
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**

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 well-being to determine any necessary changes or need for additional services and interventions. [See FOM 805](#), Glossary of Terms for Foster Care Health Services.

**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 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 the parent/legal guardian participation in the child's health care by:

- Notifying parents of all health care appointments.
- Inviting parents 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 parents regarding medical decisions and treatment planning.

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 (in this case, MDHHS) 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.