

Medical Care and Consent for Children in SCCS Custody

SUMMIT COUNTY CHILDREN SERVICES

<p>ORC: 3742.30; 5153.11; 2151.85; 2919.121 Art. 1, Sect. 22, Ohio Constitution; 3176.04; ORD 3129.02; 3129.03; 3129.04; 3129.05; and 3129.06</p> <p>OAC: DCY 5180:2-42-66; 5180:2-42-66.1; 5180:2-42-6.2</p> <p>USC: N/A</p> <p>CFR: N/A</p> <p>Other Supporting Authority: N/A</p> <p>BOT Resolution #: N/A</p>	<p>ORIGINAL: 7/2015</p> <p>REVISION/REVIEW: 7/9/2021; 8/15/2025; 5/26/2026</p> <p>NEXT REVIEW: 5/26/2031</p> <p>RELATED FORM(S): Akron Children Hospital Medical Authorization for Services; Dental Authorization AW-276; Medical/Dental Alternate Provider Request; Custody Termination Notification to Health Care Provider; Notice of Medical-Dental Care for Children in SCCS Custody AW-450; Pharmacy Authorization Form AW-449</p> <p>RELATED PROCEDURE/POLICY(IES): Psychotropic and Opioid Medication for Children in Substitute Care; Approvals and Authorizations in Social Services</p>
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| <input type="checkbox"/> Administrative | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Fiscal | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> Human Resources | <input checked="" type="checkbox"/> Social Services - All Departments |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Social Services - Foster & Adoption |

All Staff Bargaining Unit Non-Bargaining Management

POLICY:

Summit County Children Services (SCCS) partners with community providers to meet the medical care needs of children in our custody. The agency adheres to the philosophy that whenever possible, parents should be kept informed and remain involved with their child's medical care.

Upon the advice of one or more reputable practicing physicians, the Executive Director or designee (as identified in the Approvals and Authorizations in Social Services policy), may consent to such medical, dental, and surgical care, including surgery and the administration of anesthetics, inoculations, and immunizations, or other care as appears to be necessary for any child who is in the temporary or permanent custody of such agency. For purposes of this policy, practicing physicians include medical doctors, dentists, nurse practitioners, physician assistants, and RNs.

PROCEDURE:

SCCS coordinates the following services for each child who enters agency custody:

Triage

Children with illness, injury, chemical/drug exposure, uncontrolled or untreated medical conditions, signs of failure to thrive, any injury due to suspected abuse/neglect, or other serious medical condition are immediately triaged through the emergency department at Akron Children's Hospital or other licensed medical center when entering agency custody.

Unless being directly discharged from the hospital, all children who are medically fragile or diabetic also are immediately triaged through the emergency department of Akron Children's Hospital or other licensed medical center for assessment of their current and ongoing medical needs. SCCS may consent to the hospital admitting the child, if necessary, to provide necessary training to the caregiver.

Initial Placement Screening

If triage did not occur at the time of custody and placement, a medical screening occurs no later than five (5) working days of the child's placement, unless the child is entering agency custody directly upon discharge from a hospital admission. Initial screening appointments are scheduled at the CARE Center at Akron Children's Hospital, but can be scheduled elsewhere with supervisor approval for children in placements where distance would create a hardship. Additionally, initial placement screenings can be completed at residential placement settings.

Children age three (3) years or younger are referred to Help Me Grow if a screening or assessment indicates the child has or is at risk of having a developmental disability or delay. Children age three (3) years or younger who are involved in a substantiated case of child abuse or neglect are also referred to Help Me Grow for early intervention services.

Placement Physical

Children are seen at Locust Pediatrics or the Adolescent Health Center for a comprehensive health check examination (Placement Physical). The Placement Physical is completed no later than sixty (60) days after the child is placed into substitute care. Children age six (6) years and younger are screened for lead exposure and referrals are made for services as appropriate.

Upon identification of any physical or mental health concern, the assigned caseworker works with agency support staff, the child, family, and caregivers to connect the child with the most suitable provider to meet their needs. Treatment for any diagnosed medical or psychological need is initiated as soon as possible, but in no case longer than sixty (60) days of the diagnosis or of coming into agency custody.

Physical exams may be scheduled prior to or at a placement change depending on circumstances and with supervisory consultation.

Routine Medical Care

When a child enters agency custody, the assigned caseworker obtains relevant current and historical medical information about the child(ren) from the child's parent(s), custodian, guardian, or other caregivers, including contact information for existing providers. The caseworker or designee shares this information with the caregiver and works with them to coordinate medical care as needed. Whenever possible, parents are included in the medical care.

Summit County Children Services believes that consent for medical treatment for children in agency custody should be given in partnership with parents or guardians whenever possible. Therefore, at the time of removal or as soon as possible thereafter, the assigned caseworker discusses the child's medical needs with the parents.

