State Policy Submission Form
Mock State
Department of Child and Family Services

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Summary of State Policy Requirements	Location of Related Information in Case File
Requirements for Initiation • Priority 1 reports are initiated within 24 hours of receipt of the accepted report. • Priority 2 reports are initiated within 72 hours of receipt of the accepted report. • Initiation is defined as face-to-face contact with the alleged child victim(s).	Intake report Caseworker narratives

Item 17: Physical Health of the Child

Summary of State Policy Requirements	Location of Related Information in Case File
Each child in foster care is assigned a primary care physician (PCP) within 30 days of coming into care. To the extent practical, the caseworker ensures continuity of care by maintaining the PCP caring for the child prior to entering foster care and in the event of change of placements. Managing any prescription medication, including psychotropic medication, is coordinated through the child's PCP. Each child in foster care completes a physical examination within 30 days of entry into foster care unless the child's most recent physical was within 90 days. Children in foster care follow the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule. Each child in foster care completes a dental examination within 30 days of entry into foster care unless the child's most recent dental examination was completed within 90 days. Children in foster care have dental examinations annually and 6-month cleanings. **Medications for Chronic Conditions** Examples of chronic physical health conditions include, but are not limited to, anemia, asthma, cystic fibrosis, diabetes, epilepsy, food allergies, and kidney disease. If medication is prescribed to treat or manage a child in foster care, the case worker documents the prescribed medication(s) on the Medication Consent Tracking Form and submits the form to the Mock State Internal Medical Team (MSIMT) for review. The MSIMT reviews forms within 72 hours of receipt. The MSIMT may consent; not consent; or require additional information, including authorizing the caseworker to secure a second medical opinion. The caseworker must follow the MSIMT recommendations. The caseworker completes a new Medication Consent Tracking Form when there is a change in the foster child's medication or dosages.	Case file

Item 18: Mental/Behavioral Health of the Child

Summary of State Policy Requirements	Location of Related Information in Case File
Consent for Use of Psychotropic Medication and Medication Management The MSIMT provides consultation and consent for the use of psychotropic medication for children in foster care. Consultations are conducted by a panel of psychiatrists and/or pediatricians. At a minimum, the panel must include two physicians. Consultations occur as follows: • Urgent requests are reviewed within 24 hours of the request. • Medications used in an emergency situation are reviewed within 24 hours. • Non-urgent requests are reviewed within 72 hours. The caseworker completes the Medication Consent Tracking Form to request a consultation and submits it to the MSIMT. The MSIMT schedules the consultation within the required timeframes. The caseworker and/or supervisor must attend the consultation, along with the prescribing doctor and primary doctor or qualified representative from their respective offices. The child, if over the age of 12, is invited to attend. The child's caretakers and parents are invited to attend. Consultation must include a review of the following: • Clinical presentation, including diagnosis, symptoms, severity, and duration • Alternatives attempted and/or considered and ruled out • Family history • Physical health of the child, including how medication may affect any existing conditions • Risks, including adverse reactions and side effects • Medication and dosage; if medication and/or dosage are outside of formulary, include rationale for not following • Descriptions of any discussions with child and whether the child consents • Description of how medications will be administered and managed • Projected length of time medication will be used and prognosis Children 16 years of age and older must consent to use of medication except under emergency situations as defined by state statute, Mock State Mental Health Code, Section 36-1-1 et seq. MSSA 1970. The panel documents the results of the consultation on the Medication Consent Tracking Form and returns it to caseworker for inclusion in the child's case record. The caseworker notifies the panel of any changes, including discontinuation of medication and/or addition of medication(s). The panel reviews and may elect to schedule an additional consultation.	Case file