

**DESIGNATION OF MEDICAL CONSENTER
FOR NON-DFPS EMPLOYEE**

SECTION 1: MEDICAL CONSENTER

The Texas Department of Family and Protective Services (DFPS), managing conservator of

Child's Name		Medicaid or Client No.	
Date of Birth	County	Court No.	Cause No.
Name of Judge		Phone Number of Court	

hereby designates (" the medical consenter ") to consent to the medical care including physical, dental, behavioral/psychological and allied health care (e.g., physical therapy, occupational therapy, speech therapy, dietetic services, etc.) for this child. With this designation, a 2085–A previously issued for this child is hereby revoked.

[Issue Form 2085-B only when the medical consenter or back-up medical consenter are non-DFPS employees (e.g., live-in caregiver, emergency shelter or CPA professional employee). A combination of Forms 2085-B and C may be used. Complete Form 2085-B as follows:

- *Enter the name of the medical consenter in Section 1. Both parents may be designated in Section 1 (e.g., birth parents, kinship caregivers, foster parents, pre-consummated adoptive parents, cottage parents in a basic childcare facility or home and community-based (HCS) support family caregivers).*
- *Enter the name of the back up medical consenter in Section 2. Both parents may be designated in Section 2 (e.g., relatives, alternate cottage parents in a basic childcare facility).*

If the medical consenter and/or back up medical consenter are affiliated with a residential provider [e.g., CPA, emergency shelter, basic childcare facility or home and community based services (HCS) provider], a representative of the residential provider must sign the form.)

This medical consenter and back up medical consenter must cooperate with DFPS as stated below. All references in this document to medical consenters also apply to back up medical consenters. Failure to cooperate with DFPS may be a basis for revoking the designation.

1. Preventive Medical Care. When the medical consenter consents to preventive medical care provided by a licensed health care provider, the medical consenter is not required to discuss the consent for medical care with the child’s caseworker or the caseworker’s supervisor, but is required to include the information on the Summary of the Child’s Medical Care.

Preventive medical care is defined in the Medicaid Procedure Manual Section 40.1 as the American Academy of Pediatrics Periodicity Schedule or Texas Health Steps medical check-ups. The Periodicity Table includes:

- Well child examinations by the health care provider;
- Sensory screening (e.g., vision, hearing),

DESIGNATION OF MEDICAL CONSENTER FOR NON-DFPS EMPLOYEE

- Developmental/behavioral assessment,
- Immunizations,
- Laboratory testing for screening purposes (e.g., blood work, urinalysis, TB testing, STD screening, pelvic exam),
- Anticipatory guidance, and
- Dental check ups.

The medical consentor should make sure the child receives an annual medical exam, due at least once every 13 months, and, if they are one year of age or older, a dental exam that is due every 7 months, and whatever follow up treatment is prescribed by the health care provider. The medical consentor should use the screenings and services offered by the Texas Health Steps Program, when possible. The medical consentor will discuss the plans to obtain these screenings and services with the child's DFPS caseworker during the development and review of the child's plan of service. The medical consentor must provide copies of the screenings, exams, or testing to the child's DFPS caseworker.

2. Major Medical Care. When the medical consentor consents to major medical care provided by a licensed health care provider, the medical consentor must consult with the child's DFPS caseworker or the DFPS caseworker's supervisor before consenting. Major medical care includes:

- any surgical procedure;
- any treatment that the child's physician considers dangerous; or
- any other medical treatment that may be threatening to the child's life or long-term health.

3. Emergency Care. The medical consentor may consent to emergency medical care by a licensed health care provider without informing the child's DFPS caseworker or the DFPS caseworker's supervisor, if there is not enough time to contact them in advance. The medical consentor must notify the child's DFPS caseworker, the caseworker's supervisor, or the emergency on-call caseworker through the abuse hotline, of the emergency care, immediately following the provision of emergency care, but no later than the next business day after the initial treatment.

Note: The medical consentor may not be required to consent to medical care in an emergency. Emergency is defined in Family Code §266.009(a) as a situation in which:

It is immediately necessary to provide medical care to the foster child to prevent the imminent probability of death or substantial bodily harm to the child or others, including circumstances in which:

- (1) the child is overtly or continually threatening or attempting to commit suicide or cause serious bodily harm to the child or others; or*
- (2) the child is exhibiting the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the*

**DESIGNATION OF MEDICAL CONSENTER
FOR NON-DFPS EMPLOYEE**

child's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

If the physician provides medical care without consent in an emergency, Texas Family Code §266.009(b) requires the physician to notify the medical consentor no later than the second business day after the medical care is provided.

4. **Psychotropic Medications and Schedule II–V Drugs.** The medical consentor may consent to the administration of psychotropic medications and/or Schedule II-V drugs (controlled substances) when prescribed by a licensed health care provider. However, the medical consentor must notify the child's caseworker or the caseworker's supervisor by close of business on the next business day. This notification must be in writing, by email or other written communication.
5. **Notification of Significant Medical Conditions.** The residential provider and/or medical consentor must immediately notify the child's DFPS caseworker or the DFPS caseworker's supervisor of any significant medical conditions. DFPS must notify a child's parents whose rights have not been terminated.

