

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY AND CHILDREN'S SERVICES**

**Cover Memorandum accompanying the April 27, 2007 filing of a Notice of Proposed Rule Adoption by the Division of Family and Children's Services proposing to issue revised Assessing Dental, Medical, Mental Health, and Educational Needs policy for its policy manual.**

Listed below are the seven amended rules to the agency's policy manual that accounts for the substantive differences between the former Medical, Dental, Psychological and Educational Services but is now listed as Assessing Dental, Medical, Mental Health and Assessing Educational Needs.

1. Proposed Rule:

One section of the 1999 policy will be moved to a Worker's practice guide.

Current Rule:

**FC Immunization Schedule**

The immunization schedule which follows shall be used to guide the Social Worker in meeting the health needs of the foster child.

*Immunizations*

Vaccinations to be received:

- Diphtheria, Tetanus, Pertussis (Whooping Cough), and (DTP)
- Polio
- Measles, Mumps and Rubella (MMR)
- Haemophilus Influenzae B (Hib)
- Hepatitis B
- Varicella (Var.) (Chickenpox)

| AGE            | VACCINATIONS                           |
|----------------|--|
| One Month      | Hepatitis B-1                          |
| Two Months     | Hepatitis B-2, DTP, Oral Polio and HIB |
| Four Months    | DTP, Oral Polio and HIB                |
| Six Months     | Hepatitis B-3, DTP and HIB             |
| Fifteen Months | MMR, DTP, Oral Polio, HIB and VAR      |

Four to Six Years

DTP, Oral Polio, and MMR

FOR CHILDREN OVER SIX YEARS OF AGE USE THE FOLLOWING SCHEDULE

| AGE                  | VACCINATIONS                                    |
|----------------------|---|
| First Visit          | Tetanus, Diphtheria, and Polio                  |
| Second Month After   | Titanus, Diphtheria and Polio                   |
| Six to Twelve Months | Tetanus, Diphtheria and Polio, Hep B, Var, MMR, |
| Age 11 to 12 years   |   |
| Age 14 to 16 Years   | Tetanus and Diphtheria                          |

Older children who are still susceptible to measles mumps or chickenpox shall receive protective inoculations.

2. Proposed Rule:

The County of Responsibility Worker will obtain a **referral** for a dental exam for **children age three (3) and older** within **ninety (90) calendar days of child entering custody**. An exception may be made when the Worker is provided with documentation from a dental clinician that dental exams and treatment are up to date. Dental checkups shall recur yearly.

Current Rule:

Dental exams shall be obtained within 90 calendar days of child entering custody or documentation from dental clinician that dental exams and treatment are up to date.

3. Proposed Rule:

The County of Responsibility Worker will obtain a medical examination for all children within **thirty (30) calendar days of custody and yearly thereafter**.

Current Rule:

Within seven working days of a child entering custody, an initial medical exam shall be done.

4. Proposed Rule:

In order to determine if the child is in need of a psychological evaluation, a Mental Health Assessment shall be completed as a part of the Child's ISP. This assessment refers to the **Strengths and Risk Assessment that shall be completed within thirty (30) days of child's custody.**

Current Rule:

All children in custody ages four and older should have a psychosocial assessment within 90 calendar days of custody or documentation from a mental health clinician that mental health assessments are up to date.

5. Proposed Rule:

Section 37-13-91 of the Mississippi Code states that children who attain age six (6) years on or before September 1 of the calendar year and who have not attained age seventeen (17) years on or before September 1 of the calendar year, shall be enrolled and attend regularly a public school or legitimate nonpublic school.

Educational needs of some children in AGENCY custody may fall under the category of "exceptional child". Mississippi Code, Section 37-23-3 (1), states "an exceptional child shall be defined as any child as herein defined, in the age range of birth through twenty (20) years of age with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and, by reason thereof, needs special education and related services. Such children shall be determined by competent professional persons in such disciplines as medicine, psychology, special education, speech pathology and social work. Children who are potentially in need of special educational and related services must be considered for the services on an individual basis."

Current Rule:

A foster parent shall send a foster child to a public school or an accredited school unless alternative educational arrangements have been approved in the child's case plan and upon written approval by the Department of Human Services' Regional Director.

