

CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE

_____ is hereby authorized to give permission for _____
(Out of Home Care Provider's Name) (Child's Name)

DOB: _____ to receive emergency medical, surgical, dental, or optical care and routine medical, dental, or optical care, including check-ups, immunizations, and/or treatment for minor illnesses and accidents.

This signed form authorizes the out of home care provider to administer non-prescription and commonly used over-the-counter medication in accordance with the manufacturer's label.

In an **emergency** this form also authorizes the care provider to immediately seek medical assistance for the child. When the incident is life threatening or requires hospitalization the care provider immediately **informs the assigned OCS worker**, so that the child's parents or the court can be contacted.

NOTE: Non-emergency major medical care is not covered by this consent. A separate authorization is required. Examples include:

- non-emergency surgery
- psychotropic medication or any drugs prescribed for mental illness or behavioral problems.

Provider may contact parent directly in addition to notifying the placement worker. Mother Father

Mother _____ Home Phone _____ Work Phone _____

Father _____ Home Phone _____ Work Phone _____

If practical, the following Medical Providers should be used: Doctor: _____ Phone _____

Therapist: _____ Phone _____ Dentist: _____ Phone _____

Date Last Physical Exam: _____ Conducted by: _____ Phone _____

Child's Allergies, including drugs, any medication the child is taking or medical treatment the child requires: _____

If known, immediate and long term medical or therapeutic needs: _____

Immunization Record attached. If not attached, location of child's record, if known: _____

Child covered by medical insurance _____ policy # _____ parent funds _____
(insurance co.) (parent)

Child determined eligible for Medicaid Yes No **MEDICAID NUMBER** _____ ANHS eligible

Medicaid has been applied for. Until approval is received, forward medical bills to the OCS worker at address below.

The medical provider is permitted to provide necessary medical information to the payor.

(Signature of Assigned OCS Worker) (Title) (Date)

Authority: AS 47.10.084, AS 47.14.100,
AS 47.32, 7 AAC.50.140(c) &
(d), 300(a) & (g), 320(h),
7 AAC 53.320.

Distribution: Original: Care Provider
Copy: OCS file



INSTRUCTIONS FOR

INFORMED CONSENT:

INFORMATION ABOUT RECOMMENDED PRESCRIPTION MEDICATION AND MAJOR MEDICAL CARE

06-9784

APPROPRIATE COMPLETION:

The medical provider will complete the form and provide it to the parent or the OCS worker, depending on who has authority to consent to major medical care.

PURPOSE:

The completed form contains information that must be provided to an individual or agency that has the authority to consent to the administration of prescription medication and/or treatment. The information is required for informed consent.

For the administration of psychotropic medication, as defined in **AS 47.30.837 Informed consent**, "informed" means that the evaluation facility or designated treatment facility has given the patient all information that is material to the patient's decision to give or withhold consent, including

- (A) an explanation of the patient's diagnosis and prognosis, or their predominant symptoms, with and without the medication;
- (B) information about the proposed medication, its purpose, the method of its administration, the recommended ranges of dosages, possible side effects and benefits, ways to treat side effects, and risks of other conditions, such as tardive dyskinesia;
- (C) a review of the patient's history, including medication history and previous side effects from medication;
- (D) an explanation of interactions with other drugs, including over-the-counter drugs, street drugs, and alcohol;
- (E) information about alternative treatments and their risks, side effects, and benefits, including the risks of nontreatment; and
- (F) a statement describing the patient's right to give or withhold consent to the administration of psychotropic medications in nonemergency situations, the procedure for withdrawing consent, and notification that a court may override the patient's refusal;"

TIME FRAME:

The form must be completed and provided to the parent or OCS worker who has authority to consent. The treatment cannot be provided until the provider receives written or verbal consent from the parent, or written consent is received from the OCS worker via the **Authorization for Non-Emergency Major Medical Care** (06-9783).

REFERENCES ON THE CONSENT FOR EMERGENCY AND ROUTINE
MEDICAL CARE FORM

Sec. ~~47.10.084~~. Legal custody, guardianship, and residual parental rights and responsibilities.

