

## SECTION 4: SHARED PARENTING

Foster caregivers are encouraged to cultivate positive, supportive relationships with birth parents. In order for the relationship to be successful, everyone involved must contribute to the effort. It requires good communication, cooperation, respect, careful planning, joint decision making, and an understanding of everyone's roles. There are a number of benefits to creating supportive relationships and sharing information with birth parents. Birth parents can provide information and insights that enable foster caregivers to meet children's needs earlier and in a more effective way. Seeing their birth and foster caregivers working together can change the way children function and enhance child development and well-being.

Creating such a relationship does not happen all at once. Like most relationships, it develops gradually. This may often start with low-level contact between the birth and foster caregivers — for example, through the exchange of email you can discuss the child's week and asking questions that only the birth parent can answer. You can also choose to create a journal to pass back and forth. As everyone grows more comfortable, the relationship between birth and foster caregivers might progress, involving steps such as recording the family reading a book and playing it for the child at bedtime.

In maintaining a child's relationship with the birth parent, foster caregivers may also model appropriate behavior and parenting techniques. Moreover, both birth and foster caregivers have more information about the child while birth parents develop an understanding of the child's needs which can lead into a smoother transition back into the parent's home.

When the child returns home, lines of communication sometimes remain open. These positive connections between the foster caregivers, the child, and the child's family will not have to end, even if the placement does. Foster caregivers may continue to provide support to the child and birth parents and maintain the relationship (See Appendix 2 on Page G).

### **VISITATION PLAN**

DCS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. All case plans for children in out-of-home care include a contact and visitation plan. It is developed with involvement of family members and the child, if age appropriate. Frequency, duration, location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the paramount concern. Visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child.

### **SUPERVISED VISITS**

By definition this is a visit between a child in care and his/her parent/caretaker, sibling, or other relative that is monitored and supported through the physical presence of a third party, a Visitation Facilitator.

Foster Caregivers may be asked to provide transportation to and from supervised visits.

### **VISITATION FACILITATOR**

This is any person designated by the DCS Specialist to monitor a visit between a child in care and the parent/caretaker, sibling or other relative. This may include a parent aide, transportation worker, volunteer, psychologist, therapist, out-of-home care provider, extended family member or other party.

## SECTION 5: HEALTH CARE

### HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA is the federal law dictating the use, release and records maintenance of personal health care information. Foster Caregivers should have access to the medical records of children in their care. An Arizona Statute was enacted to ensure Foster Caregivers receive the health care information, participate in the services and sign for such services for the children. Please see the statute below.

*ARS §8-514.05, effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.*

Health information is not subject to the HIPAA Privacy Rules if it is de-identified in accordance with HIPAA requirements. No authorization is required to use or disclose Protected Health Information (PHI) that is de-identified. PHI is considered de-identified if it does not identify an individual child and there is no reasonable basis to believe it can be used to identify a child.

E-mails to DCS Specialists and Supervisors containing information concerning medical and dental communications, are considered to be de-identified per HIPAA regulations when they do not include:

- a. The name of the child;
- b. The CMDP ID number;
- c. The Social Security number;
- d. The AHCCCS ID number;
- e. Medical record numbers;
- f. Photographic images; and
- g. The communication does not include any other identifying number, characteristics or code that can be re-identified.
- h. Please ensure all emails with identifying information are labeled as [secure] in the subject line of an email

When sending an e-mail to a DCS Specialist, please use the child's initials (first and last name) and do NOT include any of the above items. If the medical or dental information is faxed to anyone the following Confidentiality Statement must be included on the Cover Sheet.

*INTENDED FOR THE NAMED RECIPIENT ONLY*

*This material is intended for the named recipient(s) only. If you have this and are not the named, intended recipient, please do not read the contents of the e-mail or any attachment. Please inform the sender of the error so re-transmittal to the intended recipient may occur. Please do not copy/share the contents of the transmission. Please delete the e-mail and any attachment. Thank you.*

### AUTHORIZATION FOR TREATMENT

Foster Caregivers are authorized to consent to:

- Evaluation and treatment for emergency conditions that are not life-threatening; and,
- Routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions.

