



Supplemental to DSS Policy 510.7: Medical Consent for Children in Foster Care

Child Welfare Staff	
A. Medical Consenter for Medical Care	Before consenting a DSS case manager or supervisor makes sure to: 1. Check the court order to see if DSS has authority to consent to routine and or major medical treatment. 2. Complete the SCDSS Health Care Oversight and Psychotropic Medications training within 90 days of hire, and then annually thereafter. Trainees must pass the quiz with a score of 70% or higher to be issued certificate of completion from DSS LMS. 3. Closely coordinate with caregivers as to any upcoming health care appointments to ensure an individual with the right to consent is available to attend the appointment. 4. In addition, the case manager makes every effort to attend upcoming health care appointments for the child especially if child may be prescribed psychotropic medications or decisions may be made for major medical treatment. 5. Get copy of medical encounter form or treatment records for that appointment from medical provider or person who attended the medical appointment and upload it to the linked files tab in the Person screen in CAPSS. 6. If the DSS case manager is unable to attend the health care appointment, the case manager gets all details from the caregiver who attended the appointment as to any health care provided during the appointment as soon as possible, but no later than the next business day. 7. The DSS case manager links all forms in CAPSS no later than five (5) business days after the receipt of the forms. 8. Case manager is to document any changes in child's diagnosis and medication in CAPSS under Health and Education Passport and make a note in Dictation tab. 9. Case manager responds to any request for medical consent made by medical provider within 24 hours. 10. If the DSS case manager is asked to sign blank consent forms dictating that a child can be given certain medications in future according to physician order, the DSS case manager draws a line through that language before signing any such document or refuses to sign blank medication treatment forms.

B. Family Engagement and Refusal to Treatment	1. Help facilitate child and parental engagement in treatment unless doing so is not in the best interest of the child. This includes the DSS case manager: a. Informing parents about any medical appointments prior to the appointment being held and asking them to be present in person or be available by phone at time of appointment b. If the parents are unable to attend and participate in child's health care, the case manager informs them of consents given and treatments received at time of appointment. c. Documents any efforts made to engage parents in treatment and reasons why the parent could not or should not be involved. If parent couldn't be located any reasonable efforts to locate parent are documented. 2. Contact their supervisor and local managing DSS attorney when it may not be in best interest of the child's parent to be involved in health care decisions about their child. 3. There could be situations where child, biological parent, foster parent, or other care giver may refuse treatment. Any person refusing treatment is appropriately informed regarding the impact of such refusal and alternate treatment options. This can be done by health care provider at the time of appointment or case manager can help facilitate transfer of this information to the person refusing the treatment. In case of refusal of treatment DSS case manager consults with the prescribing health care provider to determine: a. Medical necessity of such treatment and impact of refusal of such treatment to include any harm the child has from not receiving the proposed treatment b. If there are any alternate treatments or medications available 4. Check the court order to see if DSS has right to consent to said treatment. a. If the person refusing treatment has the right to consent and treatment is necessary to protect the child from harm and having the treatment is in the best interest of the child, and the person refusing treatment continues to refuse treatment after being informed of risk of harm to child, the DSS case manager seeks guidance from supervisor and consults with regional DSS attorney regarding the need for judicial intervention.
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C. Medical Consenter for Routine Medical Care	When the agency has authority to make medical decisions on behalf of the child, the DSS case manager and/or supervisor are the usual and primary consenters for routine medical care. 1. The case manager and or supervisor looks at court order to make sure DSS has the authority to consent to routine medical care for child in foster care. 2. The case manager and or supervisor can consent to routine care from medical provider at visits in person or by phone if no medical consenter is present at visit. 3. Verbal consent is to be followed by consent in writing when medical consenter is unable to provide consent in person. Case manager documents in CAPSS under dictation tab specifics of verbal consent provided. 4. Case manager also provides consent by secure email/fax as requested by medical provider in between visits. 5. When child needs consent for psychotropic medication case manager and or supervisor takes the DSS Form 2056: Psychotropic Medication Informed Consent at the appointment and provides consent on this form. When the agency has authority to consent to routine medical care but is unable to attend and consent to such care, the agency designates up to two secondary medical consenters. The agency makes sure when designating the consenters that: 1. The designated secondary consenters are a child's live-in caregivers such as foster parents, relatives, adoptive parents, professional employees of emergency shelters, and group care providers. For providers that are emergency shelters or group care (group homes) staff will be designated as secondary consenters. The staff chosen will be designated by the emergency shelter or group care facility. 2. Employees of Psychiatric Residential Treatment Facilities and Psychiatric Inpatient Units are not to be chosen as designated medical consenters. 3. CWS may, at any time, change the designated secondary medical consenter by issuing another DSS Form 2055: SCDSS Designation of Medical Consenter to new secondary medical consenters and caregivers.
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4. If a concern arises with the designated medical consenter, the case manager or supervisor notifies and consults with the foster family, adoption case manager, supervisor, and Licensing Support Unit to develop a plan to address the concern.

