

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		77
Chapter:	Working with Youth and Families	
Subject:	Medical Care for Children and Youth in DCF Custody	Page 1 of 4
Approved:	Karen Shea, Deputy Commissioner	Effective: 2/8/2018

Purpose

To provide guidance to division staff regarding the authorization of medical care for children and youth in DCF custody.

Related Policies

Family Services [Policy 75](#): Normalcy and the Reasonable and Prudent Parent Standard
Family Services [Policy 76](#): Supporting and Affirming LGBTQ Children & Youth
Family Services [Policy 134](#): Serving Families Affected by HIV
Family Services [Policy 137](#): Anti-Psychotic Medications for Children in the Care of DCF

Definitions

Medical Home: Primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. In a medical home, a child health care professional works in partnership with the family and patient to ensure that all the medical and non-medical needs of the patient are met. Medical homes address preventative, acute, and chronic care from birth through transition to adulthood. A medical home facilitates an integrated health system with an interdisciplinary team of patients and families, primary care physicians, specialists and subspecialists, hospitals and healthcare facilities, public health and the community. The medical home model was developed by the American Academy of Pediatrics (AAP).

Policy

Authorization of Medical Care

As legal custodian, the division is authorized to consent to medical, dental, psychiatric, and surgical treatment for children and youth in DCF custody. This authority is delegated as follows:

Major surgery and treatment related to serious injuries	Supervisor in consultation with the district director and operations manager
Specialized tests, anesthesia, and minor surgery	Worker or supervisor
Changes in providers (primary care, therapist, etc.)	Worker
Psychiatric services and anti-psychotic medications	Worker
Emergency medical care	Available worker or supervisor, or substitute care provider
Routine medical care	Substitute care provider

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When a young person in DCF custody is placed with a substitute care provider, the caregivers are provided with the division’s [Foster Parent Authorization Letter](#). This letter permits the child’s foster parent(s) to obtain routine and emergency medical, psychiatric, psychological, dental, ophthalmologic, or other specialized medical services or treatment recommended by a licensed physician. Caregivers are expected to notify the worker or other district office team member of all emergency medical care and medical decisions made with the authority of this letter. District staff will notify their assigned policy and operations manager of emergency medical care related to treatment of serious injuries.

The division supports children and youth receiving medical care as recommended by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Centers for Disease Control and Prevention (CDC), and the Vermont Department of Health (VDH). All children in DCF custody are required to have a medical and dental home. Children and youth in DCF custody are best served through a medical home with child health care professionals who specialize in or are trained in childhood trauma and adversity. Division staff will work with the child’s primary care provider, parents, and foster parents to ensure the child is attending routine appointments and receiving recommended medical care. Parents will be kept informed of their child’s medical care and included in medical decisions and appointments when possible.

Children and youth in DCF custody shall receive preventive medical examinations and screenings to ensure that medical and dental needs are identified and addressed. Routine medical examinations and required well-child checks will occur based on the age and needs of the child. Preventive medical care for children includes vaccination and immunization.

Some children may require alternate immunization schedules due to individual medical needs. Additionally, children may be behind on immunizations when they come into DCF custody. In all instances of special medical issues and/or delayed or interrupted immunization schedules, division staff should follow the child’s primary care physician’s recommendations.

The [Vermont Recommended Child & Teen Vaccination Schedule](#) is compatible with the current recommendations of the CDC. The CDC’s [Recommended Immunization Schedules for Persons Aged 0 Through 18 Years](#) is approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

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Documentation

Information regarding children’s medical care and needs shall be documented in case notes and included in the case plan. To the extent available and accessible, the child’s health records should be up-to-date and included in the family’s case file as required by the Social Security Act § 475(1)(C).

Mental Health Services

Per [Vermont Act 35](#), minors may give consent to receive any legally authorized outpatient treatment (psychotherapy and other counseling services that are supportive, but not prescription drugs) from a mental health professional without the consent of a parent or legal guardian. Act 35 does not require mental health providers to treat minors, nor does it prohibit mental health providers from seeking parental consent.

When a young person seeks mental health treatment without the consent of a parent or legal guardian and division staff or caregivers would like to receive information about their treatment or progress, the youth’s consent is required for a mental health professional to share information with anyone.

The division is required to provide appropriate oversight of prescription medications for children’s mental/behavioral health issues. Except in emergency circumstances, the use of anti-psychotic medications for children and youth in DCF custody requires an informed consent. Decisions regarding psychotropic medications for children and youth are guided by Family Services [Policy 137](#).

End of Life Decisions

As soon as division staff are aware of a situation where end of life decisions need to be made, the assigned policy and operations manager will be notified immediately. End of life decisions are made by the Commissioner of the Department for Children and Families. When end of life decisions are required for a child in DCF custody (such as permission for removal of life supports or DNR orders), the division will make every effort to engage the child’s parents in the decision-making process and to ensure judicial review of such decisions. If neither effort is successful, the Commissioner has the authority to make such decisions. The Commissioner will engage the services of an independent pediatric consultant to inform these decisions.

Payment for Health Care

The Department of Vermont Health Access (DVHA) is responsible for the management of Vermont's publicly funded health insurance programs, including Medicaid. For

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children in DCF custody who live in Vermont and are eligible for Medicaid, the division will use health care professionals approved by DVHA or its contractors. Children and youth in DCF custody are enrolled in Medicaid through the [FS-201 FC-M \(Initial Application for Federal Funding\)](#) – completed by the district office and sent to the Revenue Enhancement Unit in central office. Members of the Revenue Enhancement Unit are available to support district staff with issues related to health care coverage and payment.

The division may expend state funds to provide medical care for children not covered by Medicaid or other health insurance. Payments for services delivered by Vermont providers will not exceed Medicaid rates. Requests to pay for medical care not covered by Medicaid are reviewed, and decisions made by members of the Family Services Management Team (FSMT). Requests will be directed to the revenue enhancement director.

Children in DCF custody continue to be eligible for Medicaid coverage after their return home for a period defined in regulation by the department’s Economic Services Division. After that time, continued eligibility is based upon the child and family’s income.

Individuals who reach their 18th birthday while in DCF custody are responsible for their own medical care, even when the division continues other financial supports. Youth must apply for Medicaid as individuals. Division staff shall ensure youth have information about reapplying for Medicaid before turning 18.

Additional Resources

The Centers for Disease Control and Prevention (CDC) – <http://www.cdc.gov/>

American Academy of Pediatrics (AAP) – <https://www.aap.org>

Vermont Department of Health (VDH) – <http://healthvermont.gov/>