

Care Coordination: Special Considerations

Legal, School, CPS and Foster Care



Objective

Participants will raise awareness of legal and collaborative factors impacting CoCM practice within an Adolescent population

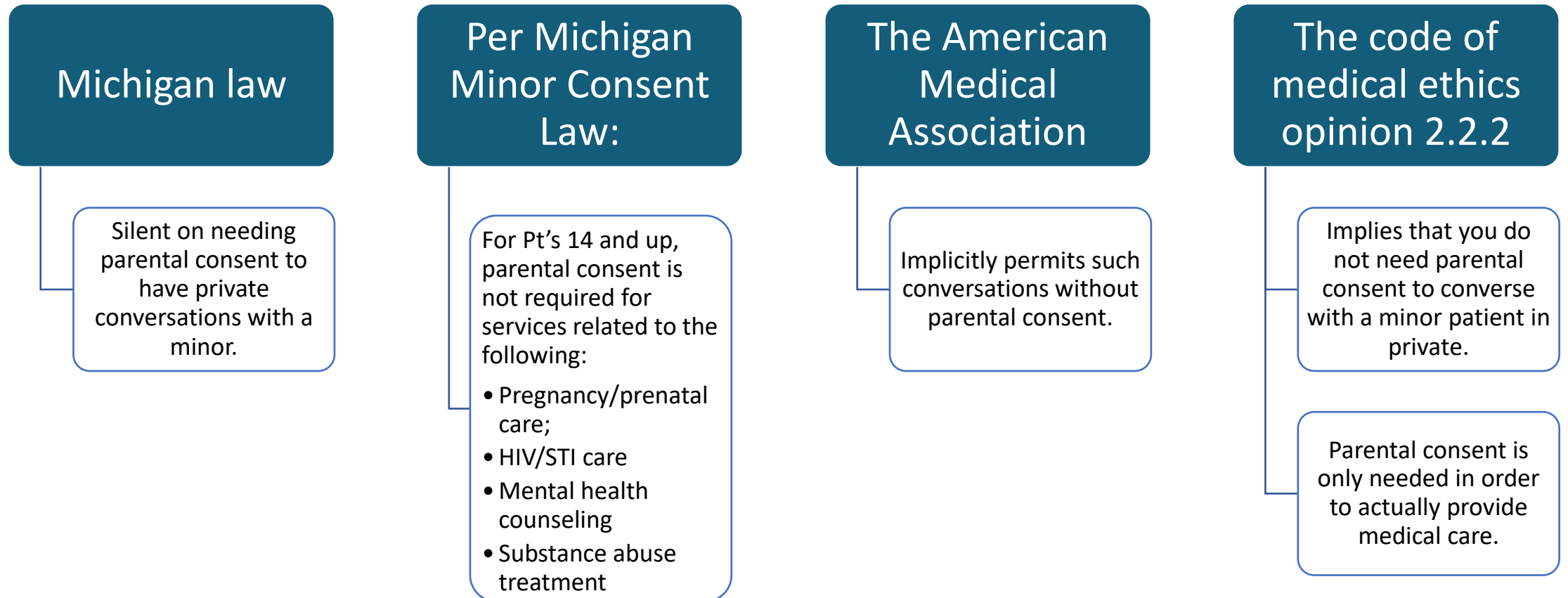


Legal Considerations When Working With Minors



FAQ on Michigan Law and Pediatrics

Question 1: Is it necessary to have parental consent prior to conversing with a child in private?



FAQ on Michigan Law and Pediatrics

Question 2: Is written consent required or is verbal consent adequate?

Response:

- You do not need written consent either to treat the patient or talk to the patient.
- Consent should be documented in a record, but it is not necessary for the patient to specifically sign something.
- In order to best protect the providers, it is recommended the note be more than “obtained verbal consent” although that is probably sufficient from a strictly legal perspective.
- Ideally, the note should discuss in a little more detail what information is provided as part of obtaining consent (risk/benefits, offer to include parents, etc.)

FAQ on Michigan Law and Pediatrics

Question 3: Is CoCM considered mental health or physical health?

Response:

Michigan law does not define health coordination of care, mental health treatment, mental illness, medical treatment or other related terms.

Coordination of Care is generally defined or understood to encompass things like:

- Monitoring a patient's goals and needs
- Acting as a communication link between participants (physicians or other care givers) in a patient's health care
- Organizing and facilitating care activities
- Ensuring safe, appropriate, non-duplicative and integrated care

See <https://mihin.org/wp-content/uploads/2018/09/Coordinating-the-Care-Coordiators-White-Paper-FINAL-1-31-18.pdf>

FAQ on Michigan Law and Pediatrics

Question 4: What are the specific Michigan regulations on age of the “patient or patient representative”?

Response:

Michigan Public Health Code defines minor as “an individual under 18 years of age.” (MCL 333.1105).