(a) When a child is committed under ~~AS~~ 47.10.080 (c)(1) to the department, released under ~~AS~~ 47.10.080 (c)(2) to the child's parents, guardian, or other suitable person, or committed to the department or to a legally appointed guardian of the person of the child under ~~AS~~ 47.10.080(c)(3), a relationship of legal custody exists. This relationship imposes on the department and its authorized agents or the parents, guardian, or other suitable person the responsibility of physical care and control of the child, the determination of where and with whom the child shall live, the right and duty to protect, nurture, train, and discipline the child, the duty of providing the child with food, shelter, education, and medical care, and the right and responsibility to make decisions of financial significance concerning the child. These obligations are subject to any residual parental rights and responsibilities and rights and responsibilities of a guardian if one has been appointed. When a child is committed to the department and the department places the child with the child's parent, the parent has the responsibility to provide and pay for food, shelter, education, and medical care for the child. When parental rights have been terminated, or there are no living parents and no guardian has been appointed, the responsibilities of legal custody include those in (b) and (c) of this section. The department or person having legal custody of the child may delegate any of the responsibilities under this section, except authority to consent to marriage, adoption, and military enlistment may not be delegated. For purposes of this chapter, a person in charge of a placement setting is an agent of the department.

(b) When a guardian is appointed for the child, the court shall specify in its order the rights and responsibilities of the guardian. The guardian may be

removed only by court order. The rights and responsibilities may include, but are not limited to, having the right and responsibility of reasonable visitation, consenting to marriage, consenting to military enlistment, consenting to major medical treatment, obtaining representation for the child in legal actions, and making decisions of legal or financial significance concerning the child.

(c) When there has been transfer of legal custody or appointment of a guardian and parental rights have not been terminated by court decree, the parents shall have residual rights and responsibilities. These residual rights and responsibilities of the parent include, but are not limited to, the right and responsibility of reasonable visitation, consent to adoption, consent to marriage, consent to military enlistment, consent to major medical treatment except in cases of emergency or cases falling under [AS 25.20.025](#), and the responsibility for support, except if by court order any residual right and responsibility has been delegated to a guardian under (b) of this section. In this subsection, "major medical treatment" includes the administration of medication used to treat a mental health disorder.

Sec. [47.14.100](#). Powers and duties of department over care of child.

(a) Subject to (e), (f), and (i) - (m) of this section, the department shall arrange for the care of every child committed to its custody by placing the child in a foster home or in the care of an agency or institution providing care for children inside or outside the state. The department may place a child in a suitable family home, with or without compensation, and may place a child released to it, in writing verified by the parent, or guardian or other person having legal custody, for adoptive purposes, in a home for adoption in accordance with existing law.

(b) The department may pay the costs of maintenance that are necessary to assure adequate care of the child, and may accept funds from the federal government that are granted to assist in carrying out the purposes of this chapter, or that are paid under contract entered into with a federal department or

agency. A child under the care of the department may not be placed in a family home or institution that does not maintain adequate standards of care.

(c) The department may receive, care for, and make appropriate placement of minors accepted for care for a period of up to six months on the basis of an individual voluntary written agreement between the minor's parent, legal guardian, or other person having legal custody and the department. The agreement must include provisions for payment of fees under ~~AS~~ 44.29.022 to the department for the minor's care and treatment. The agreement entered into may not prohibit a minor's parent, legal guardian, or other person who had legal custody from regaining care of the minor at any time.

(d) In addition to money paid for the maintenance of foster children under (b) of this section, the department

(1) shall pay the costs of caring for foster children with physical or mental disabilities, including the additional costs of medical care, habilitative and rehabilitative treatment, services and equipment, and special clothing, and the indirect costs of medical care, including child care and transportation expenses;

(2) may pay for respite care; in this paragraph, "respite care" means child care for the purpose of providing temporary relief from the stresses of caring for a foster child; and

(3) may pay a subsidized guardianship payment under ~~AS~~ 25.23.210 when a foster child's foster parents or other persons approved by the department become court-appointed legal guardians of the child.

(e) When a child is removed from a parent's home, the department shall place the child, in the absence of clear and convincing evidence of good cause to the contrary,

(1) in the least restrictive setting that most closely approximates a family and that meets the child's special needs, if any;

(2) within reasonable proximity to the child's home, taking into account any special needs of the child and the preferences of the child or parent;

(3) with, in the following order of preference,

(A) an adult family member;

(B) a family friend who meets the foster care licensing requirements established by the department;

(C) a licensed foster home that is not an adult family member or family friend;

(D) an institution for children that has a program suitable to meet the child's needs.

(f) If an adult family member of the child specified under (e) of this section exists and agrees that the child should be placed elsewhere, before placement elsewhere, the department shall fully communicate the nature of the placement proceedings to the adult family member. Communication under this subsection shall be made in the adult family member's native language, if necessary.