6. Proposed Rule:

The existence of early intervention programs is designated in federal and state legislation. In 1986, the Education for all Handicapped Children's Act (Public Law 94-142) was amended to add rights for infants, toddlers and preschool children and their families. In 1990 the Education for all Handicapped Children Act was renamed Individuals with Disabilities Education Act (IDEA). The early intervention portion of the law was referred to as Part H-Early Intervention for Infants and Toddlers with Disabilities and their Families. Part H sought to enhance the development of infants and toddlers and minimize their potential for delay, reduce the need for special education services, enhance the capacity of the family to meet the needs of their infants and toddlers with special needs and to meet the needs of minority, low income, and rural and underserved populations. In the 1997 reauthorization of IDEA, Part H was changed to Part C. This change brought a new spirit to the law by requiring more emphasis on at risk services, services in the natural environment, family needs assessment, and transition planning. The Mississippi definition of infants and toddlers with developmental delays or disabilities is "children ages birth to 36 months who need early intervention services."

Current Rule:

The Mississippi Early Intervention Act for Infants and Toddlers, originally passed during the 1990 legislative session and reauthorized in 1993, states Mississippi's commitment to a coordinated interagency system of early intervention services according to Part H of the Individuals with Disabilities Education Act (IDEA). This legislation supports the family-centered, community-based interagency system.

All foster children ages birth through two shall be referred to the First Steps Early Intervention program for assessment and follow-up services as needed.

7. Proposed Rule:

Section 41-88-3 (1) of the Mississippi Code Annotated charges the Department of Health with the responsibility "for assuring that all children in the state are appropriately immunized against vaccine-preventable diseases. In order to improve the state's immunization levels in children, the State Department of Health shall enhance current immunization activities and focus on children receiving all recommended immunizations by twenty-four (24) months of age. The immunizations will be administered according to the recommendations of the national Advisory Committee on Immunization Practices (ACIP)". Furthermore, Section 41-23-37 of the code makes it unlawful for any child to attend school until they have been vaccinated. In order to adhere to these laws, Workers shall

make every effort to assure every child in agency custody is immunized prior to enrollment in school.

**Current Rule:**

There is no current rule that quotes Mississippi Code.

## I. Assessing Dental, Medical and Mental Health

### *Medical, Dental, Psychological and Educational Services*

When a child is placed in the custody of the Mississippi Department of Human Services, the Division of Family and Children's Services assumes the responsibility for securing the child's access to medical, dental, psychological and educational services. ~~Every foster child:~~ The provision of these services must be documented in MACWIS.

The services listed in the following sections are usually available under Medicaid, which should be the primary source of payment. County, Region and State funds can be used, with prior approval, to pay for some of these services which are unavailable under Medicaid.

The County of Responsibility Worker will obtain a medical examination for all children within **thirty (30) calendar days of custody** and **yearly thereafter**. This examination can be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any medical provider. The form for this referral can be located in MACWIS under the Case navigation bar, EPSDT icon.

- ~~1. Shall be referred to the local health department or screening provider for a medical examination through EPSDT Medicaid screening. It is recognized that because of different scheduling practices in each county by the local health departments, this resource may not be available at the time needed. In this case, another resource for the medical examination shall be used. State Funds up to \$100.00 can be requested for initial physical examinations. Within seven working days of a child entering custody, an initial medical exam shall be done.~~

The County of Responsibility Worker will obtain a **referral** for a dental exam for **children age three (3) and older** within **ninety (90) calendar days of child entering custody**. An exception may be made when the Worker is provided with documentation from a dental clinician that dental exams and treatment are up to date. Dental checkups shall recur yearly. This referral can be obtained through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) through the local Health Department or from any medical provider. The form for this referral can be located in MACWIS under the Case navigation bar, EPSDT icon.

- ~~2. Shall be referred to the local health department for a dental exam through EPSDT Medicaid screening when the child reaches 3 years of age and regularly thereafter (as prescribed by the dental practitioner). Dental exams shall be obtained within 90 calendar days of child entering custody or documentation from dental clinician that dental exams and treatment are up to date.~~

### **Mental Health**

In order to determine if the child is in need of a psychological evaluation, a Mental Health Assessment shall be completed as a part of the Child's ISP. This

assessment refers to the **Strengths and Risk Assessment that shall be completed within thirty (30) days of child's custody.** There are twenty-seven (27) items on this assessment under Child Characteristics identified as areas that need further evaluation by a mental health professional. If the Worker checks one or more of these 27 items, the items checked will populate onto the Child's ISP. The Worker will then make a referral to a mental health facility for further evaluation of the child. This initial screening to determine the need for further mental health assessment/referral will have been completed as indicated on the Initial/Review tab even if none of the 27 items were checked by the Worker.