Foster Home Licensing and Support Unit:

1. The Foster Home Licensing (FHL) worker will issue the generic secondary medical consent letter to a licensed foster home after the following steps have occurred:
 - a. Upon completion of the Medical Consent Training by the foster parent the FHL worker will enter in the Person Screen the training documentation. They will enter the training date and the expiration date (1 year from date of completion).
 - b. FHL worker will link a copy of the training certificate into the foster home licensing screen in CAPSS.
 - c. The FHL worker will complete [DSS Form 2055: SCDSS Designation of Medical Consenter](#), and enter the dates the document starts and ends within one business day of receiving training certificate, if the home is currently licensed, or within one business day of the license being issued.
 - d. The FHL worker will place a copy of the form within one business day in the foster home license hard copy file.
 - e. The FHL worker will uplink the secondary medical consent designation form to the foster home licensing case in CAPSS.
 - f. The FHL worker will mail the original [DSS Form 2055: SCDSS Designation of Medical Consenter](#) to the foster home within two business days of being issued, if the home is already licensed, and will mail the original with the license, if it is a new license.
 - g. The FHL worker will email the foster parent a copy of the [DSS Form 2055: SCDSS Designation of Medical Consenter](#).
2. The FHL worker will issue the new [DSS Form 2055: SCDSS Designation of Medical Consenter](#) to licensed foster homes when the following has occurred:
 - a. The FHL worker will send to the family written notification 90 days prior to the expiration of the current medical consent training that they will need to complete the training in order to receive their new [DSS Form 2055: SCDSS Designation of Medical Consenter](#).

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- b. The FHL worker will notify the family of the next available [DSS Form 2055: SCDSS Designation of Medical Consenter](#) dates for training and confirm the family's registration.
- c. Upon the completion of the training, the FHL worker will enter the new training date and expiration date into the training section on the person screen in CAPSS.
- d. The FHL will link the new training certificate in the foster home license tab in CAPSS.
- e. Within two business days of receiving the training certificate the FHL worker will complete the new [DSS Form 2055: SCDSS Designation of Medical Consenter](#).
- f. Within two business days of completion of [DSS Form 2055: SCDSS Designation of Medical Consenter](#) the FHL will mail and email it to the foster home.

For Emergency Shelters/Group Home and Child Placing Agencies (CPAs):

- 1. The respective DSS staff for group homes and CPAs will issue [DSS Form 2055: SCDSS Designation of Medical Consenter](#) when the following have been completed:
 - a. CPAs:
 - i. The licensed foster parent will give their certificate of completion of the Health Care Oversight and Psychotropic Medication training to their licensing worker within the CPA.
 - ii. The CPA's licensing worker will then forward the certificate of completion to their licensing consultant at SCDSS.
 - iii. The SCDSS licensing consultant will enter in the Person Screen the training documentation. They will enter within two business days of the training date and the expiration date (12 months from date of completion).
 - iv. The SCDSS licensing consultant will link a copy of the training certificate into the foster home licensing screen in CAPSS within two business days of receipt.