(g) The department may enter into agreements with Alaska Native villages or Native organizations under 25 U.S.C. 1919 (Indian Child Welfare Act of 1978) respecting the care and custody of Native children and jurisdiction of Native child custody proceedings.

(h) The department may not pay for respite care, **▶as◀** defined in (d) of this section, unless the department or the entity that has contracted with the department to provide the respite care requests criminal history record information **▶as◀** permitted by P.L. 105-277 and **▶AS◀** 12.62 for the individual

who provides the respite care within 10 business days after the individual is hired to provide respite care and reviews the information within five business days after receiving it.

(i) A child may not be placed with an out-of-home care provider if the department determines that the child can remain safely at home with one parent or guardian. In this subsection, "out-of-home care provider" means an agency or person, other than the child's legal parents, with whom a child who is in the custody of the state under ~~AS~~ 47.10.080(c)(1) or (3), 47.10.142, or ~~AS~~ 47.14.100 (c) is currently placed; "agency or person" includes a foster parent, a relative other than a parent, a person who has petitioned for adoption of the child, and a residential child care facility.

(j) For the purpose of determining whether the home of a relative meets the requirements for placement of a child under (e) of this section or under ~~AS~~ 47.10.088 (i), the department shall conduct a criminal background check from state and national criminal justice information available under ~~AS~~ 12.62. The department may conduct a fingerprint background check on any member of the relative's household who is 16 years of age or older when the relative requests placement of the child. For the purposes of obtaining criminal justice information under this subsection, the department is a criminal justice agency conducting a criminal justice activity under ~~AS~~ 12.62.

(k) Notwithstanding other provisions of this section, the department may not pay for inpatient psychiatric services provided to a person under 21 years of age and who is in the custody of the department if the services are provided in an out-of-state psychiatric hospital facility or an out-of-state residential psychiatric treatment center unless the department determines that the assistance is for

(1) psychiatric hospital services that are consistent with the person's clinical diagnosis and appropriately address the person's needs and that these services are unavailable in the state; or

(2) residential psychiatric treatment center services that are consistent with the person's clinical diagnosis and appropriately address the person's needs and that these services are unavailable in the state.

(l) The department shall, on a monthly basis, evaluate what types of services are available in the state for inpatient psychiatric care for persons under 21 years of age. If inpatient psychiatric services that are consistent with the person's clinical diagnosis and that appropriately address the person's needs become available at a location in the state for a person under 21 years of age who is receiving the services under this section at a location outside the state, the department shall, ~~as~~ a condition of continued payment by the state for the services, require the person to be transferred to the in-state facility unless the department determines that the transfer would be detrimental to the person's health, established therapeutic relationship, or clinical need.

(m) Prima facie evidence of good cause not to place a child with an adult family member or family friend under ~~AS~~ 47.10.088 (i) or under (e) of this section includes the failure to meet the requirements for a foster care license under ~~AS~~ 47.32 and regulations adopted under ~~AS~~ 47.32. Prima facie evidence of good cause not to place a child with an adult family member or adult family friend does not include poverty or inadequate or crowded housing. If the department denies a request for placement with an adult family member or a family friend, the department shall inform the adult family member or family friend of the basis for the denial and the right to request a hearing to review the decision. A non-party adult family member or family friend requesting a review hearing under ~~AS~~ 47.10.088 (i) or under (e) of this section is not eligible for publicly appointed legal counsel.

(n) In this section, "adult family member" has the meaning given in ~~AS~~ 47.10.990 .

Chapter 47.32. covers all CENTRALIZED LICENSING AND RELATED ADMINISTRATIVE PROCEDURES

7 AAC 50.140. Reports

(a) In addition to the notice of changes required by [AS 47.35.047](#) , a facility shall report the following planned changes to the licensing representative as soon as possible, but not later than 30 days before they are expected to occur:

(1) change in the individual operating the facility, including marriage or divorce of a foster parent;

(2) change in the name of the individual operating the facility;

(3) change in the name of the facility;

(4) change of administrator;

(5) change in the age or sex of the children served;

(6) deletion or addition of a specialization under 7 AAC [50.600](#) - 7 AAC [50.650](#);

(7) addition of an adult member to the licensee's household for 45 days or longer.

(b) A facility shall immediately report the following occurrences in the facility to the licensing representative:

(1) death of a child while in care;

(2) except for situations described in (c) of this section, serious injury or illness of a child while in care requiring attention by medical personnel outside of the facility;

(3) fire or other disaster affecting the facility;

(4) an unplanned change in an item listed in (a) of this section;

(5) a planned or emergency absence of a foster parent exceeding 72 hours and confirmation or revision of the plan for supervision of children by a responsible adult during the absence of the foster parent.

