OVERVIEW

All children in foster care are entitled to health care services. This includes children under care and supervision of the Michigan Department of Health and Human Services (MDHHS) due to abuse, neglect, or delinquency. Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

Continuity of Care/ Medical Home Model

To address health service delivery issues, MDHHS has adopted a continuity in health care and medical home model as the basic approach to promote better health outcomes for all children in foster care. All children in foster care must have a medical home in which they receive ongoing primary care and periodic reassessments of their health, development, and emotional status to determine any necessary changes or need for additional services and interventions, see glossary for medical home definition.

Parental Involvement in Child's Health Care

When a child is placed in out-of-home care, it is important to involve the birth parents or the legal guardians in the child's medical, dental, developmental, and mental health care. Parental involvement in and awareness of the child's health needs and the services and treatment provided to meet these needs is necessary to promote positive health outcomes.

Caseworkers are to assist and engage birth parent/legal guardian participation in the child's health care by:

- Providing notification of all health care appointments.
- Inviting parent to attend child's health care appointments.
- Assisting with and resolving barriers that may prevent parent's attendance in child's health care appointments.
- Consulting with parent regarding medical decisions and treatment planning.
HEALTH REQUIREMENTS

Initial Medical Exam

Every child entering foster care must receive a comprehensive medical examination, including a behavioral/mental health screening, within 30 calendar days from the date the child entered into an out-of-home placement, regardless of the date of the last physical examination; see Initial Medical Exam Process Flow Job Aid for sequence of actions, responsible staff, and time frames.

Children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.

Hospitalization Exception

Children who are hospitalized during the timeframe for initial medical and dental exams are excluded from the requirements until the child is discharged from the hospital. Physicians cannot complete routine health exams for a hospitalized child. Hospital medical records are to be obtained to document the child's health conditions, treatment, and discharge recommendations.

The hospital exception applies only for the first out-of-home placement. Upon discharge and subsequent out-of-home placement, the timeframes for the initial medical and dental exams commence.

Yearly Medical Exam

Yearly medical exams are required for children, youth and young adults ages three through 20 years who are placed in an out-of-home placement and continue upon return home. The yearly medical exam may occur up to 14 months from the previous medical exam to accommodate physician scheduling and insurance coverage requirements.

Children under 3 years of age require more frequent medical exams; see the periodicity schedule outlined below in EPSDT/Well Child Exam, Periodicity Schedule for the required exam frequency.
EPSDT/Well Child Exam

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is the child health component of Medicaid. Federal regulations require state Medicaid programs offer early and periodic screening, diagnosis, and treatment (EPSDT) to eligible Medicaid beneficiaries under 21 years of age. The EPSDT program follows the standards of pediatric care at specified intervals as defined in the current American Academy of Pediatrics Periodicity Schedule to meet the special physical, emotional, and developmental needs of Medicaid eligible children.

As specified in federal regulations, the screening component includes a general health screening most commonly known as the EPSDT and/or well child exam. The required EPSDT/well child exam screening guidelines, based on the American Academy of Pediatrics’ (AAP) recommendations for preventive pediatric health care, include:

- Health and developmental history.
- Height/weight measurements and age-appropriate head circumference.
- Blood pressure for children age 3 and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and vaccinations.
- Blood lead testing for children under 6 years of age.
- Developmental and behavioral/mental health assessment.
- Nutritional assessment.
- Hearing, vision, and dental screenings.
- Health education including anticipatory guidance.
- Interpretive conference and appropriate counseling for parents or guardians (for foster care purposes includes foster care providers).
- Additionally, objective developmental/behavioral, hearing, and vision screening and testing must be performed in accordance
with the Medicaid policy and periodicity schedule. Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as required.

Periodicity Schedule

After the initial medical examination upon entering foster care, all children require an EPSDT/well child exam according to the periodicity schedule recommended by the American Academy of Pediatrics.

- For children under 3 years old, the periodicity schedule for EPSDT/well child exams is as follows:
  - Newborn - 1 week of age.
  - 4 weeks of age.
  - 2 months of age.
  - 4 months of age.
  - 6 months of age.
  - 9 months of age.
  - 12 months of age.
  - 15 months of age.
  - 18 months of age.
  - 24 months of age.
  - 30 months of age.

- Children age 3 and older require the EPSDT/well child exam annually.

Dental Examination Schedule

Dental examinations are required for children 3 years of age and older, as follows:

- A dental examination within six months before entry into foster care or an initial dental examination shall be completed not more than 90 calendar days after entry into a foster care out-of-home placement.

- A dental re-examination shall be obtained at least every 12 months unless a greater frequency is indicated.
• Children entering foster care under 3 years of age must have an initial dental exam within three months of his/her third birthday.

A medical practitioner may examine a child’s teeth and mouth during the EPSDT/well child exam. If the physician recommends a dental examination for the child, this recommendation must be followed, regardless of the age of the child.

**Note:** Parental inclusion in all the child's health care appointments is to be encouraged and supported; see **Parental Involvement in Child's Health Care** in Overview section of this policy item.

### Medical and Dental Exam Documentation

Documentation of the completed required medical (initial, periodic, and yearly) and dental exams for children in foster care must be entered into the Health Profile within MiSACWIS.

The standard forms providing the required documentation are:

- **Medical Exams**
  - MDHHS Well Child form.
  - Medical provider EPSDT/Well Child Exam form.
  - Medical provider electronic medical records (EMR).

**Note:** Per MDHHS Medicaid provider policy, the medical provider exam form and EMR are to include all elements of the MDHHS Well Child Exam form.

- **Dental Exams**
  - DHS-1664, Youth Dental Exam.
  - Dental provider exam form.

