



Policy: Physical Health and Treatment

ChildNet Number: CN 003.010

Original Approved Date: July 28, 2010

Policy Revised Date(s): August 27, 2010, March 28, 2014

Policy Sunset Date:

COA Standard(s): FKC 2.05, 10.01, 10.02, 10.03, 10.04, 10.05 and 10.06

Statement of Policy:

Children are to receive all necessary physical health examinations and treatment in a timely and caring manner within the parameters of state law.

Board Chair's Signature: _____

Date: _____

3/28/14



Procedure: Physical Health and Treatment

ChildNet Number: CN 003.010

Original Approved Date: July 28, 2010

Procedure Revised Date(s): August 27, 2010, March 28, 2014, March 9, 2016, November 8, 2017, April 25, 2018; September 12, 2022; April 24, 2025; June 10, 2026

Procedure Sunset Date:

COA Standard(s): FKC 2.05, 10.01, 10.02, 10.03, 10.04, 10.05 and 10.06

Definitions (If any):

Authorized designee – For purposes of this policy and procedure means a person or agency assigned to perform duties or exercise powers as defined in Chapters 39 and 415, as well as 743.064 and 743.0645, Florida Statutes, to include licensed shelter and foster parents.

Blood testing – This includes Early Periodic Screening, Diagnosis, and Treatment (EPSDT) testing and other blood testing deemed necessary by documented history or symptomatology but excludes HIV testing and controlled substance testing or any other testing for which a separate court order or informed consent is required, as provided by law.

Comprehensive Child Welfare Information System (CCWIS): The statewide system of record for clients involved in child welfare investigations and services, used as a system for tracking data for clients served by Department of Children and Families and/or Community Based Care Lead Agencies or subcontracted providers.

Consent for Release of Information/Record Form – The ChildNet consent form which requires that the following information, at a minimum, is completed for informed consent to be obtained: name of person whose information is to be released, signature of the person whose information is to be released or the parent/legal guardian of a person who is unable to provide authorization, the specific information to be released, the purpose for which the information is to be used, the date the release takes effect, the date the release expires, the name of the person to whom the information is to be released, and the name of the person within the organization who is providing the confidential information. A person may withdraw his/her consent at any time.

Emergency medical care or treatment – This is the care or treatment for injury or acute illness, disease or condition, delay of which, within a reasonable degree of medical certainty, would endanger the health or physical well-being of the patient. Licensed physicians, osteopathic physicians, emergency medical technicians and paramedics, specified in s. 743.064, Florida Statutes, are authorized to provide such treatment to a minor without parental consent if the minor is unable to name his/her parents or the parents cannot be immediately located by telephone.

Licensed health care professional – For purposes of this policy and procedure means a physician licensed under Chapter 458 or 459, Florida Statutes, a nurse licensed under Chapter 464, Florida Statutes, a physician's assistant certified under Chapter 458, Florida Statutes, or a dentist licensed under Chapter 466, Florida Statutes.



Medical Screening – This includes those non-invasive procedures, including Early Periodic Screening, Diagnosis, and Treatment, performed by an appropriately licensed health care professional and considered necessary to determine if the child is in need of medical treatment for illness, injury, or a communicable disease, including need for immunization. The screening should not include procedures which require puncture of the skin (other than a blood sample), a pelvic examination, and internal rectal examination, or any such procedure which requires other than external observation concerning an orifice of the body.

Medical examination, care, and/or medical treatment - includes routine, ordinary and necessary medical and dental examination and treatment, including blood testing, preventative care including ordinary immunizations, tuberculin testing, and well-child care, but does not include surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order or informed consent is required, as provided by law.

Parent – For purposes of this policy and procedure, a parent is the legal parent, legal guardian, or other person who has the power to consent as otherwise provided by Florida law. In the case where the parents have had their parental rights terminated, ChildNet is to act as the guardian of the permanently committed child. In acting as legal guardian, ChildNet is required to follow all the procedures outlined in ChildNet policies and procedures and act in accordance with the law.

