



## ATTACHMENT B – DESIGNATION OF MEDICAL CONSENTER

**Purpose:** Use this form to designate a medical consenter.

**Directions:** Fill in all applicable fields. Please send any questions to the Medical Consenter Mailbox ([Medical.Consenter@dfps.state.tx.us](mailto:Medical.Consenter@dfps.state.tx.us)).

***This form's reference to any "DFPS" caseworker refers to employees of the Department of Family and Protective Services or employees of a Single Source Continuum Contractor (SSCC). The SSCC acts as an authorized agent of DFPS pursuant to Texas Family Code Chapter 264 Subchapter B-1. The SSCC has the same authority as DFPS regarding case management duties and associated responsibilities.***

CHILD'S INFORMATION			
The Texas Department of Family and Protective Services (DFPS), Managing Conservator of:			
Child's Name: Aria Brown	PID: 106077890	Medicaid Number: 704184600	
Date of Birth: 10/03/2013	Legal County: Denton	Court Number: 442	Cause Number: 22-1539-442
Name of Judge: The Honorable Judge Tiffany Haertling			

PRIMARY MEDICAL CONSENTER	
Name of Primary Medical Consenter or Consenters: Mr. Christopher Fluitt and Mrs. Sarah Fluitt	PID: 94015018 & 107542115
The primary medical consenter or consenters agree to the medical care including physical, dental, behavioral health, vision and allied health care (such as physical therapy, occupation therapy, speech therapy, or dietetic services) for the child.	

BACK UP MEDICAL CONSENTER	
Name of Primary Medical Consenter or Consenters: Jordan McCarty (Denton CPS Conservatorship caseworker)	PID: 105035731
The backup medical consenter or consenters are designated by DFPS if the primary medical consenter or consenters are unavailable.	






**SECTION 2: ACKNOWLEDGMENT, AGREEMENT AND SIGNATURES**

As Primary/Backup Medical Consenter, I acknowledge and agree that:

- I have received training on informed consent and have presented a Certificate of Completion to the child's DFPS caseworker.
- I will cooperate with DFPS as stated in the Medical Consenter Responsibilities (Section 3).
- Failure to cooperate with DFPS may be a reason for revoking the designation.
- I will provide a copy of this Form 2085B "Designation of Medical Consenter" to the child's health care providers along with the Medicaid ID Card and STAR Health ID if applicable.
- I will regularly provide information about the child's medical care to DFPS to include: preventative care, major medical care, emergency care, and medical care for common childhood illnesses and minor injuries for inclusion in required reports.
- I will notify the caseworker of services I consent to that are not covered by Medicaid or STAR Health.

I will participate in each health care appointment for the child, or I will provide written permission for the provision of preventive care (Section 5) when I am unable to participate by providing optional Section 6 with my signature.

Primary Medical Consenter Signature: <input checked="" type="checkbox"/> Christopher Fluitt 	Date Signed: 06/29/2022	Telephone Number: (254) 717-6844
Second Primary Medical Consenter Signature: <input checked="" type="checkbox"/> Sarah Fluitt	Date Signed: 06/29/2022	Telephone Number: (903) 267-4498
Backup Medical Consenter Signature: <input checked="" type="checkbox"/> Jordan McCarty CPS CVS caseworker	Date Signed: 06/29/2022	Telephone Number: (469) 383-6671
Second Backup Medical Consenter Signature: <input checked="" type="checkbox"/> Kristen Hansel CPS CVS Supervisor	Date Signed: 06/29/2022	Telephone Number: (940) 233-3187
Representative of Residential Provider for Primary or Backup Medical Consenter if affiliated with Residential Provider <input checked="" type="checkbox"/> Not applicable	Date Signed:	Telephone Number:
DFPS Caseworker Signature: <input checked="" type="checkbox"/> 	Date Signed: 06/29/2022	Telephone Number: (469) 383-6671
DFPS Supervisor Signature: <input checked="" type="checkbox"/> 	Date Signed: 06/29/2022	Telephone Number: (940) 233-3187



With this designation, a 2085-A, B, C, or D previously issued for this child is hereby revoked.