Foster Caregivers are not authorized to consent to:

- General anesthesia
- Blood transfusions
- Pregnancy termination

- Any surgery or medical treatment that is not routine

Foster Caregivers are prohibited from consenting to general anesthesia, any non-routine surgery or medical treatment, blood transfusions, human immunodeficiency virus (HIV) testing, a clinical trial for HIV/AIDS treatment, and pregnancy termination or pregnancy termination related treatments.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the DCS Specialist, as the legal guardian of the child, be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

## **PHARMACIST SUPPORT**

Pharmacists are a great information resource for your children's medications; they have both the availability and expertise. They also have printouts for every prescription, detailing side effects, drug interactions and appropriate usage.

## **COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP) PRESCRIBED MEDICATIONS**

Choose a CMDP registered pharmacy to fill or refill medications prescribed by a CMDP provider. With a prescription CMDP covers "medically necessary" over-the-counter medications. Use the CMDP ID card or the Notice to Provider form to pay for prescription medications. Major food and retail chains participate in the CMDP pharmacy management program. For help finding a pharmacy, or for any questions on pharmacy services, call or email CMDP Member Services at 1-800-788-2949 or [CMDPMemberServices@azdcs.gov](mailto:CMDPMemberServices@azdcs.gov).

CMDP has a Preferred Medication List (PML), also known as a formulary. The PML is a list of medications approved by CMDP. CMDP health care providers should consult with the PML when prescribing medications for children in care. Not all of the approved medications are shown on the PML. Some of the medications or classes of medications need prior authorization before they are prescribed.

The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to reflect important changes. The PML can be viewed on the CMDP website at <https://mp.medimpact.com/pharmacylocator/ActionServlet>

## **REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA) PRESCRIBED MEDICATIONS**

DO NOT use the CMDP ID card to fill a prescription for psychotropic medication from a RBHA doctor. CMDP does not cover the cost for these medications. The RBHA is responsible for payment. Ask the RBHA doctor which pharmacy to use, and give the member's RBHA ID number. The member is assigned a RBHA based on the member's court of jurisdiction. The RBHA will pay for most behavioral health services, including most prescriptions for behavioral health conditions. If you have questions or need help in getting behavioral health services, please call the RBHA phone number on the card.

The Pharmacy information is on the Member ID card. If you have problems getting prescription at the pharmacy call the Member Helpline telephone number shown on the front of the CMDP ID Card 1-800-788-2949.

CMDP is able to cover the cost for medications prescribed by a PCP for uncomplicated Attention Deficit Hyperactivity Disorder (ADHD), Depression and Anxiety; however, requests that any member receive a comprehensive evaluation that includes historical information, assessment of trauma, onset of behavioral symptoms and a mental status examination.

## **ON-BOARDING UNIT**

CMDP developed an On-Boarding Unit, which went live in May of 2017. The mission of the On-Boarding unit is to provide real-time education and support to new caregivers and assist in obtaining appropriate health services for them. This is done by outreaching every caregiver within the first 30 days, to ensure requirements are met for medical, dental and behavioral health services. Upon receiving telephonic outreach by the On-Boarding Unit representative, expect a packet with an immunization schedule, additional information about CMDP, age appropriate family planning and Adolescent Toolkit, Member Handbook, the All About Me and EPSDT poster, 3 handouts (Rapid Response, First 30 Days, and Notice to Caregivers), and RBHA contacts form. Two weeks from the initial call, you will receive a second call to ensure the above information was received, determine whether a PCP appointment for a comprehensive medical and dental appointment has been made as well as to ensure BH services have begun. Please be open and honest with feedback on all levels, as this team was created to support you!