

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Child Health Care
Policy Number: 9.02.05
Policy Name: Medical Second Opinions and Authorization for
Extraordinary Medical Procedures

Original Effective Date: 06/30/1999
Revision Date(s): 11/01/2015
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Approved By: Cynthia G. Weiskittel

PURPOSE: To define the criteria and the process for obtaining a Medical Second Opinion, (the opinion of another medical professional), regarding medical diagnoses or recommendations made in specific high risk, critical medical situations of children in the custody of Cuyahoga County Division of Children and Family Services (CCDCFS) and the process of consent for these procedures.

SCOPE: This policy applies to all CCDCFS staff.

POLICY

- I. Medical Second Opinions are obtained prior to requesting authorization from the Director for the following medical procedures to be performed on a child in CCDCFS custody:
 - A. Organ Transplants
 - B. Amputations
 - C. Life Support Systems Decisions
 - D. Decisions involving a Limitation of Care or Do Not Resuscitate (DNR)
 - E. Autopsies
 - F. Other extraordinary medical decisions as deemed necessary by Senior Manager or Health Care Administrator (HCA)

- II. Medical Second Opinions are obtained prior to requesting authorization from the Director for other high risk, critical, elective and/or extraordinary medical procedures, as deemed necessary by the Senior Manager or HCA, or their designated back-up.

PROCEDURES

- I. The Worker of Record (WOR) for the child needing a medical procedure covered in this policy informs the child's physician that a Medical Second Opinion is requested and that any decision or action regarding the recommended procedure is delayed until the Second Opinion is obtained.
- II. The Worker of Record (WOR) completes a **Critical Incident Form** and contacts the HCA or designated back up to discuss the child, and provides a summary pertinent information including, but not limited to:
 - A. The child's name and date of birth
 - B. Custody status
 - C. Active Medicaid number and the status of the child's health insurance coverage
 - D. Name and phone number of the substitute caregiver
 - E. Name and all contact information for child's primary/referring physician
 - F. Name and all contact information for physician/specialist performing the procedure
 - G. Child's medical history including information on the indications for the procedure; potential complications; expected outcome
 - H. Description of the procedure including whether it would be performed on an inpatient or an outpatient basis
 - I. Proposed date and time for the procedure, as well as duration
 - J. Follow up care that will be necessary following the procedure
- III. If the child is in EC, TC or PPLA, the WOR locates the parents and advises them of the extraordinary procedure recommendation and that a second medical opinion is requested.* The WOR provides assistance in coordinating a meeting with the referring physician and in obtaining a second opinion.
- IV. The HCA or designated back up, obtains the name of an alternative medical professional from an appropriate, designated medical institution.
 - A. The HCA provides the name of the alternative professional to the WOR.
 - B. The Health Care Unit (HCU) completes the **Authorization for Non-Routine Care – ap144b** and appropriate **Medical Release of Information** requesting a Second Opinion.
 - C. The HCA and WOR schedules the Second Opinion with the alternative medical professional.
 - D. The alternative medical professional completes the Second Opinion examination and any other services deemed necessary and provides a detailed report to the HCA and WOR.

* The GAL for the child shall also be notified and kept informed about the child's condition.

- V. For a child in EC, TC or PPLA, the WOR provides the parent with the original recommendation, summary and second medical opinion, and attends the meeting between the child's parents and referring physician. Afterward, the WOR informs the supervisor, HCA, senior manager, deputy director and director of the result of the meeting, including the parent's decision giving or not giving consent. The parental decision to give or not give consent to the procedure is documented in the child's record.
 - A. In instances where a recommendation is made for a child in EC, TC or PPLA whose parents are unavailable, are deemed incompetent, or whose decision CCDCFS feels is contrary to the child's best interest, the Prosecutor's Office is notified and a determination will be made about the need for Juvenile Court involvement.
- VI. For a child in PC, the WOR, supervisor, HCA, senior supervisor and deputy director meets with the CCDCFS director. Copies of the referring physician's recommendations, the medical second opinion, social service summary and any other documentation are provided. Based on the child's best interest, the director determines whether or not to consent to the medical procedure. The director's decision to consent or not to consent is documented in the child's record.
- VII. If consent is provided for the identified medical procedure, the HCU prepares the **Authorization for Non-Routine Care – ap144b**. The HCA forwards or faxes a copy of the **Authorization for Non-Routine Care – ap144b** to the child's physician once a signature is obtained from the Director providing consent for the medical procedure.
- VIII. If the proposed medical procedure is not authorized:
 - A. The WOR, Supervisor and the HCA contact the child's physician to discuss a further assessment of the child's medical needs and/or alternative methods of treatment.
 - B. When appropriate, the services or advice of the physician who provided the Second Opinion are utilized.
- IX. The WOR completes the follow up to the Critical Incident report once a determination for the medical procedure recommendation is made.
- X. The WOR with assistance and/or support from the HCA, if necessary, communicates all appropriate information regarding the proposed medical procedure, the Second Opinion, and any resolution to the substitute caregiver and other significant case-related individuals.

SEE ALSO:

- **Cuyahoga County Division of Children and Family Services Policies and Procedures Manual**

Policy 9.00.01

Comprehensive Health Care for Children in Placement and HIPAA Signature Authorization

FORMS

Critical Incident Form

Follow Up Report

Authorization for Non-Routine Care (ap144b)

Medical Records Release Form