**Note to Health Care Providers:** The Medical Consenter is authorized to access, receive, and review the child's medical records or other Protected Health Information (PHI), and may authorize the release of the child's medical records to the extent necessary to obtain services for the child. If you have any medical concerns regarding this child or concerns about the decisions of the Medical Consenter, please contact the DFPS caseworker, supervisor or the presiding judge.



### SECTION 3: MEDICAL CONSENTER/CAREGIVER RESPONSIBILITY – MEDICAL CONSENT

#### **The Medical Consenter MAY consent to the following:**

- Preventative Care: Texas Health Steps medical checkups;
- Dental checkups & treatments;
- CANS (Child and Adolescent Needs and Strengths) Assessment;
- Behavioral health (therapy, psychosocial skills training, psychological assessments, psychotropic medications);
- Treatment provided (including psychotropic medications) once child is admitted to an inpatient mental health facility (psychiatric hospital);
- Allied health services: Physical, Speech, and Occupational Therapy, dietary, etc.;
- Ongoing medical care (acute, chronic);
- Vision/Hearing screening;
- Developmental screening;
- Lab testing, including HIV tests; and
- Immunizations (Note: Parental consent is required during the 3 day exam).
- The medical consenter must coordinate with the child's caregiver (if other than the medical consenter) to ensure the child receives a Texas Health Steps medical checkup within 30 days after the child's initial placement in substitute care. This is considered overdue 31 days after removal.

**The medical consenter must ensure** that the child receives ongoing Texas Health Steps medical checkups according to the Texas Health Steps Periodicity Schedule. See "Preventative Care" in section 5.

**The medical consenter must coordinate** with the child's caregiver (if other than the medical consenter) to ensure the child receives a CANS (Child and Adolescent Needs and Strengths) assessment within 30 days after the child's initial placement in substitute care (considered overdue 31 days after removal). The medical consenter must ensure that the child receives a CANS re-assessment annually while the child remains in substitute care.

#### **The medical consenter must notify the DFPS caseworker and/or supervisor by the next business day after consenting to psychotropic medications and Schedule II-V drugs.**

Schedule II-V drugs are prescription drugs that are controlled because of their high abuse potential, including:

- Some psychotropic medications (e.g., stimulants, barbiturates, benzodiazepines).
- Sleeping pills (e.g., Seconal, Ambien, Restoril).
- Pain medications (e. g., narcotics, non-narcotics, opiates, methadone).
- Anabolic steroids (testosterone derivatives).

Notification of the initial prescription for psychotropic medications or Schedule II-V drugs and any dosage changes must be in writing by email or other written communication. Include any questions or concerns you might have about any of these medications prescribed for the child after discussing the questions or concerns with the prescribing doctor.

**The medical consenter must notify the DFPS caseworker before consenting** to treatment or services ordered by a child's healthcare providers that are not covered by Medicaid or STAR Health.

**An individual may obtain medical care for a child in an emergency without the consent of the medical consenter if the medical consenter is unavailable and the physician determines the child's condition requires emergency care.** If time allows, provide prior notification and obtain prior consent before treatment is provided. If the medical consenter is not available the physician can decide whether the child's condition is an emergency condition as defined by law and may provide medical care without consent. Notify the DFPS caseworker or caseworker's supervisor as soon as possible of any emergency treatment provided to the child.