Alternative documentation permissible for medical and dental exam entries in MiSACWIS include:

- Explanation of Benefits (EOB) statements.
- Claim/encounter data from CareConnect 360.
- MDHHS-5338, Foster Care Well Child Exam/EPSDT Appointment Verification form (for medical exams only).
The three alternative types of documentation allow entry of the completed medical and dental exams in MiSACWIS. The actual exam form (or allowable provider form) must be obtained from the health care provider to ensure recording of identified health conditions and treatment and to facilitate follow-up services.

For more information regarding alternative documentation, refer to the job aid, Medical and Dental Documentation in MiSACWIS.

DHS-Pub-268

In addition to the child’s parents, foster parents and relative caregivers play a crucial role in ensuring children and youth have timely access to medical and dental care. The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, provides caregivers with an easily accessible reminder of the foster care health requirements and guidance in accessing medical and mental health care. The DHS-PUB-268 contains information for caregivers regarding:

- Health requirements for children in foster care.
- Behavioral/mental health services.
- Assistance in scheduling and accessing appointments.

The DHS-PUB-268 is provided to all MDHHS and private child placing agency homes upon licensure through the monthly mailing of the MDHHS licensed home welcome letter.

Children’s protective services workers and juvenile justice specialists must provide the DHS-PUB-268 to all relative caregiver homes, upon placing children with their relatives after removal. This process ensures that the relative caregiver has immediate access to the foster care health requirements and guidance in scheduling appointments and obtaining health care services.

The assigned caseworker must review the DHS-PUB-268 with the foster parent or relative caregiver at the first home visit after the child’s placement in that home. When placing children into the home of another relative (after initial placement), the assigned caseworker must provide the new relative caregiver with the DHS-PUB-268.
Required Medical and Dental Exams and Placements

The medical and dental exams described above are required for children placed in out-of-home settings and continue upon return to own home. **The first out-of-home placement, even if for only one night, triggers the initial medical and dental exam requirements and due dates.**

All requirements for timely completion of medical and dental examinations apply when:

- A child is in an out-of-home placement.
- A child returns home to a parent after placement in out-of-home care.
- A child is placed with a non-offending parent after placement in out-of-home care.
- A child is placed with a guardian after placement in out-of-home care.
- A child is placed for adoption and the foster care case remains open.

The medical and dental examination requirements, after return home, continue if a child remains under the wardship and supervision of the court.

**Note:** At the onset of the case, if the court dissolves the legal guardianship, but allows the child to remain in the home, the placement is an out-of-home placement. All health exams are required, as the placement is either:

- Relative.
- Unrelated caregiver.

Medical and Dental Exams - Not Required

Medical and dental requirements are not required at foster care onset if the child is not placed in an out-of-home setting, and is in one of the following placements:
- Remains in his/her home with a parent after court intervention and placement with MDHHS for care and supervision.

- Is immediately placed with the other parent (including non-offending parent).

- Remains in his/her home with a legal guardian after court intervention and placement with MDHHS for care and supervision. The court has not dissolved guardianship.

**Foster Care Re-Entry**

Children re-entering foster care and placed in an out-of-home placement after case closure must receive a full medical examination within 30 days of this new placement episode; see *Initial Medical Exam* in this policy item.

**Young Adults Aged 18 Years and Older**

Initial and yearly medical and dental exams are required for older foster care young adults (ages 18 and older).

**YAVFC Youth**

Youth entering young adult voluntary foster care (YAVFC) by extending an open foster care case continue to follow his/her current yearly medical and dental exam requirements as established in foster care.

Youth entering/re-entering YAVFC after case closure require an initial medical exam within 30 days. The initial dental exam is required as outlined under *Dental Examination* in this policy item.

**Youth Refusal**

If a person or young adult age 18 or older refuses to participate in medical and dental exams, a DHS-1147, Foster Care Youth Services Refusal, form must be completed. The DHS-1147 is completed with the youth to provide health care access and services information to meet the youth’s health needs. Youth signature is required.

For more information, see the job aid, [DHS-1147, Foster Care Youth Services Refusal](#).
Children from Other States

Out-of-state children placed in Michigan are not required to comply with the Michigan foster care health requirements. The caseworker from the child's home state provides the necessary medical, dental, and mental health standards for guidance in the child's health care while placed in Michigan.

Caseworker Role

At all times, while the child remains under the wardship and supervision of the court, regardless of placement setting, the caseworker must assess and document the child's current health status. The caseworker must:

- Actively engage and support the parent/legal guardian in meeting the child's medical, dental, developmental, and mental health needs.
- Monitor and encourage parental involvement in the child's health care treatment and services.
- Notify and assist parent in fully participating in all health care appointments.
- Notify and inform the parent/legal guardian of changes in the child's health status and follow-up treatment recommended or required by health care providers in a timely manner.
- Encourage and assist facilitation of all routine medical and dental care, including the required initial, periodic, and yearly medical and dental exams. Assist parent/legal guardian with resolving barriers and challenges arising from child's health needs.
- Document medical, dental, developmental, and mental health conditions, appointments, services and treatment in case service plans, medical passport and within the Health Profile section of Michigan Statewide Automated Child Welfare System (MiSACWIS).

Emergency Care

The child's birth parents/legal guardian must be notified immediately in all cases of medical emergencies. Information from the emergency department discharge papers, such as the
diagnosis, prescribed medications, and follow-up care is documented in the MiSACWIS Health Profile section. Upload the discharge document into MiSACWIS.

Follow-up Health Care

The caseworker is responsible for reviewing the information within the child’s well child exam form, the DHS-1664, Youth Health Record, Dental form, and other medical, dental, and mental health reports and/or assessments. If follow-up medical or dental care or mental health treatment is recommended, the caseworker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the caseworker ensure treatment recommendations are followed by the foster care provider.

MiSACWIS Follow-Up Documentation Requirement

All follow-up recommendations and ensuing treatment must be documented in the MiSACWIS Health Profile section within the appointment details screen under the appointments tab. The follow-up question must be answered by checking the applicable box and entering follow-up information in the additional explanation field. This information populates within the case service plan.