C. Medical Consenter for Routine Medical Care <i>continued...</i>	v. DSS licensing consultant will provide a list of licensed foster homes that have completed the medical consent training to the DSS Program Coordinator on a weekly basis. vi. DSS program coordinator will issue DSS Form 2055: SCDSS Designation of Medical Consenter within two business days of receiving the list. vii. The program coordinator will return signed DSS Form 2055: SCDSS Designation of Medical Consenter, to the licensing consultant within one business day of signing. viii. DSS licensing consultant will place a copy in the hard file kept at state office and uplink a copy into the foster home license case in CAPSS within one business day of receiving. ix. DSS licensing consultant will email the certificates to the CPA licensing worker and mail the originals to the CPA for them to distribute to the foster parents within one business day of receiving. x. The licensing consultant will enter dictation regarding the consenter form into CAPSS within two business days of receiving the certificates. b. CPA renewals: i. DSS licensing consultant will notify the CPA in writing of foster parents who need recertification training within 90 days prior to expiration of DSS Form 2055: SCDSS Designation of Medical Consenter. ii. DSS licensing consultant will follow up with the CPA of when the foster parent is scheduled for the training. iii. DSS licensing consultant will complete the above steps in Step 1(a) when the certificates are received. c. Emergency Shelters/Group Homes: i. The emergency shelter/group home will send the list of those identified to be the secondary consenter (nurses, lead clinical staff or health care coordinators) and their training certificates for their facility to the DSS licensing consultant. ii. DSS licensing consultant will provide the list of names of identified staff for each facility to the DSS program coordinator over emergency shelters and/or group
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- homes within one business day of receiving.
- iii. DSS licensing consultant will place the certificates of completion within the emergency shelter and/or group home hard file held at DSS.
- iv. DSS program coordinator will sign [DSS Form 2055: SCDSS Designation of Medical Consenter](#) for the identified list provided by the emergency shelter and/or group home.
- v. DSS program coordinator will return the form to the SCDSS licensing consultant who will place a copy of the certificates within the emergency shelter and/or group home hard file held at DSS within one business day of receipt.
- vi. DSS licensing consultant will email and mail the form to the emergency shelter and/or group home contact person within one business day of receipt.
- vii. DSS licensing consultant will enter dictation into the license screen in CAPSS the names of the designated consenters for the group home within two days of receiving the signed form.
- d. Renewal of consenters for emergency shelters and/or group homes:
 - i. DSS licensing consultant will notify by written communication to the contact person for the emergency shelter and/or group home 90 prior to the expiration of [DSS Form 2055: SCDSS Designation of Medical Consenter](#).
 - ii. DSS licensing consultant will follow up with the emergency shelter and/or group home will follow up with the contact person to ensure the consenters are signed up for the training.
 - iii. DSS licensing consultant will repeat the steps listed in Step 1(b) when the certificates are received.

For Pre-Adoptive/Adoptive Placements:

1. The adoption family case manager will issue [DSS Form 2055: SCDSS Designation of Medical Consenter](#) when an approved non-licensed adoptive family has completed the following:
 - a. Upon completion of the Medical Consent Training by the adoptive parent the adoption family case manager will enter in the Person Screen the training documentation.

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They will enter the training date and the expiration date one year from date of completion.

- b. Adoption family case manager will link a copy of the training certificate into the adoptive home screen in CAPSS within one business day of receipt.
- c. The adoption family case manager will complete [DSS Form 2055: SCDSS Designation of Medical Consenter](#), and enter the dates the document starts and ends within one business day of receiving training certificate, if the home is currently licensed, or within one business day of adoptive home approval.
- d. The adoption family case manager will place a copy of the form within the adoptive home hard case file.
- e. The adoption family case manager will uplink the [DSS Form 2055: SCDSS Designation of Medical Consenter](#) to the adoptive home case in CAPSS.
- f. The adoption family case manager will mail the original [DSS Form 2055: SCDSS Designation of Medical Consenter](#), to the adoptive home within two business days of being issued, if the home is already approved, and will mail the original with the approval letter if it is a new adoptive home.
- g. The adoption family case manager will email the adoptive family a copy of [DSS Form 2055: SCDSS Designation of Medical Consenter](#).

