

## LCCS POLICY 950

### Routine & Emergency Medical & Dental Care

<b>Original Issue Date:</b>	5/8/1987
<b>Revision Dates:</b>	6/29/1990, 2/17/1994, 7/12/1994, 2/9/1999, 8/11/06, 8/16/10, 3/16/2016, 3/23/2021
<b>Revision Number:</b>	8
<b>Current Effective Date:</b>	3/23/2021
<b>Obsolete/Combined Date:</b>	
<b>Reason for Obsoleting/Combining:</b>	
<b>See new Policy #:</b>	

<b>Scope:</b>	This policy applies to substitute caregivers, workers of record and LCCS Health Services staff.
<b>Responsibility:</b>	All LCCS Services Division Managers, LCCS Health Services Supervisor
<b>Purpose:</b>	To ensure that medical and dental care provided to children in custody of LCCS is authorized by the Executive Director. To ensure that medical and dental care information is received by the Health Services Department so health care is monitored.
<b>Legal Cite:</b>	O.R.C. §§ 5103.03, 5153.16, O.A.C. 5101:2-42-66, 5101:2-42-661, 5101:2-42-662.

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### **POLICY STATEMENT**

Children in LCCS custody will receive routine and emergency medical/dental care. LCCS will provide authorization for treatment forms to the caregiver and monitor the health care of the child.

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### **PROCEDURE - including required timeframes and documentation**

LCCS shall attempt to arrange for healthcare from the child's existing or previous medical providers.

### **ROUTINE MEDICAL AND DENTAL CARE**

#### **Worker of record or designee will:**

- Provide the caregiver with an initial placement package which includes a signed **Consent for Emergency or Routine Medical/Dental Treatment form, and a Health Visit Report form (LCCS 7008)**.

**Worker of record or designee will explain the following to the caregiver:**

- Give the Consent/Health Visit form to the doctor, dentist or medical personnel when the child receives treatment;
- Mail the Health Visit Report form completed by the health care provider to the LCCS Health Services Department within 24 hours. This form is self addressed and stamped.
- The Substitute Caregiver will receive additional Consent/Health Visit forms for the next visit in the mail; or
- If a medical or dental visit is necessary before new forms are received, they should contact LCCS Health Services Department to acquire another form.
- The need to notify the agency in emergency situations (see below).

**LCCS Health Services Department will:**

- Process returned Health Visit Report forms;
- Mail new, signed **Consent form (LCCS 7008, page 1) and Health Visit Report (LCCS 7008, page 2)** to the out-of-home caregiver;
- Provide additional Consent/Health Visit Report forms to out-of-home caregivers in the event they are needed before they receive a new one in the mail.

**Substitute Caregiver will:**

- Ensure that children have a comprehensive physical examination no later than thirty (30) days after entering substitute care and annually no later than thirty (30) days after the anniversary of the child's last comprehensive physical examination.
- Ensure that children over the age of three (3) years have a dental examination within thirty days (30) days of entering substitute care and every six (6) months thereafter. Children under 3 years of age shall have an initial dental exam before their 3<sup>rd</sup> birthday.

**EMERGENCY MEDICAL AND DENTAL CARE**

- The **substitute caregiver** will attempt to notify LCCS by calling (419) 213-3200 as soon as possible after any emergency situation involving the child. They will continue these attempts at reasonable intervals thereafter until they have made contact with the LCCS representative and provided them with the information pertaining to the emergency situation.
- When a child has been treated at an emergency room, or admitted to a hospital, the worker of record must notify a LCCS nurse, parent, and substitute caregiver (in accordance with LCCS Policy #152).
- The Worker of record and/or substitute caregiver will provide notification of a psychiatric admission to the LCCS nurse by the next working day.

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**CASE PRACTICE GUIDES**

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## **RELATED POLICIES and FORMS**

LCCS Policy 152 (Notification Procedures for Serious Injury, Illness or Death of a Child in an Out-of-Home Care Setting)

LCCS Form #7008 (Consent for Emergency or Routine Medical/Dental Treatment & Health Visit Report)

LCCS Placement Packet