Blood Lead Level Testing Children Under Age Six

Michigan Medicaid policy requires all Medicaid enrolled children have a blood lead level test (BLL) at 12 and 24 months of age, or between 36 and 72 months of age, if not previously tested. Caseworkers are required to ensure children within this age range have a BLL test. The Michigan Care Improvement Registry (MCIR) may include the child’s BLL testing results. Unless previous documentation exists, prior to the child’s next required EPSDT/well child exam, the caseworker must request the child’s MCIR record be verified by the local health liaison officer (HLO) to confirm that BLL testing occurred.

If the MCIR does not include BLL results, the caseworker must follow-up with the child’s physician to determine if BLL testing has occurred. If BLL testing results are not found within MCIR or physician records, the caseworker must make efforts to ensure testing occurs at the next required EPSDT/well child exam.
**Documentation and Follow-up of BLL results**

The child’s BLL test results (from MCIR or physician’s office) are to be documented in the Health Profile section in MiSACWIS. The paper copy of BLL test (if applicable) is downloaded into the MiSACWIS Health Profile section.

If the BLL results indicate the need for health services and other interventions, the caseworker must ensure all follow-up is provided and document all treatment provided under MiSACWIS.

**Chronic Health Concerns**

Health services for children with chronic health care needs, such as children identified as medically fragile and/or within the Children’s Special Health Care Services (CSHCS) program require ongoing follow-up by the caseworker.

**Caseworker Contact with Health Care Providers**

For children with chronic, ongoing health conditions, caseworkers must contact the child's health care provider as recommended by the specific provider to solicit his/her view of the child's medical status. Feedback from physicians and other health care service professionals treating the child must be obtained and incorporated in each service plan. The caseworker must discuss the information provided by the health care provider with the child's parents and foster care provider. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan; see FOM 722-6H, Caseworker Contact with Treatment and Service Providers, for more information.

All hospitalizations, emergency room, and urgent care visits must be documented in the case service plan and medical passport. The caseworker must obtain and review the hospital discharge report. The information within the report is to be discussed with the child's parents and foster care provider. Scan and upload the discharge report into MISACWIS and file in the medical section of the case file.

**Immunizations**

Required immunizations are considered routine medical care and must be kept up-to-date. The caseworker must review the
information provided on the MCIR. If a review of MCIR indicates that a child’s immunizations are not up-to-date, every attempt should be made to contact former medical providers to verify the information on MCIR. If, after a thorough review, it is determined that the child is not up-to-date on immunizations, action must be taken to begin a schedule of catch-up immunizations as determined by a medical provider. Refer to the applicable Immunization Schedule within the Centers for Disease Control and Prevention website for the current chart of required immunizations by age.

**Note:** Birth parent/legal guardian should be involved in decisions regarding immunizations.

**Nonmedical Waivers**

In 2015, a new administrative rule required parents/guardians who wished to waive or delay immunizations for their child(ren) to receive education from the local health department prior to obtaining the requisite certified waiver. The new rule applies to all children who are enrolled in public or private schools and daycare centers as outlined below:

- Licensed childcare, preschool, and Head Start program, or
- Kindergarten, 7th grade, and any newly enrolled student into the school district (all grades).

Children within these specific grades, programs, and new district enrollees must have either an up-to-date immunization record or one of the two allowable waivers, medical or certified nonmedical waiver described below:

- For children with a medical reason for not receiving a required vaccine, a State of Michigan Medical Contraindication form signed by the child’s physician is necessary. This form is available at the office of the child’s doctor (not the county health department).
- Parent/guardians who object to immunizations (for religious or philosophical reason) must contact the local county health department to schedule an appointment for the nonmedical waiver education sessions and obtain the required certified waiver.

For children not affected by the new administrative rule, the parent’s waiver from the previous year is acceptable.
If a completed immunization record, Michigan Medical Contraindication, or a certified nonmedical waiver form are not made available, the child in the specific groups listed above may be excluded from school or childcare based on the public health code, unless the child is in a dose waiting (provisional) period. Local school districts may have more stringent immunization requirements.

**Caseworker Role**

For parents/legal guardians presenting a religious or philosophical objection to immunizations for their child, and the school is requiring a certified nonmedical waiver, the assigned caseworker must:

- Provide the parent with information on obtaining the nonmedical waiver; see Information for Parents/Guardians: Nonmedical Waiver Rule for Childhood Immunizations.
- Assist the parent in obtaining the certified nonmedical waiver (assistance with scheduling appointment, providing, or arranging transportation, etc.) so the child may participate in school.

**Court Involvement**

If the above cannot be accomplished within a reasonable amount of time (7 business days) and/or if the birth parent/legal guardian with a school-age child in foster care refuses to have their school-age child immunized, and for whatever reason, the parent cannot, will not, or does not obtain a waiver from the health department, the assigned caseworker must document efforts by the department and or agency to assist the parent and should petition the court to obtain a remedy.

MDHHS does not have the authority to circumvent a parent’s right to refuse to immunize a temporary court ward. A court order is necessary.

A copy of the certified nonmedical waiver or court order for immunizations is downloaded into the documents section of the MiSACWIS Health Profile.

**Other Waivers for Immunizations**

For children who do not fall into the categories within the 2015 administrative rules, but whose parent or legal guardian opposes
immunizations for any reason, a statement regarding the parent's objection to immunizations must be entered into the health section of each case service plan until the certified nonmedical waiver is required by the school.

**Note:** A foster parent may not prohibit immunizations of a child placed in their care children in foster care based on religious or philosophical grounds.

### MEDICAL PASSPORTS

For each child in foster care the supervising agency must maintain a medical passport containing all items listed in MCL 722.954c.