~~3. Shall be provided mental health services. A "Plan of Care" shall be done in order for Medicaid to pay for the mental health assessment. All children in custody ages four and older should have a psychosocial assessment, within 90 calendar days of custody, or documentation from a mental health clinician that mental health assessments are up to date.~~

~~It is not necessary to follow the time frame listed if otherwise prescribed by the medical/dental practitioners. Case documentation to reflect a different time frame shall include a statement from the doctor/dentist or be described in case dictation.~~

~~All medical, dental, and psychological information should be recorded in the child's case plan, with records, and other paper documentation filed in the child's case record as an extension of the case plan.~~

### **1. *Early Intervention Program***

All children in custody, age birth through two years (up to 36 months), shall be referred to the First Steps Early Intervention program through the local Health Department for assessment and follow-up services as needed.

The existence of early intervention programs is designated in federal and state legislation. In 1986, the Education for all Handicapped Children's Act (Public Law 94-142) was amended to add rights for infants, toddlers and preschool children and their families. In 1990 the Education for all Handicapped Children Act was renamed Individuals with Disabilities Education Act (IDEA). The early intervention portion of the law was referred to as Part H- Early Intervention for Infants and Toddlers with Disabilities and their Families. Part H sought to enhance the development of infants and toddlers and minimize their potential for delay, reduce the need for special education services, enhance the capacity of the family to meet the needs of their infants and toddlers with special needs and to meet the needs of minority, low income, and rural and underserved populations. In the 1997 reauthorization of IDEA, Part H was changed to Part C. This change brought a new spirit to the law by requiring more emphasis on at risk services, services in the natural environment, family needs assessment, and transition planning. The Mississippi definition of infants and toddlers with developmental delays or disabilities is "children ages birth to 36 months who need early intervention services."

### *The Law*

~~The Mississippi Early Intervention Act for Infants and Toddlers, originally passed during the 1990 legislative and reauthorized in 1993, states Mississippi's commitment to a coordinated interagency system of early intervention services according to Part H of the Individuals with Disabilities Education Act (IDEA). This legislation supports the family-centered, community-based interagency system.~~

~~All foster child ages birth through two shall be referred to the First Steps Early Intervention program for assessment and follow up services as needed.~~

## **2. Immunizations**

Section 41-88-3 (1) of the Mississippi Code Annotated charges the Department of Health with the responsibility “for assuring that all children in the state are appropriately immunized against vaccine-preventable diseases. In order to improve the state’s immunization levels in children, the State Department of Health shall enhance current immunization activities and focus on children receiving all recommended immunizations by twenty-four (24) months of age. The immunizations will be administered according to the recommendations of the national Advisory Committee on Immunization Practices (ACIP)”. Furthermore, Section 41-23-37 of the code makes it unlawful for any child to attend school until they have been vaccinated. In order to adhere to these laws, Workers shall make every effort to assure every child in agency custody is immunized prior to enrollment in school.

The following immunizations, given as recommended by the child’s physician, shall be used to guide the Worker in meeting the health needs of the foster child. The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) have all approved the following vaccinations:

- Diphtheria, Tetanus, Pertussis (DTaP, Dt, TD)
- Polio
- Measles, Mumps and Rubella (MMR)
- Hepatitis B
- Varicella (Var.) (Chickenpox).

A copy of the child’s paper immunization record must be kept in the child’s case file as an extension of the child’s case plan documentation.

### *Infant Check Up Schedule*

~~Unless infants exhibit particular problems which require special monitoring, the infant's check ups shall approximately follow the schedule found below:~~

- First Visit \_\_\_\_\_ Two to three weeks
- Second Visit \_\_\_\_\_ Six to eight weeks (Immunizations Started)
- Third Visit \_\_\_\_\_ Three to four months

Fourth Visit ————— Six months  
 Fifth Visit ————— Nine months  
 Sixth Visit ————— Twelve months  
 Seventh Visit ————— Fifteen to eighteen months  
 Yearly thereafter

*Availability of Funds*

Payments for the above services usually come from different sources. However, these services are available under Medicaid and this should be the primary source of payment.

House Bill 512 (county) funds can be used to meet some of these, as well as State funds which must have prior approval. See the discussion regarding their use in Volume IV, Section D, Fiscal Aspects Of Foster Care and Volume IV, Section A.

**FC Immunization Schedule**

The immunization schedule which follows shall be used to guide the Social Worker in meeting the health needs of the foster child.

