



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services Section 29: Routine Health Care	
Effective Date: July 1, 2023	Version: 6

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POLICY OVERVIEW

It is important that children in out-of-home care receive appropriate and timely routine health care services necessary to meet the needs of the children (e.g., mental, dental, visual, auditory, and developmental). Every effort should be made to ensure continuity of care for children by maintaining the same health care providers that cared for them prior to their removal.

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PROCEDURE

For every child in out-of-home care, the Indiana Department of Child Services (DCS) will ensure a general health exam is scheduled within 10 business days of placement. A general health exam must consist of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Indiana as HealthWatch.

Note: If the Governor of Indiana declares a state of disaster emergency under IC 10-14-3-12, the DCS director, or the director's designee, may modify or suspend enforcement of a statute or rule, as outlined in IC 31-27-2-13, specifying a time within which a foster parent must provide for a child to be examined by a physician, physician assistant, or advanced practice registered nurse after the child's placement in the foster parent's home.

The general health exam by the child's pediatrician, family doctor, or general practitioner will include screens for physical, dental, visual, auditory, and developmental health.

Note: An initial general health exam is not mandatory, if the child was/had:

1. Placed directly from a hospital or physician's office;
2. A documented medical examination within 30 days prior to placement, as part of a Child Abuse/Neglect (CA/N) investigation and the child is exhibiting no signs of illness or new injuries; or
3. Placement changes unless the placement change was due to allegations of CA/N or the child is exhibiting signs of illness and/or injury.

DCS will ensure a mental health screen is completed within five (5) days of removal or case opening for all children for whom DCS has care and supervision.

DCS will ensure an initial dental exam and cleaning is scheduled no later than six (6) months after the date of the child's last known exam and cleaning. If no records exist, the child will

receive an initial exam and cleaning within 90 days of placement.

Note: DCS will not be financially responsible for cosmetic procedures (e.g., braces, Lasik eye surgery, or acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) offer such services.

DCS will ensure timely and appropriate follow-up care and treatment, if any physical, mental, dental, visual, or developmental health issues are identified in the initial, general health exam, or at any point thereafter. The following are additional routine health care services:

1. Physical health check-ups, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child's primary care physician;
2. Dental exams and cleanings every six (6) months;
3. Vision exam every 12 months for a child with corrected vision (e.g., eyeglasses or contact lenses); and

Note: For all other children in out-of-home care, the vision screening performed by the child's primary care doctor at the time of a physical health check-up or those performed at the child's school is sufficient.

4. Hearing exam every 12 months for a child with corrected hearing (e.g., hearing aid or tubes) or as recommended by the child's physician.

Note: For all other children in out-of-home care, the hearing screening performed by the child's primary care doctor at the time of a physical health check-up or those performed at the child's school is sufficient.

Family Case Manager (FCM) Responsibilities

The FCM will:

1. Obtain the contact information for the child's health care providers from the parent, guardian, or custodian or other family members;
2. Include the Child and Family Team (CFT) in the planning and decision-making process for the child's ongoing medical care and treatment (see policy 5.07 Child and Family Team Meetings);
3. Ensure the child's physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and the resource parent (see policy 8.27 Maintaining Health Records- Medical Passport);
4. Inform resource parents of their responsibilities, as described in Resource Parent Role Acknowledgement form;
5. Ensure resource parents are provided with a copy of this policy and understand the requirements for all initial and routine health care exams as well as follow-up exams and treatment;
6. Discuss any questions and/or concerns regarding cosmetic procedures with the FCM Supervisor. Requests for cosmetic procedures that are not covered by private insurance or Medicaid are denied;
7. Ensure the child's Medical Passport and/or electronic medical records are reviewed and updated at each visit with the resource parent, and update the case management system after each visit (refer to policy 8.10 Minimum Contact); and
8. Update the child's parent, guardian, or custodian and CFT about the child's medical care (see policy 5.07 Child and Family Team Meetings).

Resource Parent Responsibilities

The resource parent will:

1. Schedule necessary health care appointments and provide or arrange transportation for the appointment, enlisting the assistance of the CFT as needed. See policy 5.07 Child and Family Team Meetings;
2. Ensure the child receives all initial and routine health care exams as well as follow-up exams and treatment as outlined in this policy;
3. Ensure the child is provided and/or offered specialized care and treatment based upon the child's individual assessed needs (e.g., therapy, counseling, medication, drug and alcohol testing and/or treatment);
4. Ensure the child receives developmental screenings if developmental delays exist or are suspected;

Note: Developmental screenings are completed through First Steps if the child is less than three (3) years of age, and through the school corporation of legal settlement if the child is over the age of three (3).

5. Obtain treatment authorization prior to any non-routine, non-emergency care, and mental health treatment (8.26 Authorization for Health Care Services);
6. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance (8.28 Payment for Health Care Services);
7. Seek emergency care for the child for the following:
 - a. Serious injury or illness;
 - b. Serious dental issues (e.g., broken teeth or bleeding gums);
 - c. Mental health issues that place the child at risk for harming self or others; and
 - d. Serious vision issues (e.g., the child's glasses or contacts are broken or lost).
8. Document all care and treatment received in the child's Medical Passport and/or ensure the FCM has access to the electronic medical records maintained by the child's health care provider (see policy 8.27 Maintaining Health Care Records- Medical Passport);

Note: The Medical Passport and/or hard copy medical records will remain with the child and in the possession of the resource parent until the child leaves the placement or exits foster care (see policy 8.27 Maintaining Health Records- Medical Passport).

9. Immediately inform the FCM of any serious injuries or illnesses experienced by the child; and
10. Sign a copy of this policy to acknowledge understanding and agreement with its terms.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.10 Minimum Contact](#)
- [8.26 Authorization for Health Care Services](#)
- [8.27 Maintaining Health Records– Medical Passport](#)
- [8.28 Payment for Health Care Services](#)

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LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-27-2-13: Modification or suspension of medical examination requirement during declared disaster emergency](#)
- [IC 31-28-0.5: Electronic Records](#)
- [IC 31-28-1-3: Health Summary Record](#)

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PRACTICE GUIDANCE- DCS POLICY 8.29

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

N/A

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