# Attachment B – Designation of Medical Consenters

**Purpose:** Use this form to designate medical consenters. For more information about the use of this form, see [11100 Medical Consent](https://www.dfps.texas.gov/handbooks/CPS/Files/CPS_pg_x11000.asp#CPS_11100) and its subsections in the *Child Protective Services Handbook*.

**Directions:** The child’s caseworker fills in all applicable fields. The medical consenters, caseworker, and supervisor sign in the appropriate places. Please send any questions to the medical consenter mailbox ([Medical.Consenter@dfps.texas.gov](mailto:Medical.Consenter@dfps.texas.gov)).

***This form’s references to any “DFPS” caseworker refer 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.***

| SECTION 1A: CHILD’S INFORMATION | | | | | |
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| The Texas Department of Family and Protective Services (DFPS) is the managing conservator of the child identified in this section. | | | | | |
| Child’s Name: | | DFPS Person Identification (PID): | | Medicaid Number: | |
| Date of Birth: | Legal County: | | Court Number: | | Cause Number: |
| Child’s Selected Service Package: | | | | | |
| Name of Judge: | | | | | |

| SECTION 1B: PRIMARY MEDICAL CONSENTER | |
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| Name of Primary Medical Consenter: | PID: |
| The primary medical consenter agrees to medical care – including physical, dental, behavioral health, vision, and allied health care (such as physical therapy, occupational therapy, speech therapy, or dietetic services) – for the child. | |

| SECTION 1C: SECOND PRIMARY MEDICAL CONSENTER | |
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| Name of Second Primary Medical Consenter: | PID: |
| The second primary medical consenter agrees to medical care – including physical, dental, behavioral health, vision, and allied health care (such as physical therapy, occupational therapy, speech therapy, or dietetic services) – for the child if the primary medical consenter is not available. | |

| SECTION 1D: BACKUP MEDICAL CONSENTERS | |
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| Name of First Backup Medical Consenter: | PID: |
| Name of Second Backup Medical Consenter (if any): | PID: |
| The backup medical consenter or consenters agree to medical care – including physical, dental, behavioral health, vision, and allied health care (such as physical therapy, occupational therapy, speech therapy, or dietetic services) – for the child if the primary and second primary medical consenters are both unavailable. | |

| SECTION 2: ACKNOWLEDGMENT, AGREEMENT, AND SIGNATURES | | |
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| As primary, second primary, or 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 Section 3: Medical Consenter Responsibilities. * 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 Consenters to the child’s health care providers, along with the child’s Medicaid ID card and STAR Health ID if applicable. * I will regularly provide information about the child’s medical care to DFPS for inclusion in required reports. This includes information about preventive care, major medical care, emergency care, and medical care for common childhood illnesses and minor injuries. * I will notify the DFPS 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:  X | Date Signed: | Telephone Number: |
| Second Primary Medical Consenter Signature:  X | Date Signed: | Telephone Number: |
| First Backup Medical Consenter Signature:  X | Date Signed: | Telephone Number: |
| Second Backup Medical Consenter Signature:  X | Date Signed: | Telephone Number: |
| DFPS or SSCC Caseworker Signature:  X | Date Signed: | Telephone Number: |
| DFPS or SSCC Supervisor Signature:  X | Date Signed: | Telephone Number: |
| With this designation, any Form 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 RESPONSIBILITIES |
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| **The medical consenter MAY consent to the following:**   * Preventive Care, including Texas Health Steps medical checkups. * Dental checkups and treatments. * Child and Adolescent Needs and Strengths (CANS) assessment. * Behavioral health services (therapy, psychosocial skills training, psychological assessments, psychotropic medications). * Treatment provided (including psychotropic medications) once the child is admitted to an inpatient mental health facility (psychiatric hospital). * Allied health services (physical therapy, speech therapy, occupational therapy, dietetic services, etc.). * Ongoing medical care (acute and chronic). * Vision and hearing screening. * Developmental screening. * Lab testing, including human immunodeficiency virus (HIV) tests. * 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 exam is considered overdue 31 days after removal from the child’s home.  **The medical consenter must ensure** that the child receives ongoing Texas Health Steps medical checkups according to the Texas Health Steps Periodicity Schedule. See Section 5: Preventive Care.  **The medical consenter must coordinate** with the child’s caregiver (if other than the medical consenter) to ensure the child receives a CANS assessment within 30 days after the child’s initial placement in substitute care (considered overdue 31 days after removal). |
| **The medical consenter must notify the DFPS caseworker, supervisor, or both by the next business day after consenting to psychotropic medications or Schedule II-V drugs.**  Schedule II-V drugs are prescription drugs that are controlled because of their high abuse potential, including:   * Some psychotropic medications (for example, stimulants, barbiturates, benzodiazepines). * Sleeping pills (for example, Seconal, Ambien, Restoril). * Pain medications (for example, narcotics, non-narcotics, opiates, methadone). * Anabolic steroids (testosterone derivatives).   Notification of the initial prescription for a psychotropic medication or Schedule II-V drug and any dosage changes must be in writing (by email or other written communication). The medical consenter must include any questions or concerns that the medical consenter has 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 the child’s health care 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, health care providers must 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. The medical consenter must 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, supervisor, or both 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 or long-term health. |
| **The medical consenter must notify** the child’s DFPS caseworker or supervisor immediately or by the next business day of any significant medical conditions of the child, so that DFPS can notify the child’s parents whose parental rights have not been terminated. Examples of a significant medical condition include:   * Injuries or illnesses that are life threatening. * Injuries or illnesses that have potentially serious long-term health consequences, including psychiatric hospitalization, hospitalization for surgery, or emergency care other than a minor emergency. * A decision by the medical consenter not to follow a medical recommendation, including a recommendation 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 treatments or services:   * Extraordinary medical procedure, which includes the withholding or withdrawing of life-sustaining treatment. * Organ donation. * Abortion. * Electroconvulsive therapy. * Aversion therapy. * Any experimental treatment or clinical trial. |
| **Special Situations and Exceptions:**   * **Medical consent by youth.** A youth in foster care who is at least 16 years old may consent to some or all of the youth’s 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 to which the youth may consent. The medical consenter will continue to consent to 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 this type of facility 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 the youth’s own medical care, the medical consenter has the authority to 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 youth 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 DFPS conservatorship, **except that consent for an initial eligibility evaluation can be given by a DFPS representative.** A foster parent, or a “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 school district. The medical consenter may obtain this information from the child’s DFPS caseworker or caregiver. |

