

	<b>INDIANA DEPARTMENT OF CHILD SERVICES</b> <b>CHILD WELFARE POLICY</b>	
	<b>Chapter 8:</b> Out-of-Home Services <b>Section 28:</b> Payment for Health Care Services	
	<b>Effective Date:</b> October 1, 2023	<b>Version:</b> 3

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## POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will ensure a determination for Medicaid eligibility is completed for all children in out-of-home care to determine the financial responsibility for the health care services the child receives. DCS will accept financial responsibility for all required health care services for all children in out-of-home care who are ineligible for Medicaid and not covered by private health insurance.

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## PROCEDURE

For children in out-of-home care who are covered by the private health insurance of their parent, guardian, or custodian, DCS will utilize the private health insurance for all required health care services.

**Note:** DCS will accept the financial responsibility for the child’s required health care service when the child’s private health insurance does not cover all or some of the bill for a health care service the child receives.

The Family Case Manager (FCM) will:

1. Review policy 8.26 Authorization for Health Care Services with the resource parent to ensure the resource parent’s understanding of the following:
  - a. The child will use a health care provider who accepts one (1) of the following, unless emergency treatment is required:
    - i. Accepts Medicaid if the child is Medicaid eligible; or
    - ii. Accepts the private health insurance plan that covers the child.
  - b. Prior authorization from the DCS Local Office Director (LOD) is required for payment of any specialized treatment that is not covered by Medicaid or private health insurance; and
  - c. The health care provider should be informed of the child’s health insurance status (Medicaid or private insurance), and the resource parent is to present the child’s applicable health insurance card to the health care provider.
2. Discuss requests for any specialized treatment not covered by Medicaid or private health insurance with the FCM Supervisor;

**Note:** Authorization from the LOD is required for payment of any specialized treatment that is not covered by Medicaid or private health insurance.

3. Ensure requests for cosmetic procedures that are not covered by private health insurance or Medicaid are denied and the reasons for the denial are conveyed to the resource parent; and

**Note:** The FCM should discuss any questions and/or concerns regarding the denial of cosmetic procedures with the FCM Supervisor.

4. Ensure all requests, approvals, and denials are documented in the case management system.

The FCM Supervisor will:

1. Discuss with the FCM any questions or concerns regarding specialized treatment that is not covered by Medicaid or private health insurance and/or any requests for cosmetic procedures; and
2. Forward requests for specialized treatment not covered by Medicaid or private health insurance to the LOD for approval.

The DCS LOD will review requests for specialized treatment not covered by Medicaid or private health insurance and determine whether to authorize payment of the specialized treatment. The LOD may seek court approval before authorizing payment (see policy 8.26 Authorization for Health Care Services).

**Note:** DCS will not accept financial responsibility for cosmetic procedures (e.g., braces, Lasik eye surgery, and acne treatments) not covered by private health insurance or Medicaid, nor will an FCM offer such services.

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## RELEVANT INFORMATION

### Definitions

N/A

### Forms and Tools

N/A

### Related Policies

- [8.26 Authorization for Health Care Services](#)

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## LEGAL REFERENCES

- [IC 12-7-2-60: "Destitute child"](#)
- [IC 12-15-2-16.2: Eligibility of foster children; enrollment assistance](#)
- [IC 31-34-2.5-6: Safe haven infant presumed eligible for Medicaid](#)

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## PRACTICE GUIDANCE- DCS POLICY 8.27

*Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.*

N/A

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