(c) With prior approval of the division, a facility regularly serving medically-fragile children need not make the report required by (b)(2) of this section.

(d) A full time care facility shall immediately report the following incidents involving a child in care to the child's placing worker:

(1) death of a child in care;

(2) attempted or threatened suicide by a child in care;

(3) life-threatening illness or hospitalization of a child in care, unless the child is a medically-fragile child;

(4) unapproved absence for more than 10 hours by a child in care;

(5) the direct admission of a runaway child to a shelter home or to a residential child care facility with a specialization in serving runaway children.

(e) A full time care facility shall report the following to the child's placing worker no later than the first working day that it is known:

(1) pregnancy of a child in care;

(2) severe distress or depression of a child in care;

(3) non-emergency medical care requiring consent from the child's parent; in this paragraph "non-emergency medical care" includes surgery, anesthesia, and the

administration of psychotropic medication, or another drug prescribed for mental illness or behavioral problems;

(4) violation of a condition of probation by a child in care, if applicable;

(5) allegations of criminal conduct by a child in care.

(f) If a child in a full time care facility has no placing worker, the facility shall give the reports required in (d) and (e) of this section to the division.

History: Eff. 1/1/96, Register 136; am 3/1/98, Register 145; am 1/1/2001, Register 156

7 AAC 50.300. Admission

(a) A facility shall

(1) at or before a child's admission to the facility, obtain emergency information on a child, if known, from the child's parent or placement worker, including

(A) information about the child's drug or other allergies;

(B) information about any medication the child is taking or medical treatment the child requires; and

(C) for a child to be admitted

(i) deleted 7/1/2000;

(ii) to a full time care facility, an authorization for the emergency medical or surgical care for the child; and

(2) maintain the information on a form provided by the division.

(b) A facility may not admit a child when the child's admission would place the facility outside of the conditions on the facility's license.

(c) A facility may not admit an adult for care unless the placement worker for each child in care and the facility develop plans of care that

(1) ensure the health and safety of children in care as well as the adult seeking services; and

(2) are approved by the licensing representative.

(d) A foster home may not admit a child for day care, except on approval of a variance under [AS 47.35.027](#) that ensures

(1) any applicable fire code is met; and

(2) the needs of foster children are primary.

(e) A foster home may admit a child from only one agency unless the licensing representative for that agency has given prior approval for the placement of a child from another agency.

(f) At or before a child's admission to a foster home, a foster parent shall sign a foster care agreement containing the conditions relating to the care of the child that are specified by the child placement agency and the rate to be paid for care.

(g) At or before a child's admission to a foster home, a foster parent shall collaborate with the child's placement worker and parent, when appropriate, in developing and implementing a plan of care for the child, including addressing

(1) reasonable accommodations for a child with special needs; and

(2) independent living skills for a child age 16 or older.

(h) Deleted 7/1/2000.

(i) At or before a child with significant medical needs is admitted to a facility, the facility shall collaborate with the child's placement worker and parent, when applicable, in developing and implementing a plan of care for the child, including addressing the facility's plan for ensuring licensed medical personnel are available to perform the prescribed services.

(j) A facility shall review information provided about a child under (g) or (h) and (i) of this section and 7 AAC 50.320(c) in order to determine whether the facility can satisfy the child's needs. If, after reviewing that information and the application, the facility determines it can satisfy the child's needs, the facility may admit the child. If the facility has reason to believe that, even with reasonable accommodation, the facility cannot meet the needs of the child, the facility may deny admission to the child.

7 AAC 50.320. Admission in residential child care facilities

(a) A residential child care facility shall set out its admission policies and criteria in writing and keep the writing current as policies and criteria are revised. The admission policies and criteria must include

(1) a description of the

(A) age range and sex of children served; and

(B) kinds of individual or family problems dealt with;

(2) a fee schedule, including any additional charges not covered in the basic service fee; and

(3) procedures relating to admission.

(b) A facility that operates a treatment program shall also describe, medical, or behavioral problems that the facility's program is designed to serve.

