as appropriate), environmental investigation (as needed), health education/anticipatory guidance, vision screen, hearing screen, and dental screen.

Note: EPSDT is only available for children who are on Medicaid.

Procedure:

The CFS Specialist will ensure that state wards receive the necessary medical, dental, and vision exams as well as all additional treatment as described.

I. **MEDICAL**

A. Medicaid-eligible state wards:

1. EPSDT exams must be provided within 14 days of placement for all children in out-of-home care;
2. EPSDT exams must be provided to state wards residing with their parent(s) when their next annual exam is needed or if there are any immediate health concerns; and
3. EPSDT exams must be provided at least annually for all state wards.

B. Non-Medicaid-eligible children in out-of-home care:
   1. Within 14 days of placement in out-of-home care, the CFS Specialist will refer (***in writing***) the child to specifically receive a medical exam that includes the following (commensurate with an EPSDT):
      a. Health Developmental History;
      b. Comprehensive Unclothed Physical Examination;
      c. Immunizations (as needed):
      d. Lab tests (as appropriate);
      e. Environmental Investigation (as needed);
      f. Health Education/Anticipatory Guidance;
      g. Vision Screening;
      h. Hearing Screening; and
      i. Dental Screening.
   2. These exams must be provided as least annually.

C. Medical treatment must also be provided as needed (for illness) and when follow-up is recommended by the treating physician. Children will be provided with age appropriate immunizations per the schedule recommended by the Advisory Committee on Immunization Practices.

D. The CFS Specialist will arrange medical care with the child's established primary care provider to preserve the continuity of care and the child's medical home. If the child is unable to see their Primary Care Provider, the CFS Specialist will request the new treating provider consult with the child's established Primary Care Provider.

II. DENTAL

A. Routine preventative dental exams should be provided at least once per year starting at age one.
   1. Should no dental provider be available for a child aged 1-3 years old, the EPSDT (or commensurate exam) may serve as a dental exam.

B. Dental appointments must be scheduled when follow-up is recommended by the treating dentist (fillings, extractions, toothaches, etc.).

C. Additional information and resources on children's dental health can be found on the DHHS Office of Oral Health and Dentistry website.

D. The CFS Specialist will make every effort to arrange dental care with the child's established dentist (if applicable) to preserve the continuity of care.

III. VISION

A. Routine vision exams must be provided at least once per year starting at age 3 or sooner if deemed medically necessary.

B. Vision exams must be provided when follow-up is recommended by the treating physician (glasses, eye conditions, etc.).

C. The CFS Specialist will make every effort to arrange eye care with the child's established eye care physician (if applicable) to preserve the continuity of care.

IV. DOCUMENTATION OF MEDICAL, DENTAL, AND VISION EXAMS

A. The CFS Specialist will document Medical, Dental, and Vision Exams in the "Detail Medical Exam" section of N-FOCUS. This includes the dates of all exams and includes documentation of any medications the child has been prescribed or discontinued; allergies; immunizations; and conditions.

B. Specific descriptions of the children's medical, dental, and vision exams must be documented in the "program person narratives-medical" section of N-FOCUS and include the date of the exam, the type of exam, name of the doctor, purpose of the exam. Any recommendations and or/needed

follow-up care must also be documented. Scanned documents that include all of this information may be referenced.

V. **PARENTAL INVOLVEMENT IN MEDICAL, DENTAL, AND VISION TREATMENT DECISIONS**

A. The CFS Specialist will involve the parents (when parental rights are intact) in requesting and obtaining medical care for their child. This includes attending or taking the child to appointments as deemed appropriate by the child's family team. The parents will be involved in discussions with the physicians and consulted in decisions regarding on-going medical, dental, and vision care.

B. DHHS is legally authorized to make all decisions regarding medical treatment of youth in the legal custody of the Department, while recognizing the importance of parental involvement in decision making.

C. The CFS Specialist may authorize the foster care provider or contracted residential facility consent to obtain emergency or routine medical treatment except when: 1) testing or screening is requested for HIV antibodies or for AIDS; 2) a request is made to withhold life support; or 3) a request is made for a "Do Not Resuscitate" (DNR) order. These situations have other specific DCFS policies which must be given precedence over the direction in this memo.

D. If a parent objects to a treatment recommendation, the following must be completed:
   1. The CFS Specialist will not consent to treatment until a plan to address the objection has been established.
      a. If the child is residing outside the parental home (and legal custody is with DHHS), the CFS Specialist will notify the foster parent of the parent's objection in order to assure treatment is not given until a plan has been established.
   2. The CFS Specialist will consult with the CFS Supervisor and CFS Administrator in order to determine next steps (which could include but are not limited to: meeting with the parents; consulting with the child's physician; involving the Guardian ad Litem, Legal Parties, or the Court; seeking consultation from outside parties including physicians within the DHHS system; consulting with DHHS Legal, etc.).
      a. All actions regarding this must be documented in N-FOCUS "Program Person Narratives-Medical".
   3. Once a decision is made, the CFS Specialist will notify the foster care provider and the parent of the determined action.
   4. The CFS Specialist will then consent to treatment if deemed appropriate.

References:

390 NAC 7-003.04
390 NAC 11-002.04 E, F
471 NAC 33-000
471 NAC 23-000
471 NAC 24-003.01A1
471 NAC 06-005
Advisory Committee on Immunization Practices schedule
http://www.cdc.gov/vaccines/schedules/hcp/index.html
Program Guidance Memo #11-2016