*Immunizations*

Vaccinations to be received:

- — Diphtheria, Tetanus, Pertussis (Whooping Cough), and (DTP)
- — Polio
- — Measles, Mumps and Rubella (MMR)
- — Haemophilus Influenzae B (Hib)
- — Hepatitis B
- — Varicella (Var..) (Chickenpox)

| AGE               | VACCINATIONS                           |
|-------------------|--|
| One Month         | Hepatitis B-1                          |
| Two Months        | Hepatitis B-2, DTP, Oral Polio and HIB |
| Four Months       | DTP, Oral Polio and HIB                |
| Six Months        | Hepatitis B-3, DTP and HIB             |
| Fifteen Months    | MMR, DTP, Oral Polio, HIB and VAR      |
| Four to Six Years | DTP, Oral Polio, and MMR               |

FOR CHILDREN OVER SIX YEARS OF AGE USE THE FOLLOWING SCHEDULE

| AGE         | VACCINATIONS                   |
|-------------|--------------------------------|
| First Visit | Tetanus, Diphtheria, and Polio |

|                      |   |
|----------------------|---|
| Second Month After   | Titanus, Diphtheria and Polio                   |
| Six to Twelve Months | Tetanus, Diphtheria and Polio, Hep B, Var, MMR, |
| Age 11 to 12 years   |   |
| Age 14 to 16 Years   | Tetanus and Diphtheria                          |

~~Older children who are still susceptible to measles mumps or chickenpox shall receive protective inoculations.~~

~~Tetanus shots need to be renewed periodically. Please consult a physician.~~

~~Schedule approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).~~

~~A copy of the child's paper immunization record must be kept in the child's case file as an extension of the child's case plan documentation.~~

~~Documentation of immunizations received must be entered on the appropriate screen of the child's ISP in MACWIS and the hard copy should be filed in the hard case file, the hard copy should be filed in the case file.~~

## II. ASSESSING EDUCATIONAL NEEDS

A. Section 37-13-91 of the Mississippi Code states that children who attain age six (6) years on or before September 1 of the calendar year and who have not attained age seventeen (17) years on or before September 1 of the calendar year, shall be enrolled and attend regularly a public school or legitimate nonpublic school. Only the following are exempted from compulsory school attendance:

1. Children who are physically, mentally or emotionally incapable of attending school as determined by the appropriate school official based on sufficient medical documentation.
2. Children who are enrolled in and pursuing a course of special education, remedial education or education for handicapped or physically or mentally disadvantaged children.
3. Children who are being educated in a home instruction program. (Please refer to Section 37-13-91 of the Mississippi Code for criteria of an approved home-school program.)

Youth having attained the age of 17, who are in agency custody, must attend school, a job-training program, or be actively seeking employment except for the previously identified exclusions.

Educational needs of some children in agency custody may fall under the category of "exceptional child". Mississippi Code, Section 37-23-3 (1), states "an exceptional child shall be defined as any child as herein defined, in the age range of birth through twenty (20) years of age with mental retardation, hearing impairments (including deafness), speech or language impairments, visual

impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and, by reason thereof, needs special education and related services. Such children shall be determined by competent professional persons in such disciplines as medicine, psychology, special education, speech pathology and social work. Children who are potentially in need of special educational and related services must be considered for the services on an individual basis.”

Schools who service such children with special needs are required to develop, review and revise an Individualized Education Program (IEP) for each child according to Mississippi Code, Section 37-23-5 which requires “that the program of education for exceptional children be designed to provide individualized appropriate special education and related services that enable a child to reach his or her appropriate and uniquely designed goals for success”. The agency Worker in the county in which the child resides, or his/her designee, shall attend all IEP meetings at the child’s school as long as the child is in custody and receiving special educational services. The biological parent(s), resource parent(s) and child placing agency Worker may also attend these meetings. The Worker will document  in MACWIS this educational meeting as well as file a copy of the IEP in the child’s case record.

#### **Educational Needs**

~~It is a Federal requirement that a child’s educational records be contained in the case plan. To comply with Federal mandates, the following requirements must be met.~~

~~Copies of report cards, IEP rulings and current information on school attended and grade level achievement must be kept in the case record of the child as an extension of the child case plan in which educational information is documented.~~

~~Information of schools attended, grade level achieved, IEP rulings and other educational information shall be entered on the appropriate screens of the child’s ISP in MACWIS.~~

#### ~~—Education~~

- ~~1. A foster parent shall send a foster child to a public school or an accredited school unless alternative educational arrangements have been approved in the child’s case plan and upon written approval by the Department of Human Services’ Regional Director.~~
- ~~2. A foster parent shall secure other educational services as prescribed in the child’s case plan.~~

## **B. Medical and Educational Records**

The Social Security Act, Section 475 (1) (c), requires that the child’s most recent available medical and educational records for children in custody be maintained in the child’s case record. Workers will maintain copies of all report cards, IEP rulings and current information on school attended and grade level achievement in the case record of the child as an extension of the child’s case plan and also document  in MACWIS in Demographics.