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### Contract Correspondence Transmittal (CCT)

<b>CCT Number:</b> 13-16	<b>Assistant Director, Tina Webb:</b> <i>tw</i>
<b>Date of Issue:</b> December 16, 2013	
<b>Division/Branch:</b> Protection and Permanency/OOHC	
<b>Key Words/Phrases:</b> Medical treatment, health history	
<b>Attachments/Forms:</b> DPP-106A Authorization for Routine Health Care and Authorization for Non-Routine Health Care, DPP-106B Initial Health History and Interview with Family	

This transmittal provides clarifications related to medical consents for routine and non-routine medical procedures and provides information regarding a form update.

- DCBS defines routine health care as routine care in an office setting to treat symptomatic, chronic or acute illnesses and diseases to include: preventive care measures, such as physicals; simple laboratory tests (not to include testing for HIV/AIDS); immunizations; treatment of communicable diseases; non-invasive radiology procedures; routine suturing of minor lacerations; routine dental care and other medical procedures not listed but generally governed by implied consent guidelines in the community setting.

DCBS defines "non-routine health care" as any medical service not listed in the definition of routine health care. Non-routine health care requires a parent or legal guardian to consent to care. If the parent or legal guardian is unavailable, DCBS staff consults with regional management or legal counsel for assistance in determining appropriate steps for consent. This may involve a hearing in court for the judge to order the non-routine health care.

Birth parents will be informed of their right and responsibility to make health care decisions upon entry of their child into out of home care. The birth parent will be asked to sign the revised DPP 106A Authorization for Routine Health Care and Authorization for Non-Routine Health Care form (attached to the e-mail) and will be informed at the initial case planning conference that if they are unable to consent to necessary health care treatment for their child, then DCBS will do so under its authority as the legal guardian.



If a parent is unwilling to sign the DPP-106A for a specific reason (i.e. religious beliefs), DCBS staff will consult with regional management to determine the next steps.

A copy of the completed DPP-106A is to be placed in the medical passport and staff/foster parents are instructed to provide a copy of the DPP-106A to the medical provider at the time of service.

2. The DPP-106B Initial Health History and Interview with Family has been replaced by the DPP-106B Initial Physical and Behavioral Health History. This form has been revised significantly in order to streamline the process of collecting medical and health information for children in out of home care. This new form will incorporate content from the:
  - DPP-104A Request for Approval as Medically Fragile;
  - DPP-106B Initial Health History Interview with Family; and
  - DPP-106C Child Medical History and Annual Physical Exam.

Although resource parents will no longer be required to provide the DPP-106C to physicians for annual physical exams, this document will remain in circulation at this time. It may still be used, but is no longer a requirement; documentation from the physician's office regarding the visit will be sufficient for the medical passport.

The new DPP-106B should be completed at the five day case planning conference in order to obtain as much health history as possible on the child. The first two pages of this document will be completed for all out of home care cases; the third page will only be completed if the worker is requesting a medically fragile status for the child.

If you have any questions regarding the medical authorization, please contact [Debbie.acker@ky.gov](mailto:Debbie.acker@ky.gov). Questions regarding the updated DPP-106B should be directed to [Dianec.glenn@ky.gov](mailto:Dianec.glenn@ky.gov).