#### **The medical consenter must consult with the DFPS caseworker and/or supervisor prior to consenting to major medical care, defined as any of the following:**

- Any surgical procedure that requires administration of general anesthesia.
- Any treatment the child's physician considers dangerous.
- Any other medical treatment that might be threatening to the child's life on long-term health



**The caregiver, medical consenter or residential provider must notify** the child's DFPS caseworker or supervisor immediately or by the next business day of any significant medical conditions so that DFPS can notify a child's parents whose rights have not been terminated. Examples of a significant medical condition include:

- Injuries or illness that are life threatening.
- Injuries or illness that have potentially serious long-term health consequences, including psychiatric hospitalization, hospitalization for surgery, or care other than a minor emergency.
- A decision by the medical consenter not to follow a medical recommendation, including recommendations related to medication.

**The medical consenter may NOT consent** to the following and must notify the child's DFPS caseworker or supervisor in writing immediately or by the next business day if a health care provider recommends any of these treatment/services:

- Extraordinary medical procedure. which include the withholding or withdrawing life sustaining treatment.
- Organ donation
- Abortion
- Electroconvulsive therapy
- Aversion therapy
- Any experimental treatment or clinical trial.

**Special Situations/Exceptions:**

- **Medical consent by youth.** A youth in foster care who is at least 16 years old may consent to some or all of their own medical care when the court with continuing jurisdiction issues an order authorizing the youth to consent. If the court authorizes the youth to consent to some, but not all, of the youth's own medical care, the court order will specify the types of medical care the youth to which he or she may consent. The medical consenter will continue to consent to any medical care to which the youth has not been authorized by the court to consent.
- **Inpatient mental health treatment (psychiatric hospital).** The medical consenter does not have the authority to consent to the admission of a child to a facility for inpatient mental health treatment. The child may only be admitted to inpatient care by DFPS staff if certain criteria are met.
- **Consent for health care and medications after admission for inpatient mental health treatment (psychiatric hospital).** Unless the youth has been authorized to consent to their own medical care, the Medical Consenter must consent to the provision of any health care or administration of psychotropic medications once the youth is admitted.
- **Inpatient or outpatient substance abuse treatment.** The medical consenter does not have the authority to consent to the voluntary admission of a child to a facility for substance abuse treatment. The child may be admitted on a voluntary basis with the consent of both the child (regardless of age) and a representative of DFPS. A child who is at least 16 years old may seek substance abuse treatment without the consent of DFPS or the medical consenter.
- **Counseling.** A child (regardless of age) may consent to counseling for suicide prevention; chemical addiction or dependency; or sexual, physical, or emotional abuse without requiring the consent of DFPS or the medical consenter.
- **Early Childhood Intervention (ECI) and special education.** Federal law governing ECI and special education services prohibit any DFPS employee from being the consenter for ECI or special education services for children in conservatorship, **except consent for an initial eligibility evaluation can be given by a DFPS representative.** A foster parent, or "surrogate parent" (appointment by ECI, the school district, or a judge) if there is no foster parent available, must make ECI and special education decisions regarding consent to those services.

**The medical consenter is entitled to access the child's education portfolio** as needed to become knowledgeable of health care services provided by the independent school district. The medical consenter may obtain this information from the child's DFPS caseworker or caregiver.



## SECTION 4: MEDICAL COVERAGE

### STAR Health

STAR Health Member Services: 1-866-912-6283 (Call this number for information about medical, dental, vision, and behavioral health services)