| SECTION 4: MEDICAL COVERAGE |
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| **STAR Health**  STAR Health Member Services: The medical consenter or DFPS staff may call **1-866-912-6283** for information about medical, dental, and vision services.   * **Mandatory enrollment:** STAR Health is the Medicaid managed care health plan for children in foster care and is mandatory for most children in DFPS 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 services required within 30 days of initial placement:** STAR Health contracts with certified providers to complete Texas Health Steps medical checkups. STAR Health Member Services can assist with locating providers and scheduling 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. If there is no Medicaid ID card or temporary Medicaid ID, this 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 or her PID number for access after that.  Once registered and logged in using his or her password, the medical consenter may access the child’s health information by entering the child’s first and last name (or first and last initial) 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 receive health care according to the rules for the specific placement or program:**   * Adjudicated and placed in a Texas Juvenile Justice Department (TJJD) facility. * Placed out of state. * Placed in Texas from other states. * Placed in Medicaid-paid facilities, such as nursing homes, state supported living centers (SSLCs – formerly known as state schools), or intermediate care facilities for individuals with an intellectual disability or related condition (ICFs-IID). * Adopted or receiving an adoption subsidy. * Court-ordered into the permanent managing conservatorship (PMC) of a relative or kinship caregiver and receiving permanency care assistance (PCA).   **Note:** The medical consenter should contact the child’s caseworker to ask questions about health care coverage or to get assistance with accessing services. |