Consent is given in the most expeditious way possible. In accordance with the Approvals and Authorizations in Social Services policy, the caseworker, supervisor, medical staff, hotline screener, or case aide may provide consent for routine treatment for required medical and dental care, including but not limited to: physicals and check-ups; screenings, consultations and evaluations; therapeutic and diagnostic procedures; blood work and lab work; routine dental care (i.e., cleaning, x-rays); non-routine dental care that does not require general anesthesia (i.e., fillings, crowns, extractions, root canals); immunizations as recommended by the American Academy of Pediatrics; influenza vaccines; x-rays; and the administration of medications (i.e., antibiotics) necessary or appropriate in the care and treatment of the child, etc.)

SCCS partners with Akron Children's Hospital and its affiliates to provide coordinated routine medical care to the children in agency custody. After the initial placement screening, if a caregiver lives more than 30 miles from an Akron Children's Hospital provider, they may choose to use other medical providers in cooperation with SCCS.

Children who remain in SCCS custody receive an annual physical and a dental examination every six (6) months. Annual exams shall be scheduled no later than thirty (30) days after the yearly anniversary date of their last physical and/or dental exam. Children may be seen at Locust Pediatrics or any of the Akron Children's Hospital Pediatrics (ACHP) offices for their annual physical, sick visits, or any routine ongoing medical needs. If a caregiver lives more than 30 miles from an Akron Children's Hospital provider, they may choose to use other medical providers in cooperation with SCCS.

Vaccinations

Children in the custody of SCCS are vaccinated as recommended by the American Academy of Pediatrics. Parents are encouraged to speak directly with the child's medical provider regarding any questions or concerns. The caseworker may provide vaccination fact sheets from the Ohio Department of Health. When a parent expresses objection to a vaccine recommended by a medical provider, or other extenuating circumstances exist, the caseworker submits a memo describing the circumstances through the chain-of-command to the Deputy Director of Social Services for approval or denial to immunize. A legal consultation may be required as well (see parent objection to medical care below). Upon following the above procedure, recommended vaccinations are administered to children upon entering care. If the child's immunization record is unavailable at the time of placement, and it is reasonable to believe that immunizations have occurred, vaccination may be briefly postponed until an immunization record is available for review.

Medication/Prescriptions

At the time a child enters custody, the caseworker asks parents if the child has any known drug allergies. Any drug allergies are communicated to the doctor and caregiver, and are immediately entered into SACWIS within the person profile under characteristics.

Any initial prescriptions may be filled at CVS if the Medicaid number is unavailable. The Pharmacy Authorization Form is faxed to the pharmacy to allow SCCS to be billed. Once

Medicaid numbers are obtained, they are to be provided to the pharmacies of choice to fill prescriptions.

Caregivers administer children's medications according to physician instructions. Children, including older youth, may not take medication without adult supervision. Caregivers store medications in a locked cabinet or storage area, except for medication which may require quick access, such as an asthma inhaler or epi pen.

Monthly contacts with the child and caregiver include discussion of the effects of medication, reduction in target behaviors, possible side effects, symptoms, etc. The caregiver and caseworker contact the prescriber with any immediate concerns.

Psychological Evaluations for Children Adjudicated Delinquent

If a child has been adjudicated delinquent for any crimes listed in ORC 2152.72, a psychological examination is conducted within sixty (60) days of the child's entry into care or the date of adjudication, whichever last occurs, unless a psychological examination was conducted within twelve (12) months prior to the date the child entered care and a copy of the examination is in the child's case record .

Psychotropic Medication

Authorization for psychotropic medication is approved through the office of the Deputy Director of Social Services Resources in accordance with the Psychotropic and Opioid Medication for Children in Substitute Care policy. Unless safety threats exist, caseworkers invite parents to be present at the child's medical appointments to share information, discuss concerns, and ask questions related to medication. Should parents not attend appointments and/or disagree with the prescribed medication, the caseworker encourages a consultation for the parent and medical provider.

(See the "Psychotropic and Opioid Medication for Children in Substitute Care" policy for further details).

Dental Care

Children age three (3) years and older receive a routine dental examination no later than six (6) months after the child's placement into substitute care and every six (6) months thereafter. Younger children are referred for dental services, as needed. Children with suspected dental concerns are referred for examination and treatment as soon as possible.

Dental care for children in the custody of SCCS is coordinated by the resource caregivers and caseworkers and provided by Medicaid dental providers. The assigned caseworker or agency support staff completes the Dental Authorization Form and faxes it to the provider for both initial appointments and ongoing treatment. Caregivers are responsible for notifying the caseworker and/or agency support staff of all scheduled appointments.

Lead Screening

Children are required to have lead exposure screenings at age 1 and 2, or up to age 6 if no previous test has been completed. Lead screenings for children over age six (6) may be conducted if determined necessary by the physician.

HIV Testing

When an exchange of bodily fluids involving a child in SCCS custody has been alleged, the Deputy Director of Social Services or Social Services Department Director approves HIV testing as recommended by a medical professional. Parental consent is required for all other requests for HIV testing, except for children in Permanent Custody (PC) or Planned Permanent Living Arrangement (PPLA) status where parents are not involved, or as provided in ORC 3701.242, below. A chain of command memo requesting authorization must be submitted through the Director of Social Services.