Examples of a serious medical condition include injuries or illnesses that:

- Are life threatening, or
- Have potentially serious long-term health consequences, including hospitalization for surgery or care other than minor emergency.

6. **Drug-testing.** The medical consentor must consult the child's caseworker or the caseworker's supervisor before consenting to drug-testing.
7. **HIV-Testing.** The medical consentor must consult with the child's caseworker or the caseworker's supervisor to obtain approval from the DFPS program director before consenting to any test designed to detect the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (AIDS). **Exception:** Children who ask to be tested, have the right to be tested without the designee's consent, however, the child must be offered information and counseling. The medical consentor must also ensure that any duly approved HIV-testing performed on the child conforms to the policies specified in 40 Texas Administrative Code (TAC) §§700.1401-700.1406 (Subchapter N, AIDS Policies for Children in DFPS Conservatorship).
8. **Participation in Medical Appointment.** The designee must participate in each appointment of the child with the provider of medical care, as follows, unless otherwise required by the health care provider:

Preventive Care (as defined under #1, above). The medical consentor or back up medical consentor may participate by providing written consent to the residential provider or another person to take the child for the appointment, unless the health care providers requires the

**DESIGNATION OF MEDICAL CONSENTER
FOR NON-DFPS EMPLOYEE**

consenter's participation in person or by phone. The medical consenter or back up medical consenter provides this consent by issuing Form 2085-D to the person taking the child to the appointment.

Ongoing Behavioral Health Therapy and Allied Health Services. The medical consenter or back up medical consenter must approve the behavioral or allied health care plan and monitor the progress of the child. The medical consenter is not required to attend every appointment but should participate when requested by the therapist. These therapy/services include dietary services, occupational, physical, speech or other therapy.

Other Medical Care. The medical consenter or back up medical consenter must attend the appointment or participate by phone, as specified by the health care provider. This medical care includes medical appointments for:

- Physical health,
- Dental treatment (e.g., fillings, crowns), and
- Review of the progress of children prescribed psychotropic medications (as required every one to three months DFPS policy, Service Level Indicators, Licensing Minimum Standards for Child-Placing Agencies and Residential Child Care Contract Standards).

9. Summary of Child's Medical and Mental Health Care. The medical consenter must complete the Summary of Child's Medical Care form and provide it to the caseworker before each court hearing, as requested by the caseworker. The medical consenter includes a summary of all medical care provided to the child, including preventive care, major medical care, emergency care and medical care for common childhood illnesses and minor injuries, such as ear infections or a minor laceration.

10. Acknowledgement. The medical consenter acknowledges having received training on Informed Consent by signing the Informed Consent training handout or when available, completing the mandatory online training for medical consenters. The medical consenter also agrees to provide a copy of this Designation of Medical Consenter For Non-DFPS Employees form to all of the child's health care providers.

11. Mandatory Medicaid Service. The medical consenter must seek medical care from a Medicaid provider, unless the cost of medical care is covered by

- a free health clinic,
- the parents' health insurance, or
- the caregiver directly.

The medical consenter may obtain information about the child's Medicaid benefits by calling Texas Health Steps (children's Medicaid program) at 1-877-847-8377. This information may include the types services available to the child through this program or assistance in locating a doctor, nurse, dentist or other specialist in the program.

**DESIGNATION OF MEDICAL CONSENTER
FOR NON-DFPS EMPLOYEE**

If a pharmacy refuses to accept Form 1027A, Medical Eligibility Verification, the medical consentor should request that the pharmacy contact the Vendor Drug Help Desk. The pharmacy should be aware of the phone number for the help desk.

12. Records. The medical consentor is authorized to access, receive, and review all the child's medical records. Furthermore, the medical consentor may free obtain copies or authorize the release of the child's medical records to the extent necessary to obtain services for the child.

SECTION 2: BACK UP MEDICAL CONSENTER

(Complete the following Section only if the back up medical consentor is a non-DFPS employee. DFPS hereby designates _____ (as back up medical care for this child. The back up medical consentor must also cooperate with DFPS in the manner described in Section 1.

SECTION 3: SIGNATURES

_____ Signature –Medical Consentor Section 1	_____ Date	_____ Telephone Number
_____ Signature –Back Up Medical Consentor Section 2	_____ Date	_____ Telephone Number
_____ Signature – Representative of Residential Provider for Back Up Medical Consentor Section 2, if affiliated with residential provider	_____ Date	_____ Telephone Number
_____ Signature –DFPS Caseworker	_____ Date	_____ Telephone Number
_____ Signature - DFPS Supervisor	_____ Date	_____ Telephone Number

Note to DFPS staff: Forms 2085 B, C and D are the only authorizations for medical care that the child's caseworker and supervisor may sign without consulting the DFPS regional attorney.

Note to Health Care Providers: If you have any medical concerns regarding this child, please contact the DFPS caseworker or supervisor (see contact information in the signature line above) or the judge (see contact information in the heading on Page 1). **The health care provider may also contact the judge if he or she has any concerns about the decision(s) of the medical consentor.**