| SECTION 5: PREVENTIVE CARE |
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| 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 placed with relative or kinship caregivers. This is known as the Texas Health Steps checkup and is different from the 3-day exam.  The medical consenter must ensure that the child receives, 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 a qualified EPSDT provider if placed in another state) as follows:   * **An initial checkup** must occur within 30 days after the 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 receive Texas Health Steps medical checkups more frequently, as outlined in the Texas Health Steps Periodicity Schedule.   The medical consenter must ensure that a child six months of age or older receives **dental checkups** by a licensed and enrolled Texas Health Steps provider (or a qualified EPSDT provider if placed in another state) as follows:   * An initial dental checkup scheduled within 30 days after placement and completed within 60 days after 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 schedule available on the [Texas Health Steps](https://www.dfps.texas.gov/Child_Protection/Medical_Services/Texas_Heath_Steps.asp) page on the DFPS public website (<https://www.dfps.texas.gov/Child_Protection/Medical_Services/Texas_Heath_Steps.asp>) or from a local Medicaid office) includes:   * Well-child examination by a licensed and enrolled Texas Health Steps provider (or a qualified EPSDT provider if placed in another state). * Sensory screening (such as vision or hearing). * Developmental and behavioral assessment. * Laboratory testing for screening purposes, such as blood work, urinalysis, tuberculosis (TB) testing, sexually transmitted disease (STD) testing, pelvic exam, lead toxicity, or HIV testing. * Anticipatory guidance. * Immunizations. (Note: If there is a known parental objection to immunization, consent must not be given.)   **Note:** Preventive care rules specific to the facilities apply for children placed in Texas Juvenile Justice Department (TJJD) facilities, nursing homes, state supported living centers, or intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID). |

| **SECTION 6: Child and Adolescent Needs and Strength (CANS) Assessment** |
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| A child must have a CANS Assessment completed within 30 days after coming into substitute care. It is the responsibility of the child’s caregiver to participate in the CANS Assessment with the child.  **Child Placed in a T3C Placement:**  If the child is placed in a T3C placement, the caseworker must submit the Affidavit of Removal to the CANS Request Mailbox for their legal region/SSCC area and a CANS Assessor will coordinate with the child’s caregiver to ensure that the assessment occurs.  Children in DFPS conservatorship, ages 3-17, and young adults in Extended Foster Care, ages 18-22, who are receiving T3C Services, must receive a CANS assessment at the following times:   * Within 30 days of removal. * Within 30 days after the child’s third birthday, if the child turns 3 years old while in DFPS conservatorship. * At least annually. * At the time of placement change, unless the child is placed in a temporary placement. * Every 90 days if the child is receiving therapeutic services. * Upon request of the child’s caseworker, to ensure appropriate Service Package selection and placement match.   **Child Placed in a Non-T3C Placement:**  If a child is placed in a non-T3C placement, the caseworker coordinates with the child’s caregiver to schedule and obtain the CANS assessment through STAR Health.  A CANS assessment will be conducted with children and youth ages 3–17 in DFPS conservatorship who are not receiving services under a T3C Service Package:   * Within 30 days of removal. * At least annually.   Young adults, ages 18–22, who are in extended foster care and are **not**receiving T3C services, will **not** receive a CANS assessment. |

| SECTION 7: APPROVAL BY MEDICAL CONSENTER FOR PREVENTIVE CARE AND COMMUNICATION WITH STAR HEALTH FOR A CHILD IN DFPS CONSERVATORSHIP (ALSO PROVIDE SECTION 1 OF FORM 2085B WHEN UTILIZING THIS SECTION) | | |
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| The Texas Department of Family and Protective Services (DFPS), managing conservator of the child listed in Section 1, has designated me (“the medical consenter”) to consent to medical care for this child. As medical consenter, 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.  **Preventive 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 placed with relative or kinship caregivers. **Note:** Preventive care does not include authorization to consent to prescription medication.  A Texas Health Steps (or EPSDT) medical checkup (full definition and periodicity schedule available on the [Texas Health Steps](https://www.dfps.texas.gov/Child_Protection/Medical_Services/Texas_Heath_Steps.asp) page on the DFPS public website (<https://www.dfps.texas.gov/Child_Protection/Medical_Services/Texas_Heath_Steps.asp>) or from a local Medicaid office) includes:   * Well-child examination by a licensed and enrolled Texas Health Steps provider (or a qualified EPSDT provider if placed in another state). * Sensory screening (vision, hearing). * Developmental and behavioral assessment. * Laboratory testing for screening purposes, such as blood work, urinalysis, TB testing, STD screening, pelvic exam, lead toxicity, or HIV testing. * Anticipatory guidance. * Immunizations. (Note: If there is a known parental objection to immunization, consent must not be given.)   **Communication with STAR Health:** As medical consenter, I hereby authorize and provide my written consent to allow for communication between STAR Health and the child’s caregiver for purposes of case management, appointment scheduling, identification of Primary Care Physician, and service coordination.  **Note:** Preventive care rules specific to the facilities apply for children placed in TJJD facilities, nursing homes, state supported living centers, or intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID). | | |
| Medical Consenter Signature:  X | Date Signed: | Telephone Number: |
| **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. | | |