(c) Before admitting a child for care, a facility shall review application materials that include

(1) reasons for referral;

(2) the immediate and long-range goals of care or treatment;

(3) a social history that includes a description of the child's family and relationships with family members and other persons significant to the child;

(4) a description of the child's behavior, including both appropriate and maladaptive behavior;

(5) health information on the child required by 7 AAC 50.455(b) ;

(6) the child's developmental history, including the child's social and personal development and current level of functioning;

(7) the child's school history, including current educational level, special achievements, any school problems, and the child's IEP, 504 plan, or IHP, if there is one; and

(8) the history of any other placements away from the child's own home, including the reasons for the placement.

(d) A facility may not admit

(1) a child younger than six years of age, except in a facility licensed to provide emergency shelter care;

(2) a child who requires continuous nursing or medical care; or

(3) a child who has been determined by a mental health professional's evaluation to be a danger to self or others, unless the requirements of (e) of this section are satisfied.

(e) A child whose history or behavior indicates that the child may be a danger to self or others may be admitted to a residential child care facility if

(1) the facility provides security to prevent harm to the child or others; and

(2) before admission, the child is evaluated by a mental health professional and a plan of care to prevent harm to the child or others is developed and approved by that mental health professional.

(f) At or before a child's admission, a facility must have an agreement with the child placement agency or placing parent that is signed by the parties and that includes or attaches the following:

(1) specified conditions relating to the care of the child and the rate to be paid for the child's care;

(2) the authorization for emergency medical care required by 7 AAC [50.300\(a\)\(1\)\(C\)\(ii\)](#);

(3) a determination of case management responsibilities so that all resources and services can be effectively coordinated;

(4) a description or list of services that will be provided by the facility and a description or list of services that will be provided by the child placement agency or parent;

(5) a description of the amount and frequency of contact for treatment planning that the facility shall have with the child's family and the child's placement worker;

(6) a plan for sharing information on the child with the child's placement worker or placing parent;

(7) a description of the facility's participation in the ongoing evaluation of the child's needs and progress;

(8) the designation of responsibility for working with the child's parent;

(9) visiting plans for the child's parent and family;

(10) the facility's plan for meeting the child's immediate and specific needs identified under (g) of this section;

(11) a description of the provision for treatment plan reviews;

(12) the financial plan for payment of care and other applicable fees;

(13) a provision for notification of significant events regarding the child and the notification required by 7 AAC [50.140](#) to the child's parent or the child's placement worker, if any;

(14) a description of the plans for the child's education and religious participation;

(15) consent forms signed by the person or placement agency responsible for the child;

(16) anticipated discharge plans, including the date of discharge; and

(17) designation of responsibility for services after discharge from the facility.

(g) At or before a child's admission, a facility shall identify any immediate and specific needs, including therapeutic or medical needs, that will not be met by established program services, and the facility's plan for meeting those needs.

(h) At the time of a child's admission, a facility shall make a complete inventory of the child's personal possessions and clothing.

(i) A facility that accepts children from other states shall comply with [AS 47.70](#) (Interstate Compact on the Placement of Children).

History: Eff. 1/1/96, Register 136; am 3/1/98, Register 145

✚ **7 AAC 53.320. Medical, dental, diagnostic, and therapeutic services**

✚ (a) The parents of a child in department custody are expected to be responsible for necessary medical, dental, diagnostic, and therapeutic services for the child.

(b) If the child is eligible to receive medicaid benefits, payment for the medical, dental, diagnostic, and therapeutic care of a child placed in an out-of-home care setting by the division will be made through the medicaid program. Medicaid coupons must be furnished to the medical provider by the out-of-home care provider to enable the medical provider to bill the division for services rendered.

(c) The division is financially responsible for routine medical, dental, diagnostic, and therapeutic services for a child placed in an out-of-home care setting who is not eligible under the medicaid program and who has no other resources, such as Champus, the Alaska Native Health Service, or the child's parents, to meet these needs. The medical provider may bill the division directly for these services. Prior authorization from the division is required.

(d) An out-of-home care provider is expected to obtain routine medical and dental care for a child in accordance with 7 AAC [50.455](#). The out-of-home care provider must receive prior authorization from the division before discretionary medical or dental treatment, such as orthodontal work, is done. Medicaid covers all basic needs, and discretionary work will not be reimbursed unless pre-authorized as consistent with the child's placement plan. Medicaid criteria will be used by the

division to determine if a procedure or treatment is routine, regardless of the child's eligibility for medicaid.

(e) For emergency medical and dental treatment, the out-of-home care provider may seek treatment immediately without prior authorization, but must notify the division as soon as possible.

⊕ History: Eff. 11/23/78, Register 68; am 7/1/90, Register 114; am 1/1/96, Register 136