The medical passport is generated from MiSACWIS. The health information entered into the MiSACWIS Health Profile section, such as the child's appointments, medications, and so forth, populates the corresponding section of the medical passport. The health screens within the MiSACWIS Health Profile section must be updated quarterly to ensure the child's current health information is up-to-date and accurate.

All medical information required by policy and/or law must be provided to the foster parent. This includes copies of the medical and dental examinations (if available) and the information required in the medical passport.

For children first entering foster care, the initial medical passport must be provided to the foster care provider within two weeks of the child's placement date. The actual date the foster care provider receives the medical passport must be documented in MiSACWIS.

### Updated Medical Passport

All medical information within the medical passport must be current and updated at least quarterly to reflect the child's current and complete health information.

Private child placing agency foster care providers must provide a copy of the medical passport to MDHHS monitoring staff as it is updated but no less often than annually.

Each foster care caseworker who transfers a child's medical passport to another caseworker must sign and date the medical
passport verifying that s/he has sought and obtained the necessary information under law and MDHHS policy.

An updated medical passport is provided to:

- Legal parents, if the child is a temporary court ward.
  - Quarterly.
  - At reunification.

- The child’s foster care provider:
  - At or prior to each placement.
  - Quarterly.

**Note:** Foster care provider includes foster homes, relative placements, detention, and residential facilities.

- All medical and mental health professionals to whom the child is newly referred to and accepted for treatment and/or services prior to or at the first scheduled appointment.

- Older youth:
  - Upon initial independent living placement (youth age 16 and over).
  - Upon exiting the foster care system (young adults age 18 and older).
  - Young adult voluntary foster care (YAVFC) youth/young adult:
    - Within two weeks of re-entry into voluntary foster care.
    - Upon exiting voluntary foster care.

**Medical Passport Receipt Documentation**

Receipt of the medical passport by the required parties is documented in MiSACWIS by uploading the signed and dated signature page into the Health Profile section.
MiSACWIS Medical Passport Receipt Requirement

Additional documentation of medical passport receipt is required for the following:

- For every placement/replacement the foster care provider must be provided with the child's current medical passport at or prior to placing the child.
- Upon reunification/child placed in own home, the parent/legal guardian must receive a copy of the child’s current medical passport.

The foster care provider’s or parent’s receipt of the medical passport must be documented in the placement detail screen of MiSACWIS by checking the applicable box and entering date the medical passport was provided.

DOCUMENTATION OF HEALTH REQUIREMENTS

All health requirements are to be documented and maintained as indicated below.

Paper Documents and Forms

All paper documents and/or forms, reports, and records as related to the child's health are maintained as documentation of the child's health status by:

- Uploading the document into Health Profile section of MiSACWIS and
- Filing document in the Medical Records Section of the child's case file.

The documents included in the uploading and filing process are as follows:

- Age-specific well child exam form or other approved alternatives as indicated in this policy.
- DHS-1664, Youth Health Record Yearly Dental, or applicable alternative form.
• Medical Passport, signature pages only.

• Copy of Serious Emotional Disturbance Waiver (SEDW), if applicable.

• Immunization record, including all nonmedical waivers for immunizations (as applicable).

• Copy of child's Medicaid card.

• Copy of DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, for initial and each subsequent placement.

• Copy of Medicaid Health Plan member card (as applicable).

• Copy of private health insurance card (as applicable).

• Copies of mental health services, such as child's psychiatric and/or psychological evaluations and any other mental health assessments.

• Hospital records and discharge summaries.

• Reports and assessments from specialty clinics, such as trauma, neurology, fetal alcohol spectrum disorder, etc.

MiSACWIS Documentation

Health Profile Section Information

• Information entered into the MiSACWIS Health Profile section populates or downloads into the case service plan (Initial Service Plan, Updated Service Plan, and/or Permanent Ward Service plan).

• Medical Passport.

The screens within MiSACWIS Health Profile section are to be completed with all relevant health information to enable caseworkers, foster parents, parents, and health care providers to manage the child's health care needs appropriately and to report the child's well-being to the court.

The information in the MiSACWIS Health Profile is to include the following:
• Required medical and dental exams.
• Diagnoses.
• Health appointments/office visits, including mental health services and medication reviews.
• Hospitalizations.
• Chronic conditions.
• Allergies.
• Medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
• Emergency treatment.
• Immunization record.
• Description of any needed health follow-up treatment and appointments. Refer to Follow-Up Health Care section in this item.

**CareConnect 360**

The child's health status, medical needs, and health care providers prior to entering foster care may be found in CareConnect 360. Caseworkers and supervisors must review CareConnect 360 to ensure that the child’s current health information (if available) is considered for placement and provided to the foster care provider.

**Medical Passport Documentation**

All health information that has been entered into the MiSACWIS Health Profile section is downloaded into the child's medical passport upon generating the report. The MiSACWIS Health Profile section contains the following items:

Child’s birth information, as applicable to child’s age at removal.
• Child’s medical history.
• Developmental milestones.
• Developmental/behavioral concerns.
• Mental health treatment.
• Dental history.
• Immunization record.
• Medical, dental, and mental health appointments, with date and appointment type. Completed appointment information includes diagnosis, outcomes, findings, recommendations, and all follow-up treatment/services as required by health care provider.
• Hospitalizations, emergency room, and urgent care treatment.
• Medication record, including dosage, diagnosis/reason for prescribed medication and prescribing physician.
• Signatures documenting the receipt of medical passport from:
  • All caseworkers, upon transfer of case.
  • Participating parent/legal guardian(s).
    • Quarterly.
    • At reunification.
  • All foster care providers:
    • Upon child’s placement, within two weeks of placement date.
    • At or before child’s placement, for replacements.
    • Quarterly, an updated medical passport is provided to current foster care providers.
  • Child’s primary medical and mental health providers, indicating receipt of medical passport.
  • Older youth:
    • Upon initial independent living placement (youth age 16 and over).
    • Upon exiting the foster care system (age 18 and older).
  • Young adult voluntary foster care (YAVFC) youth/young adult:
Within two weeks of re-entry into voluntary foster care.