C. Medical Consenter for Routine Medical Care <i>continued...</i>	2. The adoption family case manager will issue a new DSS Form 2055: SCDSS Designation of Medical Consenter to approve a new adoptive home when the following has occurred: a. The adoption family case manager will send to the family written notification 90 days prior to the expiration of DSS Form 2055: SCDSS Designation of Medical Consenter that they will need to complete the training. b. The adoption family case manager will notify the family of the next available dates for in-person or online training and confirm the family's registration. c. Upon the completion of the training, the adoption family case manager will enter the new training date and expiration date into the training section on the person screen in CAPSS. d. The adoption family case manager will link the new training certificate in the adoptive home case tab in CAPSS. e. Within two business days of receiving the training certificate the adoption family case manager will complete the new DSS Form 2055: SCDSS Designation of Medical Consenter. f. Within two business days of signing DSS Form 2055: SCDSS Designation of Medical Consenter the adoption family case manager will mail and email it to the approved adoptive home.
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D. Ongoing Coordination and Oversight of Designated Secondary Medical Consenter	CWS case manager is responsible for ongoing health care oversight and coordination of care and makes sure: 1. The designated secondary medical consenter only consents to routine medical care and does not consent to major medical treatment. 2. The designated secondary medical consenter provides copies of DSS Form 2055: SCDSS Designation of Medical Consenter to each child's doctor and other health care providers as applicable. 3. The designated secondary medical consenter informs case manager and/or supervisor within 24 hours if the secondary medical consenter elects not to consent to the treatment being prescribed by the medical provider. 4. The designated secondary medical consenter notifies case manager and/or supervisor within two hours after any emergency care is needed including, but not limited to, significant medical conditions such as injuries or illnesses that are life threatening or have potentially serious long-term health consequences, including hospitalization for surgery. 5. The designated secondary medical consenter provides information about the child's medical care to case manager including preventive care, medical care, and routine medical care such as common childhood illnesses and minor injuries, and any medications monthly, at a minimum.
E. Psychotropic Informed Consent	Administration of psychotropic medications to a child in care requires the DSS Form 2056: Psychotropic Medication Informed Consent to be signed by the primary and secondary medical consenter. Case manager shall make sure that before administration of psychotropic medications to a child in care: 1. The case manager makes every effort to attend upcoming health care appointments for the child especially if psychotropic medications may be prescribed. 2. If the child's case manager is unable to attend the upcoming health care appointment, the case manager asks her/his designee and/or secondary medical consenter to attend the appointment.

E. Psychotropic Informed Consent <i>continued...</i>	3. If primary or secondary medical consenters are not present to consent in person at time of appointment, either of them may give verbal consent by phone at time of appointment by calling the health care provider. This needs to be followed by DSS case manager facilitating completion of DSS Form 2056: Psychotropic Medication Informed Consent and sending the form to health care provider to give consent in writing. 4. When the child is prescribed psychotropic medications, the case manager and or the secondary consenters share the DSS Form 2056: Psychotropic Medication Informed Consent with the prescribing provider to provide informed consent. 5. Before signing the Psychotropic Medication Informed Consent form, the medical consenters ask questions to receive, review, and understand the following information provided by the medical provider as to prescribed medication; a. The specific condition, symptoms, or diagnosis being treated with the medication; b. The benefits of medication, including the symptoms treated by the medication and the likely effectiveness of the medication; c. Any alternate medication or non-medication options available to treat the condition, their likelihood of benefit, and the reason for selecting the treatment; d. The risks of taking the medication and probable clinically significant side effects; e. The risks of not taking the medication; f. The name, dosage, frequency, route of administration, and duration of the prescribed medication; and g. Any special instructions about taking the medication and any monitoring such as bloodwork required while the child is taking the medication. 6. The case manager is to file this form in the child's case record and upload it to the Person screen in CAPSS within five (5) business days. 7. When the consent is provided by designated secondary medical consenters, the case manager shall make sure that: a. Designated secondary medical consenters provide written notification to CWS case manager and/or supervisor by the next business day after consenting to psychotropic medications. b. Designated secondary medical consenters retain signed Psychotropic Informed
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E. Psychotropic Informed Consent <i>continued...</i>	Consent form and provide it to the child's case manager. c. Designated secondary medical consentor is to inform CWS case manager and/or supervisor within 24 hours if the consentor elects not to consent to the recommended treatment. 8. Regional clinical specialists (RCS) provide consent for administration of psychotropic medications in Psychiatric Residential Treatment Facilities (PRTF) and Psychiatric Inpatient Units (PIU). For consents on psychotropics from PRTFs or PIUs, the RCS makes sure: a. PRTFs and PIUs send the informed consent form or DSS Form 1214: Informed Consent and Notification Regarding Psychotropic Medication via HIPPA compliant fax. b. This form is to be completed and sent when a child enters PRTF or PIU to establish baseline medications the child came on, starting new medications, increasing or decreasing dose beyond previously approved dose limits, discontinuing medications and use of emergent medications. c. The form is filled completely and may be sent back to provider to complete when important information is missing. d. PRTF and/or PIU is to get consent before administering new psychotropic medication and increasing dose beyond previously approved dose limit, except in emergencies. Decreases and discontinuations can be initiated prior to the return of Informed consent form. e. When a child enters PRTF or PIU the medications the child entered the facility on are grandfathered in to avoid disruption in medication. f. RCS from the child's region reviews the request for psychotropic medication and responds to the request within 48 hours with request either approved fully or with modifications. g. RCS may also deny the request if there are concerns over safe and appropriate use of psychotropic medications and not enough supporting information to justify use of certain psychotropic medications. h. Prior to denying a request and certain modifications, RCS is to contact the provider/physician requesting the change to further explore and request supporting
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E. Psychotropic Informed Consent <i>continued...</i>	information and or documentation for medication use. If the provider is not reachable, the RCS provides their contact number for provider to contact for any concerns regarding denials or modifications. i. Whenever appropriate, RCS indicates on informed consent form as to reason for denial or modifications. j. RCS consults agency psychiatrist for guidance as needed. k. RCS can also request doctor to doctor review and provide agency psychiatrist contact number on informed consent for prescribing provider to reach out the agency psychiatrist to review details of requested consent. l. Once signed, RCS returns the informed consent form to the prescriber, placement and DSS case manager.
F. Emergency Major Medical Treatment	1. The case manager checks to see if the treatment is major or extraordinary, non-routine care, including surgical procedures, invasive diagnostic procedures, anesthesia, any treatment the child's physician considers dangerous, any treatment that may be threatening to the child's life or long term health, the voluntary admission of a child to a facility for inpatient mental health or substance treatment, chronic opioid analgesia, end of life decisions or medical procedures such as withholding or withdrawal of life sustaining procedures ("Do Not Resuscitate" code status) and associated hospice or palliative care, organ donation, abortion, electroconvulsive therapy, aversion therapy, or any experimental treatment or clinical trial. If not sure the case manager can reach out the health care provider and supervisor to see if the treatment is major on case-by-case basis. 2. The case manager contacts parents for consent unless parents' rights have been terminated or a court order otherwise gives agency the authority to consent to major medical treatment or delay in obtaining the requisite consent would present a risk to the health or life of the child. 3. When parents' rights been terminated or a court order gives agency the authority to major medical consent or parent can't be reached and delay in obtaining parental consent would present a risk to the health or life of the child, the case manager informs the County Director or Regional Administrator as to child needing