- **Mandatory enrollment:** STAR Health is the Medicaid managed care health plan for children in foster care and is mandatory for most children in CPS conservatorship, including children and youth placed in foster care, relative and kinship homes, and DFPS contracted residential facilities. The medical consenter must seek medical care for an eligible child from a STAR Health provider.
- **Medical and behavioral health services required within 30 days of initial placement:** STAR Health contracts with certified providers to complete Texas Health Steps medical checkups and CANS assessments. STAR Health Member Services are able to assist with locating providers and schedule appointments for these services. STAR Health providers must schedule appointments within 14 days of a request.
- **Medications:** Prescription medication is a Medicaid benefit covered by STAR Health's contracted providers. A Medicaid ID card should be presented to the Medicaid participating pharmacy when filling a prescription. In the event there is no Medicaid ID card or temporary Medicaid ID, the Form 2085B with a child's DFPS IMPACT Person Identification (PID), may be presented. If a pharmacy refuses to accept the alternative forms, the caregiver or medical consenter should request that the pharmacy contact Star Health. The pharmacy may submit claims using the child's DFPS PID if the child has not yet been assigned a Medicaid number.
- **Denial of STAR Health Services:** The medical consenter must notify the child's DFPS caseworker or supervisor by the third business day after the receipt of the letter from STAR Health denying or reducing a health care service and offering the right to appeal. The caseworker will notify the DFPS Well-Being Specialist.
- **Access to medical records and Protected Health Information (PHI):** The medical consenter is entitled to obtain PHI maintained by STAR Health. To obtain PHI, the medical consenter must provide his or her DFPS PID. The medical consenter's PID is available in Section 1 of this form and may be obtained from the child's DFPS caseworker or supervisor.
- **Health Passport:** The medical consenter is authorized to access the child's Health Passport. The Health Passport is a web-based health information tool (but not a full medical record) located at [www.fostercaretx.com](http://www.fostercaretx.com).

When accessing the Health Passport for the first time, the medical consenter must register using his or her DFPS PID and other identifying information. The medical consenter's PID is found in Section 1 above or may be obtained from the child's DFPS caseworker or the caseworker's supervisor. When entering the Health Passport for the first time, the medical consenter will create a password and will no longer need his/her PID number for access thereafter.

Once registered and logged in using his/her password, the medical consenter may access the child's health information by entering the child's first/last name and one of the following: social security number, Medicaid number, or DFPS PID (also in Section 1). For technical assistance or if having difficulty accessing the system, the medical consenter may email [Tx\\_PassportAdmin@centene.com](mailto:Tx_PassportAdmin@centene.com) or call the Health Passport Help Desk at 1-866-714-7996.

### **Health Passport users must be responsible for maintaining the physical security and confidentiality of Health Passport Information as follows:**

- Medical consenters may only share information from the Health Passport with someone who has a direct need to know the information for the purpose of providing health care services for the child.
- Medical consenters must only share the minimum amount of information necessary to aid in the provision of health care services.
- Medical consenters who are not DFPS staff may only access the Health Passport for a child for whom they are currently the medical consenter or risk losing access to the system.
- Medical consenters who are not DFPS staff may not give a copy of the Health Passport or sections of the Health Passport to other persons or entities.



**Children in the following placements or programs are NOT enrolled in STAR Health, but will receive healthcare according to the rules for the specifying placement or program:**

- Adjudicated and placed in a Texas Juvenile Justice Department facility.
- Placed out of state.
- Placed in Texas from other states.
- Placed in Medicaid-paid facilities such as Nursing Homes, State Supported Living Centers (SSLC - formerly known as State Schools) or Intermediate Care Facilities for IDD Persons (ICF-IDD).
- Adopted or receiving adoption subsidy.
- Court ordered into the Permanent Managing Conservatorship (PMC) of a relative/kinship caregiver and receiving Permanency Care Assistance (PCA).
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**NOTE:** Contact your child's caseworker for questions about healthcare coverage or assistance with accessing services.

**SECTION 5: PREVENTATIVE CARE**

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, known as Texas Health Steps in Texas, is available for children in DFPS conservatorship in paid placements or placed with relative or kinship caregivers.

The medical consentor must ensure and/or coordinate with the child's caregiver to ensure the child receives Texas Health Steps (or EPSDT) checkups from a licensed and enrolled Texas Health Steps provider (or qualified EPSDT provider if placed in another state) as follows:

**An initial checkup** within 30 days after a child's initial placement in substitute care (considered overdue 31 days after removal).