Upon exiting voluntary foster care.

Medicaid Card & DHS-3762

**Routine, Non-Surgical Medical Care**

For the foster care provider to access health care for the child, the caseworker must provide the child’s foster care provider with the following health cards:

- Child’s Medicaid card.
- DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card.
- Child’s Medicaid Health Plan card (as applicable).

Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services at the time of placement. The foster care provider is given the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the caseworker placing the child and the caseworker must enter the child’s MA number on the card (if child is already on MA).

If a child is not active on MA at the time of placement, the foster care provider must receive the MA card or alternative verification of the child’s Medicaid status and recipient ID number within 30 days of the date a child enters foster care.

For any subsequent placement, the foster care provider shall receive the child’s Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card prior to or upon the child’s placement.

The caseworker must obtain the child’s Medicaid card from foster care providers to pass on to the new foster care provider at the time of the child’s replacement or to the parent/legal guardian when child is returned to own home.
**MiSACWIS Medical Card Receipt Requirement**

The date the caseworker provides the child’s Medicaid card or alternative verification and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card must be documented in the placement detail screen of MiSACWIS by checking the applicable box and entering date the cards were provided.

**SUBSTANCE TESTING/ SCREENS FOR CHILDREN/YOUTH**

**Substance Abuse**

Mental Health Code, MCL 300.1100d(10) defines substance abuse as “the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.”

**Children’s Protective Services**

CPS must not subject a child to substance testing during an investigation or services case; see PSM 713-07, Drug Testing of Minors.

**Court Ordered Screenings or Treatment**

If the caseworker has a suspicion or belief that a child is misusing substances, the caseworker must seek a court order for screens or substance abuse prevention, treatment, and recovery support services. The court has the authority under MCL 712A.18 (1) (f) to order substance testing and treatment for a minor under its jurisdiction.
AUTHORITY TO CONSENT

Medical Care

When a child is placed in out-of-home care, it is important to involve birth parents or legal guardians in the child’s medical, dental, developmental, and mental health care. Case planning activities require caseworkers to solicit health information from the child’s parents/guardians regarding the child’s medical history and preferences for health care to complete the medical passport.

Attempts for parental consent should be requested for routine, non-surgical medical care, and non-emergency surgical treatment.

If a child is placed in out-of-home care, the court, a placement foster care agency or MDHHS may consent to routine, non-surgical medical care, or emergency medical and surgical treatment for the child; see The Child Care Organizations Act, 1973 PA 116, MCL 722.124a within this policy item.

Note: It is important that the caseworker discusses routine medical care (as stated below) with the parent.

The court, placement foster care agency or the department making the placement must execute a written instrument investing the foster parent, relative caregiver, childcare institution (CCI) or any other foster care provider with authority to:

- Consent to routine, non-surgical medical care.
- Consent to emergency medical and surgical treatment.

The DHS-3762, Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment, card is the written instrument authorizing the foster care provider to consent to the routine and emergency medical care for children in foster care.

Although the DHS-3762 authorizes consent for routine medical care, it is important to continue engaging the birth parents or legal guardians in the child’s ongoing medical, dental, developmental, and mental health care and treatment. The consent authorizing routine health care does not negate parental involvement. Ideally, the parent needs to be present at all health appointments. The caseworker is responsible for facilitating the parents/legal guardians’ involvement in health care appointments; see Parental Involvement in the Overview of this policy item regarding
parent/legal guardian participation in child's health care appointments.

Routine, Non-surgical Medical Care Defined

Routine, non-surgical medical care may include but is not limited to:

- A comprehensive health assessment and physical exam.
- Dental exam and procedures including cleaning, filling, or extraction of teeth.
- Developmental/behavioral assessment.
- Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as determined by the physician.
- Blood pressure for children age 3 and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and immunizations.
- Immunization review and administration.
- Blood lead testing for children under 6 years of age.
- Mental health assessment, evaluation, counseling, and/or therapy.
- Nutritional assessment.
- Preventive health services.
- Treatment of communicable diseases.
- Vision and hearing tests.
- X-rays.
- Routine suturing and minor lacerations.
- Sleep studies.
- Occupational, physical and speech therapy.
Note: For parents/legal guardians of temporary court wards who object to required immunizations based on religious or philosophical grounds, refer to Nonmedical Waivers within this policy item. FOM 801, Health Services for Children in Foster Care.

Exclusions from Routine, Non-surgical Medical Care

Routine, non-surgical medical care does not include:

- Psychotropic medications; see FOM 802-1, Psychotropic Medication in Foster Care, for more information.
- Clinical trials.
- Non-emergency elective surgery.
- Contraceptive treatment, services, medications, or devices (MCL 722.124a).
- Participation in the Waiver for Children with Serious Emotional Disturbance (SEDW).
- General anesthesia for any procedure including dentistry.

Consent for Non-Emergency Elective Surgery

MDHHS may not consent to non-emergency, elective surgery for temporary wards. Only the child’s parent or legal guardian may consent to non-emergency elective surgery unless parental rights have been terminated by court action. If the parent’s whereabouts are unknown, a court order must be obtained.

Consent for Non-Emergency Elective Surgery for MCI Wards

Consent from the MCI superintendent must be pursued, and MCI authorization received for non-emergency, elective surgery for MCI wards. Two weeks prior to the planned surgical procedure, the caseworker must submit the following to the MCI superintendent:
• A written request from the physician that explains the surgical procedure and includes:
  • The benefits and risks of the surgery.
  • An explanation of the need/requirement for the surgery.
  • The expected outcome.
  • The consequences if the surgery is not performed.

• A copy of the commitment order.

• The appropriate consent forms from the hospital, such as consent for surgery, consent for anesthesia, etc. (The forms must be submitted in advance of the surgery date.)

