

MANUAL TRANSMITTAL

Arkansas Department of Human Services
Division of Children and Family Services

Policy Form Policy Directive
Service Programs Policy Manual

Issuance Number: SPP 2004-05
Issuance Date: June 18, 2004

From: Roy Kindle, DCFS Director

**Expiration Date: Until
Superseded**

**Subj.: Executive Directive: Referral to DDS for Services and Clarification on
Addressing Prenatal Illegal Drug Exposure.**

To ensure compliance with the Child Abuse Prevention and Treatment Act (CAPTA), effective immediately, DCFS will refer ALL infants and toddlers 0-3 years of age, who are in a home in which maltreatment has been found to be true, to the Division of Developmental Disabilities Services (DDS) for Early Intervention Services to help children learn and grow.

A referral shall be made on ALL children 0-3 years of age in the home if there is a true finding, even if the Division does not open a case. DDS will evaluate the referral and determine services for the family if appropriate.

Once DDS receives a referral they have 45 days to complete the evaluation and assessment, and hold the Individualized Family Service Plan (IFSP) meeting. Therefore, all referral information must be submitted timely. Referrals are to be made to the local DDS office through completion and submission of all requested information.

The **Family Service Worker** will:

WHEN A CASE IS NOT OPENED:

- Refer all children in the home 0-3 years of age to DDS within two working days of completing the child maltreatment investigation with a true finding.
- Complete the DCO-3350 (Referral for Services) and submit to the local DDS office.
- For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section of the referral.

REFERRALS FOR PROTECTIVE SERVICES CASES:

Refer all children in the home 0-3 years of age to DDS within 30 days of opening a protective services case when there is a true finding of child maltreatment. Referrals are to made to the local DDS office through completion and submission of all of the following information:

- DCO-3350 (Referral for Services). For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section of the referral.
- DHS-4000 (Authorization to Disclose Health Information)
- Court-order, if applicable
- Copy of Social Security Card or number
- Copy of Medicaid Card or number, if applicable
- Referral source contact information
- Any other pertinent information related to the request
- DMS-800 (Children's Medical Services Application) (parent must complete)
- Copy of EPSDT (parent must obtain)
- Copy of all evaluations, if available
- Copy of the CFS-6009 (Strengths and Needs Assessment)

Note: A referral for services on behalf of any child may be sent at any time by parent, guardian or individual with legal authority acting on behalf of the child.

- DDS should contact the referral source with the results of the referral.
- DCFS will coordinate services with DDS when appropriate.

REFERRALS FOR FOSTER CARE CASES

Refer all children in the home 0-3 years of age to DDS within 10 days of receipt of the comprehensive exam results when there is a true finding of child maltreatment. Referrals are to made to the local DDS office through completion and submission of all of the following information:

- DCO-3350 (Referral for Services). For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section of the referral.
- DHS-4000 (Authorization to Disclose Health Information)
- Court-order, if applicable
- Copy of Social Security Card or number
- Copy of Medicaid Card or number, if applicable
- Referral source contact information
- Any other pertinent information related to the request
- DMS-800 (Children's Medical Services Application)
- Copy of all evaluations, if available
- Copy of the CFS-6009 (Strengths and Needs Assessment)

- If a foster child is determined to be eligible for services and the goal for the child is reunification, the child's parent must attend the Individualized Family Service Plan (IFSP) meeting.
- If the child's parents cannot be located or the child's goal is not reunification, the child's foster parent will serve as the child's surrogate parent. The foster parents must be trained as a surrogate parent. The Local Education Agency (LEA) Special Education Supervisor or Designee can assist in coordinating the surrogate parent training for the foster parent.

The DCO-3350 (Referral For Services), DHS-4000 (Authorization to Disclose Health Information), and DMS-800 (Children's Medical Services Application) are located on DHS Gold.

Clarification on Addressing Prenatal Illegal Drug Exposure

CAPTA requires states to have some plan on how to deal with reports of infants who have been affected by pre-natal exposure to illegal drugs. The requirement does not mandate that DCFS treat this as a new maltreatment type; therefore, DCFS will treat these reports as referrals for service. Health care providers involved in the delivery or care of infants born and identified as affected by illegal substance abuse or withdrawal symptoms will refer these infants for service. Referral for infants affected by pre-natal exposure to illegal drugs will only be accepted from the health care providers mentioned above. There must be documentation of how the child is affected and this documentation must come from the health care provider. CAPTA specifically requires that the child must have had some affect from the exposure, not just that they were exposed. DCFS would treat it as a referral for services and do an assessment to determine if there are services DCFS can offer. If the health care provider reporter calls the county office, it should be treated as an information and referral. If the health care provider reporter calls the Hotline, it would be screened out and treated like the behaviorally based reports, i.e., sent to the county as an information and referral.

FOR THE PURPOSES OF CAPTA, DCFS IS CONSIDERING ILLEGAL SUBSTANCES ONLY, AND NOT ALCOHOL OR LEGAL DRUGS.

The county must develop a plan of safe care for all infants who have been affected by pre-natal exposure to illegal drugs referred to DCFS. The assessment of services for the family referred must include a safety assessment if there are safety issues that can be addressed. If the assessment turns up reasonable cause to suspect maltreatment, a report must be made to the Child Maltreatment Hotline.