Related Policies:

CN 003.041 - Medication of Children

CN 003.042 - Behavioral Health Services for Children In the Custody of the Department of Children & Families

CN 003.012 - Consents by Parent/Legal Guardian/Child Related to Release of Information/Records and Medical Examination, Care, and/or Treatment

Statement of Procedure:

Children receive all necessary medical, dental, developmental, and mental health assessments and treatment within appropriate timeframes. ChildNet collaborates with Medicaid Health Plans to refer, monitor, and facilitate improvement of coordination between medical and behavioral healthcare of children, including those enrolled in complex case management with the health plan, as applicable.

A. Prevention and Education

1. ChildNet provides training to caregivers and dependency case managers on the importance of the following:
 - a) Administering prescribed medication to members consistently as prescribed
 - b) Member's receipt of routine PCP, dental and vision care
 - c) Keeping appointments for behavioral health services, if applicable
 - d) Knowing who the member's PCP is, the days and hours the PCP's office is open and how to contact the PCP 24 hours a day
 - e) Contacting the PCP on a timely basis when the member begins to have symptoms of illness, appropriate use of the emergency room, and alternatives such as urgent care
 - f) Health Plan benefits including expanded benefits and In Lieu of Service benefits



- g) Health Plan self-help and after-hours resources
 - h) Alternative to unnecessary emergency department utilization
 - i) Health Plan covered contraceptive options available, and benefits covered for pregnant members
2. ChildNet provides approved Medicaid health plan education materials to caregivers and dependency case managers for members as needed to ensure they have access to information related to Medicaid benefits.

B. Screening Procedures

1. Unless a child is exhibiting signs or symptoms of illness, an initial health care assessment by a licensed healthcare professional shall be completed for every child placed with a relative, non-relative, or in licensed care within 72 hours of removal. A child who appears to be sick or in physical discomfort shall be examined by a licensed health care professional within 24 hours.
2. Whenever possible, the assessment should be conducted by the child's regular pediatrician, physician's assistant, or nurse practitioner.
3. In instances when the child has not been regularly seen by a pediatrician, physician's assistant or nurse practitioner, the assessment shall be completed by one of the following listed in preferential order:
 - a) A physician, physician's assistant, or nurse practitioner selected by the legal parent or legal guardian; or
 - b) Medical staff from the Child Protection Team (CPT), whenever possible.
4. Only non-invasive medical procedures may be used on children during health care assessments unless the child's parent gives permission, or a court order has been obtained authorizing the invasive procedure. Any procedure that involves penetration of the child's skin or internal body cavity beyond a natural or artificial body orifice is considered invasive.
5. The licensed health care professional will examine the child for injury, illness, and communicable disease, including the need for immunization. Under Florida law, there is authority for ChildNet to have a child entering shelter status or foster care medically screened without parental/legal guardian consent and without a court order within 72 hours of removal.
6. This medical screening will occur through information provided by Intake and Placement (SafePlace) staff to the Medical Unit who is responsible for scheduling the appointments and ensuring the medical screening is completed timely. The medical screening documentation is obtained by the medical unit and provided to the Dependency Case Manager assigned to the child.
7. Efforts will be made through the parent, guardian, or family to obtain information about the child's and family medical history.

8. Effort to coordinate the initial medical screening with child's primary care physician is to be made and if unable to obtain medical history, this initial medical screening is to be coordinated with the ChildNet approved provider who will have experience in treating and evaluating children and who can provide screening within 72 hours. The initial assessment also includes the children's risk of harm to self or others and when risks are identified the information must be used to identify suitable resource families, develop a safety plan with parents and resource families and to have informed decision making.
9. If a medication or medical device needed by the child is secured at the time of removal, an agent of ChildNet must ensure that the out of home caregiver receives appropriate training in its use or administration and storage. The caregiver must have this training and sign off to having had this training prior to administration or use.
10. If, as a result of the medical screening, the licensed health care professional determines that the child is in need of medical treatment that is not an emergency, the assigned Dependency Case Manager is to immediately contact the parents/legal guardian to obtain consent for the treatment, if such consent was not previously obtained, through the execution of the Consent for Medical Examination, Care and Treatment Form. (Please refer to CN 003.012 Consents by Parent/Legal Guardian/Child Related to Release of Information/Records and Medical Examination, Care, and/or Treatment).
11. Please refer to CN 003.041 Medication of Children and CN 003.042 Behavioral Health Services for Children in the Custody of the Department of Children & Families for all behavioral health procedures for children.