Upon review of the above information, the MCI superintendent will approve or deny the request and return the consent forms to the caseworker. In the absence of the MCI superintendent, one of the MCI consultants within MDHHS may be designated as acting superintendent and authorized to approve or deny consents.

Health Consents and Young Adults Age 18

At age 18, youth in foster care reach the age of majority and are legal adults. Regardless of legal status, necessary medical consents for health care are to be signed by the young adult. However, if the young adult is physically or mentally incapacitated and unable to make his/her own health decisions, it is in the young adult’s best interest for a guardian ad litem or other guardian to be appointed by the court to assist with health consents and decisions.

Authorization for Clinical Trials

Clinical trials and/or new therapies, procedures, or treatments for any type of human research involving children in foster care requires parental informed consent for temporary court wards, MCI Superintendent consent for MCI wards and judicial consent for permanent court wards. The MDHHS Medical Consultant will review all MCI requests.

BIRTH CONTROL AND CONTRACEPTIVES

Contraceptive treatment is excluded from routine, non-surgical medical care (MCL722.124a). However, there are no specific
Michigan statutes (laws) on the provision of birth control and/or need for parental/guardian consent.

Federal statutes address minor's right to contraceptives without consent from parent or guardian. Courts have interpreted Title X of the Public Health Service Act and the Medicaid law (Title XIX) to require the provision of confidential contraceptive services to minors (42 USC §300(a); 42 USC §1396d (a)(4)(C)). When health care providers offer contraceptives to patients with Medicaid insurance or through programs funded by the Public Service Act (such as Planned Parenthood), they may not require parental consent or notification. In addition, the federal constitutional right to privacy protects an adolescent’s decision to attempt to avoid unwanted pregnancy. (Carey v. Population Services Int'l, 431 US 678 – 1977)

Provider discretion applies for health care providers not funded by Title X or Title XIX. Doctors accepting private health care coverage may require parental consent prior to providing contraceptives to minors.

HEALTH LIAISON OFFICERS (HLO)

All counties have an allocated health liaison officer position. The primary role of the Health Liaison Officer (HLO) is to promote and provide information for improved health outcomes for all children in foster care.

The HLO in the urban or local county office provides coordination, information, monitoring, and guidance for the health care needs of children in foster care to foster and/or birth parents, child welfare workers and supervisors including private foster care agencies and MDHHS central office personnel.

The individual tasks related to the position are as follows:

- Serve as health advisor to urban and local DHHS/private agencies and Child Welfare Medical Unit, by providing guidance, information, and monitoring of health needs and service provisions of children in care within the local office. Provide assistance and guidance regarding physical, dental, and mental health needs.

- Provide policy interpretation and information (in consultation with CWMU as needed) to foster care staff and supervisors
regarding the physical and behavioral health of foster care children.

- Coordinate services for children with medical, dental, and behavioral health providers as needed.

- Ensure documentation of informed consent for children in foster care on psychotropic medication.

- Assist the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) in the review and oversight process of psychotropic medications under the direction of the MDHHS Medical Consultant.

- Contact and work with the Medicaid Health Plans (MHPs) to resolve barriers and issues that impede timely access or treatment.

- Advocate within the MHPs to ensure the health needs of children in foster care are identified, assessed, and reassessed with provision of appropriate treatment services.

- Assist MDHHS and private agency foster care workers with the required physical, developmental, and mental health status monitoring of and documentation for children in foster care.

- Serve as resource to foster care workers, foster care supervisors, and private agency staff regarding MHP concerns - includes responding to questions, concerns, or issues.

- Identify training needs for staff regarding the physical, developmental, dental, and behavioral health needs for children in care and facilitate/coordinate training resources as needed, including provision of in-office trainings.

- Promote and educate caregivers, staff, and community partners on the continuity of health care and medical home model.

- Collect health data and prepare reports for the Child Welfare Medical Unit and DHHS Urban/Field Operations as needed.

- Participate in family team meetings to discuss children's medical, dental, and mental health needs, as needed.

- Attend on-site trainings with CWMU and participate in monthly phone conferences with CWMU.
• Establish community partners to ensure foster care children have immediate access to medical, dental, and mental health services.

• Assist with obtaining appropriate Mental Health treatment for children.

• Provide assistance in access to and oversight for Medicaid, including Medicaid Health Plans (MHP).

• Utilize MiSACWIS, BRIDGES and CHAMPS, to assist with Medicaid openings and closures.

• Ensure timely opening of Medicaid, provide direction to staff for action needed to ensure Medicaid opening.

• Develop expertise in BRIDGES, MiSACWIS and CHAMPS navigation to resolve Medicaid issues.

• Troubleshoot Medicaid eligibility and payment issues.

• Serve as MiSACWIS Help Desk and Bridges Help Desk Liaison for Medicaid related issues.

• Liaison as necessary with primary care providers.

• Ensure timely enrollment and disenrollment of children in foster care into MHP.

• Serve as liaison with Michigan Enrolls to enroll and disenroll children in foster care in MHP.

• Educate new staff/foster care workers on the MHP enrollment and disenrollment process, including information on fee for Service Medicaid vs. Medicaid coverage under health plans.

• Troubleshoot problems with MHP enrollment or disenrollment.

• Check bi-weekly MI Enrolls Auto Enrollment report and ensure MHP enrollment and PCP selection.

• Coordinate with foster care worker to contact birth parents and foster care providers to select appropriate MHPs and primary care providers and ensure continuity of care with medical home model being maintained.
• Establish a relationship with the identified contact at each MHP in the area.

• Serve as contact for local staff with concerns about MHP services and provide information regarding services covered by fee for service MA vs. MHP.

• Provide monitoring of DHHS health policies.