F. Emergency Major Medical Treatment <i>continued...</i>	emergency major medical treatment. 4. The case manager's request to the County Director or Regional Administrator must include: a. A statement or letter (oral or written) from the child's medical provider summarizing the child's specific medical condition, symptoms, or diagnosis and reason for selecting a treatment, any risks or benefits of such treatment, any risks of not getting such treatment, and any alternate treatment options available to treat the condition with their likelihood of benefit and risks. b. If possible, the recommendation of the child's Guardian ad Litem (GAL) and foster parents pertaining to particular treatment being recommended by medical provider. c. A court order establishing that the department has legal custody and the authority to make that determination. 5. As the State Director's designee, a County Director or Regional Administrator determines whether to provide informed consent to emergency major medical treatment and surgery. 6. Whenever possible, the County Director or Regional Administrator provides written notice to the State Director before giving informed consent to emergency major medical treatment, but in any event, must provide written notice within twenty-four (24) hours of giving informed consent to emergency major medical treatment.
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G. Major Medical Treatment (Non-Emergency) – Parental Consent	1. Upon learning of a medical provider's request for informed consent to major medical treatment or surgery the case manager looks at court order to make sure there is no TPR, relinquishment or court order granting the authority to consent to DSS. 2. When parental rights are intact the case manager contacts the parents to inform the parents of the medical provider's request. 3. The case manager provides information to the child's parents about the treatment or surgery based upon the medical provider's explanation. 4. The case manager assists in arranging direct communication between the child's parents and the child's medical provider to promote the exchange of information in a manner that allows the parents to make an informed decision. 5. The case manager assists the child's parents as needed to follow the medical provider's procedures for obtaining informed consent to treatment or surgery (i.e., completion of forms before the medical procedure, completion of forms on the date of the procedure, or other procedures as specified by the medical provider).
H. Major Medical Treatment (Non-Emergency) – Parents Inaccessible	1. Upon learning of a medical provider's request for informed consent to major medical treatment or surgery the case manager looks at court order to make sure there is no TPR, relinquishment or court order granting the authority to consent to DSS. 2. After making concerted efforts, if the case manager is unable to engage the parents in the decision, the case manager must confer with the County Attorney to obtain a court order authorizing the department to determine major medical treatment or surgery. 3. Upon receipt of a court order authorizing the department to determine major medical treatment, the case manager informs the County Director or Regional Administrator of the need for treatment. 4. The case manager's request to the County Director or Regional Administrator must include: a. A statement or letter (oral or written) from the child's medical provider summarizing the child's specific medical condition, symptoms, or diagnosis and reason for selecting a treatment, any risks or benefits of such treatment, any risks of not getting that treatment, and any alternate treatment options available