**Ongoing checkups** must be obtained annually, unless required more frequently by the child's medical provider, and must be scheduled one year after the previous checkup and not later than the child's next birthday. Children who are younger than 36 months of age will receive Texas Health Steps medical checkups more frequently as outlined in the Texas Health Steps periodicity schedule.

The Medical Consentor must ensure that a child six months of age or older receives **dental checkups** by a licensed and enrolled Texas Health Steps (or qualified EPSDT provider if placed in another state) provider as follows:

- An initial dental checkup scheduled within 30 days after placement and completed within 60 days of entering DFPS conservatorship (considered overdue 90 days after removal).
- A subsequent dental checkup six months after the month in which the child received the previous checkup (considered overdue nine months after the previous dental checkup).

A Texas Health Steps medical checkup (full definition and periodicity scheduled found at [www.dshs.state.tx.us/thsteps/about.shtm](http://www.dshs.state.tx.us/thsteps/about.shtm) or from your state's local Medicaid office) includes:

- Well-child examinations by a licensed and enrolled Texas Health Steps provider (or qualified EPSDT provider if placed in another state).
- Sensory screening (such as vision or hearing).
- Developmental/behavioral assessment.
- Laboratory testing for screening purposes, such as blood work, urinalysis, TB testing, STD testing, pelvic exam lead toxicity, or HIV testing.
- Anticipatory guidance.
- Dental checkups by a licensed and enrolled Texas Health Steps provider (or qualified EPSDT provider if placed in another state).
- Immunizations (Note: Parental consent is required for immunizations during the 3-day exam).

**NOTE:** Preventative care rules specific to the following facilities apply for children placed in TJJD, Nursing Homes, State Supported Living Centers or Intermediate Care Facilities for Persons with IDD.



**SECTION 6: APPROVAL BY MEDICAL CONSENTER FOR PREVENTATIVE CARE OF A CHILD IN DFPS CONSERVATORSHIP (ALSO PROVIDE PAGE 1 OF 2085B WHEN UTILIZING THIS SECTION)**

The Texas Department of Family & Protective Services (DFPS), managing conservator of the child listed in Section 1, has designated me ("the medical consentor") to consent to the medical care for this child. As medical consentor, I am providing my written consent for the provision of preventive care for this child, unless the health care provider directs me to participate in the appointment in person or by phone.

**Preventative Care:** The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, known as Texas Health Steps in Texas, is available for children in DFPS conservatorship in paid placements or with relative or kinship caregivers.

**A Texas Health Steps (or EPSDT) Medical Checkup (full definition and periodicity schedule found at [www.dshs.state.tx.us/thsteps/about.shtm](http://www.dshs.state.tx.us/thsteps/about.shtm) or from your state's local Medicaid office) includes:**

- Well-child examinations by a licensed and enrolled Texas Health Steps provider (or qualified EPSDT provider if placed in another state).
- Sensory screening (vision, hearing).
- Developmental/behavioral assessment.
- Laboratory testing for screening purposes, such as blood work, urinalysis, TB testing, STD screening, pelvic exam, lead toxicity, HIV testing.
- Anticipatory guidance.
- Dental checkups by a licensed and enrolled Texas Health Steps provider (or qualified EPSDT provider if placed in another state)
- Immunizations (Note: Parental consent is required for immunizations during the 3-day exam).
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**NOTE:** Preventative care rules specific to the following facilities apply for children placed in TJJD, Nursing Homes, State Supported Living Centers or Intermediate Care Facilities for Persons with IDD.

Medical Consentor Signature:  	Date Signed:  06/29/2022	Telephone Number:  (254) 717-6844 & (903) 267-4498
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**Note to Health Care Providers:** The medical consentor is authorized to access, receive, and review the child's medical records or other Protected Health Information (PHI), and may authorize the release of the child's medical records to the extent necessary to obtain services for the child. If you have any medical concerns regarding this child or concerns about the decisions of the medical consentor, please contact the DFPS caseworker, supervisor or the presiding judge.