C. Treatment Procedure

The child's relevant health information, including family medical history, is recorded in the case file as well as in an efficient and secure system known as the Child Resource Record (CRR) and the providers and foster parents/caregivers retain for their records. The CRR is initiated at the point of intake in out-of-home care and provided to the caregiver and if placement changes occur, the CRR is provided to the next caregiver.

1. Age and developmentally appropriate health care services are provided by qualified professionals to children in out-of-home care including:
 - a) medical examinations are completed in accordance with the well child guidelines as set by the American Academy of Pediatrics;
 - b) initial dental examinations within 30 days of entry into care and then every 6 months for children aged 3 and older;
 - c) developmental, mental health, and alcohol and drug screenings within 30 days after entry into care, and when indicated to identify the need for further diagnostic assessment and;
 - d) needed mental health and other therapeutic services.

2. Parents receive information about the child's health care and are encouraged to participate in health appointments and decision making whenever possible unless parent involvement is contraindicated or parental rights have been terminated.
3. Please refer to CN 003.012 Consents by Parent/Legal Guardian/Child Related to Release of Information/Records and Medical Examination, Care, and/or Treatment for issues as to consent for ongoing medical care and extraordinary procedures.
4. Issues regarding birth control devices/pills other than prophylactics, as well as abortions, are not considered routine care.
5. Please refer to CN 003.041 Medication of Children and CN 003.042 Behavioral Health Services for all behavioral health procedures for children.

Care Coordination for Children in Licensed Care

1. Health care services are coordinated for each child to ensure:
 - a) continuity of care;
 - b) receipt of comprehensive healthcare services;
 - c) appropriate communication among health care providers; and
 - d) foster parents and families receive needed information and support, including education related to Medicaid covered standard, expanded, and in-lieu of benefits.
 - e) every possible effort is made to contact children/caregivers who are identified for care coordination services.
 - f) a pre-assessment, including review of available child clinical records/information, is completed before each child/caregiver outreach attempt. Outreach may include telephone calls, letters, emails, and communication with treating providers.
2. A ChildNet designated Nurse Coordinator is assigned as children are internally identified with health service needs through screening, assessments, DCM referrals, and other sources of identification. If a child is referred to ChildNet for care coordination by the Medicaid Health Plan, the case is assigned within two (2) business days of identification. In this circumstance, the assigned ChildNet Nurse Coordinator is notified via email. The Nurse Coordinator initiates follow-up by the next business day to support timely assessment and coordination of services.
3. ChildNet is to make every effort to ensure children continue receiving healthcare services from previous primary care physicians and if not, then establish primary care physician. Children with medically complex issues may be referred to Children's Diagnostic Treatment Center and Children's Medical Services as appropriate.
4. For children identified as Enhanced Care Coordination (ECC) or enrolled in Medical Foster Care, ChildNet:
 - a) Collaborates with the assigned Medicaid Health Plan staff to ensure care coordination needs are met and provides assistance with facilitating communication between Medicaid Health Plan and caregiver to ensure AHCA required care plans are completed
 - b) Arranges for caregivers to participate in the care plan and multidisciplinary meetings



5. If the case involves a child of Indian descent, the DCM is to work with tribe to ensure they access and receive appropriate medical care through their tribally contracted health facilities or through the federal Indian Health Services.

Care Coordination for Children in Out of Home Care with Relative/Non-Relative

Children receive comprehensive health care services, and ChildNet provides assistance to caregivers to ensure:

1. the child has health insurance benefits;
2. availability of the child's health records;
3. authority to consent for health services is clearly documented;
4. continuity of care; and
5. effective communication of child's health care needs to providers and caregivers.

