

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: DAVID B. KURT, DIRECTOR

SUBJECT: CHANGES TO MEDICAL INFORMATION SCREEN,
PLACEMENT INFORMATION SCREEN, AND CONTACT
COMMUNICATION LOG SCREEN.

DISCUSSION:

The purpose of this memorandum is to introduce changes made in FACES to allow documentation of:

- Informed consent decisions;
- Revision of diagnosed conditions;
- The provision of the Health Information Summary, CD-264, to resource parents; and
- Safe sleep practices were discussed with all caregivers for children under the age of two (2).

Changes to the Medical Information Screen

The Medical Information Screen for Alternative Care has been revised to reflect informed consent requirements and revised diagnosed conditions.

A new comments field has been added under each listed medication. This field shall be utilized to document who prescribed the medication and the reason the medication was prescribed.

A new date field has been added to document the date informed consent was given for psychotropic medication. The date can be current or past date.

A text field has been added to document by whom informed consent was provided.

Once medication fields have been entered and updated, they cannot be edited or invalidated. If entered in error, please document in comment box below.

If the dosage of a medication increases or decreases, an end date will need to be entered on the old prescription and a new medication added to reflect the accurate dosage. If informed consent was not required for the dosage change, enter the previous date informed consent was given if within last 12 months.

Medication comments have been revised to Overall Medical Comments. This field should be utilized to document overall comments regarding medical care for the youth. Additionally, information regarding if a secondary or mandatory review was completed or not necessary can be added to this field. Child assent can be documented in this field as well.

Medication information, informed consent date and by whom, and comments will self-populate to the Child Assessment and Service Plan, CS-1 and Adolescent FST guide (Self-care/Health section).

Diagnosed conditions has been revised. A new list of diagnosed conditions has been added sorted by body systems. FACES will generate the domain based on selected diagnosis (i.e. Physical – P, Emotional –E, Developmental Disorders – D, Visual or Hearing – V, other special care – O). Once diagnosis is selected, it will self-populate to the CS1, Adolescent FST guide (Self-care/Health section), and case record Medical Information Screen.

Changes to the Placement Information Screen

Revised wording in placement screen to resource parent instead of foster parent.

A new field with a yes/no drop down and date field box has been added to document that CD provided the resource parent with the Health Care Information Summary, CD-264.

A new field with a yes/no drop down and date field box has been added for children under the age of two (2), as of the placement begin date, to document that CD discussed safe sleep practices with all caregivers.

Changes to Contact Communication Log

A new purpose has been added to reflect clinical consultation conversations in regards to informed consent/healthcare decisions. This purpose should be used when conversations are being held with prescribers to obtain information necessary to make informed consent decisions, notifications of emergency medications used during inpatient hospitalizations or in a residential program, parental engagement regarding psychotropic medication, and for documenting reviews completed by The Center for Excellence.

A new purpose has been added to reflect informed consent review conversations. This purpose should be used to document supervisor consultations regarding informed consent decisions every 90 days. This purpose should also be used to document ongoing conversations with the youth, parents and resource providers regarding treatment and psychotropic medication.

NECESSARY ACTION	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children’s Division staff. 2. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT Larry Smith Program Development Specialist 573-522-8303 Larry.K.Smith@dss.mo.gov	MANAGER CONTACT Stacie Frueh, MSW Health Specialist Coordinator 573-341-1668 Stacie.A.Frueh@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS Child Welfare Manual, Section 4: Alternative Care, Chapter 4: Working with Children, Subsection 3: Medical and Mental Health Planning.	
FORMS AND INSTRUCTIONS CD-264 Health Care Information Summary	
REFERENCE DOCUMENTS AND RESOURCES N/A	
RELATED STATUTE N/A	