There are a few exceptions to keep in mind:

- Emancipation by a court
- Valid marriage
- When on active duty with the US armed forces (MCL 722.4)

Care Coordination with the School



Care Coordination: School

Common Terms

Individualized Education Program (IEP)

- A written document for students with disabilities ages 3 through 25 that outlines the student's educational needs, goals and programs/services which will be provided to help the student make educational progress

Individualized Education Plan team (IEPT):

- A team which consists of education professionals, school personnel, parents, students (age 15 or older), and others who have special knowledge of the student who gather to review relevant evaluations, determine if a student is eligible for special education services (SES) and, if so, create an individualized education program to respond to those needs

Special Education Services (SES):

- Designed to help students with disabilities, there are 14 categories of disability that qualify children for SES

504 Plan:

- A plan that lists the accommodations a school will provide (like audiobooks, note-taking aids, or extended time to complete tests) so that a student with a disability or suspected disability, that is not eligible for special education services has equal access to the general education curriculum

Care Coordination: School

Qualifying Special Education Conditions

ECDD	Early Childhood Developmental Disability
SLD	Specific Learning Disability
SLI	Speech and Language Impaired
CI	Cognitively Impaired
ASD or AI	Autistically Impaired
EI	Emotionally Impaired
HI	Hearing Impaired
VI	Visually Impaired
DB	Deaf/Blindness
OHI	Other wise Health Impaired
PI	Physically Impaired
TBI	Traumatic Brain Injury
SXI	Multiply Severely Impaired

Care Coordination: School

Coordinating with School Staff

Identify

- Which staff member will best meet coordination needs?
- (Typically this will be the School Social Worker)

Consent

- Obtain consent to discuss Pt. with school staff member. School may require their paperwork

Ask

- What, if any, accommodations or behavioral support is in place?

Discuss

- Discuss opportunities for interventions to reinforce one another

Develop a Plan

- Create a plan that outlines collaboration efforts

Document

- Include summary of these efforts in the medical record

Advocate

- Sometimes a letter with recommendations can be helpful to the parent

Care Coordination: CPS and Foster Care



Child Protective Services

Terminology

Our Children's Protective Services (CPS) program is responsible for investigating allegations of child abuse and neglect.

[Michigan Child Protection Law](#) carefully defines the terms and function of CPS, child abuse and the process.

Child Abuse: Harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.

Child Neglect: Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

Child Protective Services

Mandated Reporters

Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to Centralized Intake (CI) at the Department of Health and Human Services (DHHS). These people are mandated reporters and have established relationships with children based on their profession.

- An extensive list of mandated reporters can be found at:
https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_44443-157836--,00.html
- Physicians, Physician's Assistants, Social Workers, Nurses (including NPs), LPC, and Psychologists are on the list

Child Protective Services

Reporting Process

WHAT TO REPORT:

Suspicion of Abuse or Neglect

WHO CAN REPORT:

- Anyone, including a child, who suspects child abuse or neglect
- Mandated Reporters

HOW TO REPORT:

- Call Michigan CPS Hotline:
855-444-3911
- Mandated Reporters can report online at [ISD PartnershipLanding \(michigan.gov\)](https://www.michigan.gov/isd-partnership-landing)

WHEN TO REPORT:

- Within 24 hours of suspicion of abuse or neglect

WHAT HAPPENS NEXT:

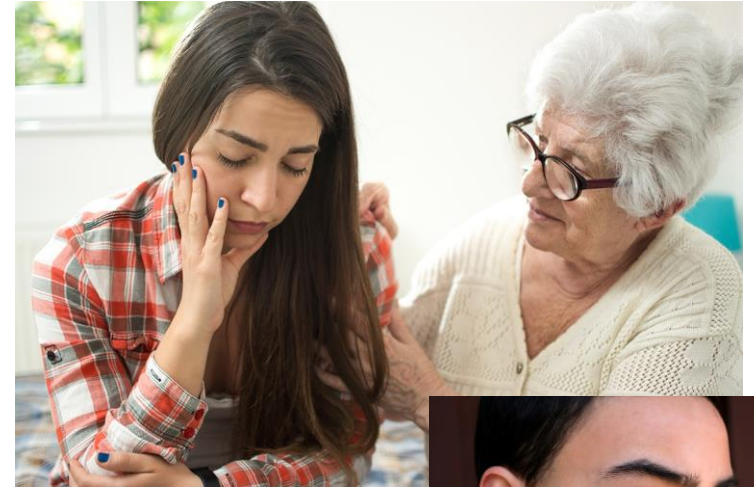
- Reports of suspected child abuse or neglect will either be:
 - Assigned for investigation if criteria are met
 - Rejected if criteria are not met
 - Transferred to another agency for investigation, such as law enforcement or the Bureau of Child and Adult Licensing
- Investigators will determine if allegations are substantiated or not

Foster Care

Overview

- Primary goal is safety
- Prioritizes familiarity to reduce the traumatic impact of placement (relative placement, same community, etc.)
- Reunification is the goal whenever possible
- Foster services can be a resource for parents
- If a return home is not possible, permanent guardianship or adoption is sought

https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117---,00.html



Foster Care

Role of the Foster Care Parents

- Provide safe care and provision for children placed with them including:
 - Health care
 - Education
 - Mental health (if appropriate or mandated)
 - Parental visitation (if mandated)

Important Implications



- The terms of the placement determines who can consent for care for a minor placed in foster care
- The responsible adult acting as caregiver may not be aware of the legal limits associated with the terms of placement
- Minor consent laws still apply
- **ALWAYS VERIFY WITH THE FOSTER WORKER WHO CAN/MUST CONSENT**

Foster Care

Care Coordination

DHHS or the foster care agency will assign a foster worker with whom you can coordinate:

- Identify the name of, and contact information for, the foster worker
- Determine what consents are needed to share and obtain information
- Obtain consent



Important Implications

Always consult your organization's policies and protocols regarding the release of information.

Care Coordination

Conducting the Assessment

- ✓ Identify who the adolescent is receiving services from
- ✓ Where applicable, obtain consents and release of information forms
- ✓ Be prepared to describe why care coordination is beneficial to the adolescent, and what your goal is in sharing and obtaining information
- ✓ Be transparent and upfront on what is critical to participation in CoCM and the reason for additional referrals if appropriate

Thank you!

Any questions?