D. Reproductive Issues

1. Children receive age and developmentally appropriate support and education regarding:
 - a) safe and healthy relationship
 - b) sexual development
 - c) family planning and effective parenting
 - d) HIV/AIDS prevention and
2. Prevention and treatment of sexually transmitted infectious/diseases Birth control devices/pills
 - a) If a child requests birth control, other than prophylactics, the Dependency Case Manager shall seek parental consent, with the permission of the child.
 - b) The limited provisions wherein a child may consent to her own medications/treatments for this purpose are those situations outlined in F.S 381.0051
3. Appointment of counsel to discuss legal options:
 - a) The process of making the determination regarding whether to maintain a pregnancy to term is a difficult one. To ensure that the wishes of the child who may be pregnant are fulfilled and in order to comport with Rules 8.8 – 8.835 of Florida Juvenile Rules, the DCM, upon any statement from the child that indicates that she may wish to examine her options regarding her pregnancy, shall facilitate the transport of the child to the Juvenile Clerk's Office at the appropriate courthouse in the county of jurisdiction for the purpose of appointment of counsel. An Attorney Ad Litem is to be appointed to assist, advise, and represent the child regarding this matter.
 - b) If the child is already represented by an Attorney ad litem, that attorney may also legally advise the child as to her legal rights in obtaining counsel for her decision.
 - c) A child's reproduction decisions are not always conveyed to the DCM. Therefore, where a DCM deems that a child is sexually active, it may be appropriate to request

that an Attorney Ad Litem be appointed so that issues regarding reproduction may be discussed between the child and their Attorney Ad Litem.

- d) Upon notification of the child's pregnancy, the DCM shall make efforts to ensure that confirmation of pregnancy from a medical professional is obtained. If pregnancy is confirmed, whether through medical history, examination, testing, claims or otherwise, ChildNet will inform the child's assigned Medicaid Health Plan in order to coordinate necessary prenatal care.

If the child wishes to maintain a pregnancy to term, the DCM will collaborate with the ChildNet Nurse Coordinator for care coordination to facilitate recommended access to prenatal and post-partum care and treatment by a licensed medical professional.

- e) In no case shall ChildNet staff give consent for sterilization, abortion, or termination of life support.

E. Discharge from Licensed Care

1. Prior to discharge from licensed care, the child/caregiver receives assistance to maintain or obtain:
 - a) health insurance;
 - b) health records;
 - c) medical, dental, developmental, mental health, and substance use treatment services; and
 - d) needed medication.
2. Child Resource Record may be given to the child upon aging out of care, the parent upon reunification with the child, and maintained by the relative/non-relative caregiver.

F. Discharge From Medical Facilities, including Emergency Department (ED)

A member of ChildNet's Well-Being Department and/or the DCM participates in discharge planning for any child who is admitted to a medical facility, including the ED, and provides information that may assist in the development of an appropriate discharge plan to support the member safely in the community. This includes assistance with access to needed follow up services and benefits including expanded and in lieu of service benefits when becoming aware of a member with an Emergency Department visit.

1. Following discharge aftercare from an inpatient facility, ChildNet will arrange for:
 - a. A seven (7) day post-discharge follow-up appointment for behavioral health services.
 - b. Additional ordered medications to be filled
 - c. Other ordered services such as durable medical equipment (DME) to be scheduled
 - d. If any issues arise that may impact the child from keeping the seven (7) day appointment, filling ordered medications, or keeping appointments for other ordered services, ChildNet notifies the assigned Medicaid Health Plan immediately to request assistance.



G. Payment

The parent or guardian is still responsible for treatment costs even if they do not consent. The court can oblige the parents to pay. The Dependency Case Manager will inform Children's Legal Services (CLS) Broward/Palm Beach, and request that appropriate legal action be taken.

H. Child Welfare Specialty Plan Procedures

ChildNet staff must ensure compliance with ChildNet's Child Welfare Specialty Plan vendor agreement, which includes requirements that must be followed for all children enrolled in the Sunshine Health Child Welfare Specialty Medicaid Plan. This procedure applies to ChildNet staff and addresses health-related care coordination activities that are provided on behalf of all Sunshine Health CWSP enrollees. The guidelines outline the process that Sunshine Health has implemented to effectively monitor the activities conducted by ChildNet and the overall implementation and coordination of activities related to the Child Welfare Specialty Plan. This includes the requirement that a referral will be made to Sunshine Health for identified enrolled child members who may benefit from physical or behavioral health case management, health coaching or additional care coordination and refer such members to the Sunshine Health Plan within two (2) business days of identification. These procedures only apply to ChildNet children enrolled in the Sunshine Health Child Welfare Specialty Medicaid Plan.

President's Signature: _____

Date: _____

07-07-26