Ohio law provides that minors, including children in SCCS custody, may request HIV testing without the consent or approval of a parent, guardian, or custodian (ORC 3701.242).

Surgical Consent

In accordance with the Approvals and Authorizations in Social Services policy, the Executive Director or designee provides timely consent for surgical procedures for children in custody. Caregivers provide information regarding surgical procedures and needs of children in custody to the assigned caseworker as soon as possible to ensure timely consent. The assigned caseworker must seek to inform the child's parent/guardian if a child in Emergency Temporary Custody (ETC), Temporary Custody (TC), or in SCCS custody through a Juvenile Rule 6 requires surgery or general anesthesia for any procedure. The assigned caseworker must seek to inform parents of children in Planned Permanent Living Arrangement (PPLA) status of any surgery or general anesthesia for any procedure if the parent/guardian has remained actively involved with the child.

Hospitalization/Residential Care Placements

If verbal consent is granted for a child's admission to a hospital or other residential care facility, the consenting staff member promptly documents the conversation and any specific terms of admission and treatment discussed with the medical provider.

SCCS does not agree to indemnify or hold harmless any medical treatment provider, on behalf of SCCS or any child in its custody, as a condition of medical treatment.

Coordination of Care

Children with complex medical and/or behavioral health needs often see a variety of providers. The assigned caseworker ensures that there is a sharing of information among agency support staff and the providers, and that all providers are aware of all current medications. A current medication list including dosages should accompany the child to each medical appointment.

Documentation

The caseworker instructs caregivers to request a summary from the medical provider at the time of each medical appointment and provide it to the caseworker during home visits. In the absence of a summary, the assigned caseworker or designee gathers all medical and dental information from each provider with assistance from Medical Services as needed. Medical staff document mandated medical/dental appointments, such as the placement screening, placement physical, initial and semiannual dental exams in SACWIS. A child's health record contains all medical documentation, as required per OAC 5180:2-42-66.2

Emergency and After-Hours Medical Needs

When non-emergent medical services are required after hours, the resource caregiver follows the after-hours procedure of the child's medical provider. The provider contacts the SCCS hotline for consent to treat as needed. During evenings, weekends, or holiday hours, the hotline staff may provide consent for routine medical authorizations, emergency room visits, or hospital admissions for a child in accordance with the Approvals and Authorizations in Social Services policy. SCCS staff present with the child at the time of the appointment or hospital admission may provide consent.

Any non-routine medical requests for approvals, except non-routine surgical procedures, are routed to the on-call supervisor. The scheduled administrative back-up person must contact the Deputy Director of Social Services, Deputy Director of Social Services Resources, or the Executive Director or Designee for any non-routine surgical procedure.

In the event of a medical emergency, the caregiver calls 911 and/or seeks immediate medical care. The caregiver calls the SCCS hotline to report the incident as soon as the situation is under control.

Special Circumstances Requiring Immediate Legal Consultation:

The following special circumstances require immediate (within the next business day) consultation with the agency's legal department where either the agency holds permanent custody or a parent disagrees with a course of treatment:

- 3) The child has requested elective abortion care, which includes medical and surgical abortion not required due to miscarriage management;
- 3) Where gender-affirming care is requested by a child or recommended for the child; or,
- 3) A parent or child objects to medical care due to the religious beliefs of the parent or the child.

Parent Disagreement (non-special circumstances)

When a parent disagrees with any other medical care, including immunizations, medical procedures, etc., the following procedure is followed:

- The caseworker advises the parents that pursuant to Ohio law, SCCS as the custodian of the child is authorized to make medical decisions for the child. The parent is directed to seek consultation with their attorney for further advice.
- The caseworker gathers information about the reason for the parent's disagreement and arranges for the parent(s) to talk with the healthcare provider to discuss concerns and ask questions.

The caseworker and supervisor submit a memo through chain of command seeking approval for the recommended treatment. The memo will:

- a. Be accompanied by a written treatment recommendation from the medical provider;
- b. Include information about the case worker's efforts to notify and engage the parent with the treatment provider;
- c. Include information about the basis of the parents' objection to the medical treatment; and
- d. Include information about agency's plan to implement the treatment recommendations. If approval is granted, the caseworker arranges for the child to receive the recommended treatment unless a court order is issued

to the contrary. The approved memo is maintained in Traverse as part the case file.

The case worker will notify the parents and the child's GAL/CASA of the plan for treatment. The caseworker and supervisor may conference with their department director for guidance regarding any complex case situations.

Discharge Planning

Upon a child's discharge from care, the caseworker provides all medical records to the parent or custodian, including immunization and medication records from the child's time in agency custody, to the parent upon reunification. The caseworker also ensures the Custody Termination Notification to Health Care Provider form is sent to the medical provider to notify them that SCCS no longer holds custody.