MEDICAID HEALTH PLAN SERVICES

All Medicaid Health Plans (MHPs) cover medically necessary services such as:

• Ambulance.
• Doctor visits.
• Emergency care.
• Family planning.
• Health checkups for children and adults.
• Hearing and speech.
• Home health care.
• Hospice care.
• Hospital care.
• Immunizations.
• Lab and x-ray.
• Medical supplies.
• Medicine.
• Mental health.
• Physical and occupational therapy.
• Prenatal care and delivery.
• Surgery.
• Vision.
• Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

All MHPs are required to provide the services listed above. Some services are limited. The MHP Member Handbook (available online) within the individual health plan website should always be reviewed for services specific to the MHP; see MHP Information Access in this item for website information.
MHP Emergency Services

Emergency services are available 24 hours per day and 7 days per week. The MHP is responsible for payment of all out-of-plan or out-of-area emergency services and medical screening and stabilization services provided in an emergency department of a hospital consistent with the legal obligation of the emergency department to provide such services.

The MHP Member Handbook provides information on emergency and urgent medical care services. **If an emergency room is used for a non-emergency service, the foster care provider or private agency may be responsible for the charges.**

MHP Outreach Services

The MHP will provide or arrange for outreach services for children who are due or overdue for Well Child/EPSDT visits. Outreach contacts by the MHP may be by phone, home visit, or mail. The foster care caseworker is still required to take all necessary action to ensure that the child’s medical exams are completed on time.

Transportation

MHPs are required to assure a recipient’s need for transportation necessary to receive health care services. Advance planning and authorization from the MHP is required to access non-emergency transportation services.

The MHP must use MDHHS guidelines for the provision of non-emergency transportation (**BAM 825**) for evaluation of the medical transportation request to maximize use of existing community resources. Transportation may be facilitated through bus tokens, cabs, volunteer drivers etc., dependent on the MHP available service.

For some MHPs, authorized transportation is only provided for the child and foster care provider. However, other MHPs will consider the situation and may provide transportation for a sibling if the foster care provider has difficulties in securing childcare. These types of exceptions are dependent on the individual MHP. In this type of situation, the specific MHP should be contacted and the foster care provider’s situation discussed.

MHP transportation is not provided for the following services:
• Dental.
• Substance abuse.
• WIC appointments.
• Community mental health.

Foster Care Authorization for the MHP

At times, the MHP may need to contact the parent and/or caregiver to conduct an assessment on or provide case management services and/or caregiver education for a child with certain medical conditions. The MHP representative must first contact the foster care caseworker/monitor (as the responsible party) to receive verbal authorization and obtain the parents and/or caregivers contact information. Foster care caseworkers and monitors must promptly respond to this request to facilitate the child’s access to health services. Attempts must always be made to include the child's parents in the child's health care matters.

Mail Received from the MHP

Informational packets and letters from the MHPs call for timely action to ensure coordination of health care benefits. Correspondence should be forwarded to the supervising agency, as warranted by the information, but no later than one week of receipt.

Incentives from the MHP

The MHP may provide incentives, consistent with state law, to enrollees in the plan that encourage healthy behavior and practices. All marketing and health promotion incentives are approved by MDHHS, Medical Services Administration prior to implementation. Incentives must be given to the respective foster care provider for participating in targeted MHP service, such as bringing the child into the office for an EPSDT screening or immunizations.

MHP Member Handbook

The MHP Member Handbook (available online) and website should always be reviewed for services specific to the MHP. MDHHS and private agency caseworkers must be made aware of the resources
to assist in the health care planning for and meeting the needs of the child.

**MHP Information Access**

A statewide listing of MHPs by county and access to individual MHP websites is available at [MHP Service Area List](#).

**CHILD AND ADOLESCENT HEALTH CENTER PROGRAM**

Child and Adolescent Health Centers (CAHC) promote the health of children, adolescents, and their families by providing important primary, preventative, and early intervention health care services. The CAHC program is jointly funded by MDHHS and the Michigan Department of Education. There are three models of service delivery - clinical health centers, school wellness program, and behavioral health service model.

- Clinical Health centers provide primary care (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services.

- The School Wellness Program health centers focus on limited clinical services, mental health services, case finding, screening, immunizations, referral for primary care, and providing health education services (no primary care services are provided).

- The Behavioral Health Service model provides a full-time licensed mental health counselor to a school. Services include individual and family counseling, screenings, group education, and intervention. Two sites are available in Wayne and Muskegon Counties.

CAHCs accept all third-party payers including Medicaid Health Plans (MHP), fee-for-service (FFS) Medicaid, private insurance, and accept uninsured children and adolescents.

The program administers 82 clinical and alternative clinical centers, 14 School Wellness Programs and 4 Behavioral Health Service models throughout the state. The clinical program is targeted to
uninsured, underinsured and Medicaid children ages 5-10 and adolescents ages 10-21 as well as infants and small children of eligible adolescents. For more information on CAHC and a map of sites; see Child and Adolescent Health Centers

CHILDREN’S SPECIAL HEALTH CARE SERVICES

Children’s Special Health Care Services (CSHCS) is a program administered by the MDHHS and created to identify, diagnose, and treat children in Michigan who have chronic illnesses or disabling conditions. CSHCS helps children with chronic health problems and their families and caregivers by providing:

- Coverage and referral for specialty services based on the child’s health problems.
- Family-centered services to support the primary caregiver of the child.
- Community-based services to help care for the child at home and maintain normal routines.
- Culturally competent services, which demonstrate awareness of cultural differences.
- Coordination of services from different providers.

CSHCS covers medically necessary services related to the qualifying condition for individuals who are enrolled in the CSHCS program. CSHCS covers approximately 2,600 medical diagnoses that require care by a medical or surgical subspecialist and are handicapping in nature. Diagnosis alone does not guarantee medical eligibility for CSHCS. The individual must also meet the evaluation criteria regarding the level of severity, chronicity, and the need for annual medical care and treatment by a physician subspecialist.