H. Major Medical Treatment (Non-Emergency) – Parents Inaccessible <i>continued...</i>	to treat the condition with their likelihood of benefit and risks. b. If possible, the recommendation of the child’s Guardian ad Litem (GAL) and foster parents pertaining to particular treatment being recommended by medical provider. c. A court order establishing that the department has legal custody and the authority to make that determination. 5. As the State Director’s designee, a County Director or Regional Administrator determines whether to provide informed consent for major medical treatment or surgery. The County Director or Regional Administrator provides written notice to the State Director before giving informed consent to major medical treatment or surgery. 6. The Department does not, under any circumstances, authorize the withdrawal or withholding of life sustaining procedures, or change a child’s code status to, “Do Not Resuscitate,” when parental rights have not been terminated.
I. Major Medical Treatment – Parental Rights Terminated	1. The case manager verifies with the County Attorney that parental rights are terminated and informs the County Director or Regional Administrator of the need for treatment. 2. Case manager’s request to County Director or Regional Administrator must include: a. A statement or letter (oral or written) from the child’s medical provider summarizing the child’s specific medical condition, symptoms, or diagnosis and reason for selecting a treatment, any risks or benefits of such treatment, any risks of not getting that treatment, and any alternate treatment options available to treat the condition with their likelihood of benefit and risks. b. If possible, the recommendation of the child’s Guardian ad Litem (GAL) and foster parents pertaining to particular treatment being recommended by medical provider. c. A court order establishing that the department has legal custody and the authority to make that determination. 3. As the State Director’s designee, the County Director or Regional Administrator determines whether to provide informed consent to major medical treatment and surgery. 4. The County Director or Regional Administrator provides written notice to the State Director before giving informed consent to major medical treatment or surgery.

J. Withholding or Withdrawal of Life Sustaining Procedures/ Code Status “Do Not Resuscitate” ”	1. The State Director determines whether to provide informed consent when a child’s medical provider is recommending the withholding or withdrawal of life sustaining procedures or that a child’s code status be changed to, “Do Not Resuscitate.” 2. Case manager prepares a written request to the State Director which includes a. A statement from the child’s medical provider summarizing the child’s medical history and the basis for the recommendation to make the child’s code status “Do Not Resuscitate.” b. The case manger’s recommendation and the basis for the recommendation. c. The recommendation of the child’s GAL. d. The recommendation of the child’s current foster parents. e. The final court order terminating parental rights, with verification that all rights to appeal have been exhausted (legally free). 3. The case manager forwards this request and supporting documentation via email to the State Director and the Office of General Counsel for review. 4. The Director of Child Welfare Operations schedules a team conference that must include the State Director, the Deputy Director of Child Welfare Services, Director of Child Welfare Operations, Office of General Counsel, the child’s Case Manager, Case Manager’s Supervisor, the child’s medical provider, foster parents, and GAL. 5. The State Director decides based upon the written request, supporting documentation, and team conference. 6. The Office of General Counsel records the state Director’s decision in writing. 7. The Director of Child Welfare Operations reviews decisions or changes a child’s code status to, “Do Not Resuscitate” every ninety (90) days and informs the State Director of any development as deemed necessary.
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K. Abortion	1. If a child wishes to have an abortion, the procedure shall be considered major medical treatment. 2. If a youth is under the age of 17 and is considering an abortion, the case manager informs the youth of the need to obtain consent from the child's parent or grandparent (if rights have not been terminated). 3. The case manager informs the youth that the youth's parent's or grandparent's consent is not required if: a. Physician has determined that a medical emergency exists involving the life of or grave physical injury to the pregnant youth; or b. The pregnancy is a result of incest. 4. The agency, as the child's legal guardian, will not consent to an abortion. 5. If the minor cannot obtain the requisite consent, the case manager contacts the Regional Adoptions staff within 24 hours to discuss all options and requirements in order for the youth to obtain an abortion. 6. Regional Adoptions staff have 48 hours to assist the minor in petitioning the family court for the right to obtain an abortion. 7. The Regional Adoption offices will be charged with all aspects of minors wishing to obtain abortions. 8. The case manager shall consult with Medicaid staff regarding any abortion procedure coverage.
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