CSHCS Application Process

Medical eligibility must be established by CSHCS before application for CSHCS coverage. This is the first requirement in the CSHCS application process. CSHCS requires the following steps:
1. The child’s physician subspecialist must submit a medical report to the CSHCS describing the condition and treatment plan, either by:

- A letter or office records with the necessary information, or
- Completion of the MSA-4114, Medical Eligibility Report Form (MERF). The physician subspecialist also may complete a downloadable copy at Medical Eligibility Report Form.

**Note:** If the child is enrolled in a Medicaid Health Plan (MHP), the MHP is responsible for the evaluation.

2. Once the medical report is received, a CSHCS medical doctor will review the medical report to determine medical eligibility.

3. Based on medical information submitted by providers, if the child is found CSHCS eligible, an application for determination of non-medical program criteria will be sent to the child/family.

4. The application must be completed and submitted to CSHCS as directed on the application form. CSHCS will send a notification by mail if the application is incomplete and cannot be processed. The required information must be submitted within 30 calendar days from the date of the CSHCS letter to preserve the initial coverage date. Failure to submit the required information within the required time frame may result in the CSHCS coverage date being delayed.

**CSHCS Application Signature**

Applications must be signed by the medically eligible individual (when legally responsible for self), or the person(s) who is legally responsible for the individual. Verification of legal guardianship may be required. Only the parent(s) or legal guardian may sign a CSHCS application for temporary court wards. The caseworker may sign the CSHCS application only if the foster child is an MCI ward. The foster care provider cannot sign the CSHCS application.

**Medicaid and CSHCS**

The CSHCS fee is waived for children on Medicaid, MiChild, or WIC. Children can be covered by Medicaid (through fee-for-service MA) and/or private insurance at the same time as CSHCS coverage. The insurance provider and CSHCS will coordinate the covered benefits for services related to the covered condition. CSHCS also requires compliance with the insurance plan.
For more information, see Children's Special Health Care Services.

FAMILY SUPPORT SUBSIDY PROGRAM

The Family Support Subsidy (FSS) Program provides financial assistance to families that include a child with severe developmental disabilities. The intent is to help make it possible for children with developmental disabilities to remain with or return to their birth or adoptive families. The program provides a monthly payment of approximately $229. Families are able to use this money for special expenses incurred while caring for their child.

Family Support Subsidy Program Eligibility

Eligibility Criteria:

- Child must be younger than 18 years of age and live in the family home in Michigan. For this specific program, the family is headed by the birth parent, adoptive parent, or legal guardian. A child’s foster parents are not eligible for the FSS program.

- The family's most recently filed Michigan income tax form must show a taxable income of $60,000 or less.

- The Multidisciplinary Evaluation Team of the local public or intermediate school district must recommend the child under one of the three educational eligibility categories:

  - Cognitive impairment (CI). Children with an eligibility category of CI may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district.

  - Severe multiple impairment (SXI).

  - Autism spectrum disorder (ASD). Children with ASD must be receiving special education services in a program designed for students with autism or in a program designed for students with severe cognitive impairment or severe multiple impairments.
In cases in which the child is not receiving special education services or if it is not known if the child is receiving special education services, contact the director of special education at the local or intermediate school district.

Applications are available at all community mental health services programs (CMHSPs) throughout the state. CMHSP contact information is available online at Community Mental Health Boards. Contact the local CMHSP for addition information and/or see the Family Support Subsidy Program Brochure.

LEGAL BASE

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622

The Act requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement.

The plan must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and must outline:

• A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

• How health needs identified through screenings will be monitored and treated.

• How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record.

• Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.
- The oversight of prescription medicines.
- How the state actively consults with and involves physicians or other appropriate medical or nonmedical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

**State Law**

**Probate Code, 1939 PA 288, MCL 712A.13a(16)**

Mandates the court placing a child in foster care must include an order that:

- The parent, guardian, or custodian provides the supervising agency with the name and address of each of the child’s medical providers.
- Each of the child’s medical providers is to release the child’s medical records to the agency.

**The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.**

Provides for the protection of children through the licensing and regulation of child care organizations and for the establishment of standards for child care in the form of administrative rules; see FOM 722-02, Administrative Rules.

**The Child Care Organizations Act, 1973 PA 116, MCL 722.124a**

Provides the specifics for consent to routine, non-surgical medical care, or emergency medical and surgical treatment for the children in foster care; see Authority to Consent, Medical Care in this item.

**Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c**

States the supervising agency shall:

- Obtain from the parent, guardian, or custodian of each child who is placed in its care the name and address of the child's medical provider and a signed document for the release of the child's medical records.
- Require the child's medical provider remain constant while the child is in foster care unless:
The child's current primary medical provider is a managed care health plan.

Doing so would create an unreasonable burden for the relative caregiver, foster parent, or custodian.

- Develop a medical passport for each child who comes under its care. The medical passport shall contain all the following:
  - All medical information required by policy or law to be provided to foster parents.
  - Basic medical history.
  - A record of all immunizations.
  - Any other information concerning the child's physical and mental health.

- Provide a copy of each medical passport and updates as required by the department for maintenance in a central location. Each foster care caseworker who transfers a child's medical passport to another foster care caseworker shall sign and date the passport, verifying that he or she has sought and obtained the necessary information required under this statute and any additional information required under department policy.

- Ensure an experienced and licensed mental health professional (as defined under MCL 330.1100b (14) (a) or (b) or a social worker certified under section 1606 of the occupational code, 1980 PA 299, MCL 333.18511), who is trained in children's psychological assessments performs an assessment or psychological evaluation of a child under the care of a supervising agency who has suffered sexual abuse, serious physical abuse, or mental illness. The costs of the assessment or evaluation shall be borne by the supervising agency. This is applicable only to state wards.

- Ensure that the child receives a medical examination when the child is first placed in foster care. One objective of this examination is to provide a record of the child's medical and physical status upon entry into foster care.