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Comprehensive Medical and dental program (CMDP)

**As a foster parent, you provide a valuable service by helping families through temporary difficult situations and meeting the needs of children in times of crisis and change. We offer this guide as an aid to your role as a foster parent.**

**ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)**

*A New Beginning for Arizona’s Children*

**Arizona Child Abuse Hotline:**

1-888-SOS-CHILD

(1-888-767-2445)

**DCS Website:**

www.dcs.az.gov



Many children who enter the foster care system have not received regular preventive health care services, especially immunizations.

The following information is sampled from a publication titled “Health Care Issues for Children and Adolescents in Foster Care and Kinship Care” (Pediatrics Volume 136, number 4, October 2015):

Data from the last 30 years demonstrating the high prevalence of health problems have led the American Academy of Pediatrics (AAP) to classify children in foster care as a population of children with special health care needs. Health is defined broadly in this population and includes medical, mental health, developmental, educational, oral, and psychosocial well-being. Overall, 30% to 80% of children come into foster care with at least one medical problem, and one-third (1/3) have a chronic medical condition. It is common for such problems to have gone undiagnosed and untreated before these children enter foster care. Up to 80% of children and adolescents enter with a significant mental health need, and almost 40% have significant oral health issues.

**What is CMDP?**

CMDP is a program administered by the Department of Child Safety (DCS). CMDP provides medical and dental services for children in foster care.

CMDP complies with the Arizona Health Care Cost Containment System (AHCCCS) regulations to cover children in foster care who are eligible for Medicaid (Title XIX) services. Under CMDP, foster parents can select any AHCCCS registered healthcare provider for dental or medical services [ARS § 8-512 C] which results in an open network of providers.

Native American children are able to receive health care services from any Native American Health Service provider or tribally owned and/or operated facility at any time. If foster parents have any questions regarding Native American Health Service providers, they can contact the AHCCCS customer service at 1-800-867-5808 or visit <https://www.azahcccs.gov/AmericanIndians/AmericanIndianHealthFacilities/>

**Services Covered by CMDP**

CMDP pays for health care services which are medically needed. Services include, but are not limited to:

* doctor office visits
* well-child visits/EPSDT
* immunizations
* laboratory and x-ray services
* dental care-preventive
* vision care and eyeglasses
* pharmacy services
* medical supplies and equipment

**Dental/Orthodontia**

Routine dental care services are covered by CMDP. A dentist needs prior approval for major dental services (for example, braces). If the foster child needs braces and was denied the opportunity by CMDP, foster parents are encouraged to contact Smiles Changes Lives (SCL), a non-profit organization which helps children whose families cannot afford the full cost of braces.

**Vision**

CMDP covers vison care including eye exams, eyeglasses, and care of medical conditions of the eye. Repair and replacement of eyeglasses is covered.

Contact lenses are covered only when needed after cataract surgery, or when determined medically necessary. Prescriptions for contact lenses require prior authorization and must state why these are medically necessary instead of glasses.

Initial referral to an ophthalmologist does not require prior authorization. Ongoing treatment does require prior authorization.

**Seeing a Specialist**

A referral from the foster child’s primary care physician (PCP) or primary dental provider (PDP) is not needed in order to see a specialist (except for an orthodontist). However, specialists do need prior approval (PA) from CMDP before health care services can be provided.

**Important:** CMDP recommends that the foster child’s PCP make referrals. Two reasons for this include:

1. The PCP is aware of all medical issues which need to be addressed.
2. The PCP can coordinate the information provided by the specialist with the delivery of care so the child is taken care of fully and properly.

When needed, CMDP will provide assistance to foster parents in selecting a specialist. They can call a CMDP provider service representative at 602-351-2245 or 800-201-1975.

**Family Planning**

Family Planning services are provided for foster children age 12 and older. CMDP sends a Family Planning letter to the home of these children. CMDP recommends that foster parents talk with the foster child’s PCP about Family Planning. Family Planning services are free for foster children.

Family Planning includes, but is not limited to:

* education on how to prevent a pregnancy
* medications
* supplies (including, but not limited to, diaphragms, condoms, patches, control methods)
* treatment of problems caused by the use of contraceptives
* emergency oral contraception within 72 hours after unprotected sex

Foster parents are required to provide age and developmentally appropriate education and training concerning sexual development and human sexuality to the foster child in collaboration with the foster child’s primary/biological parents, school, public health and community agencies, and DCS if they are age 12 or older (or young children who are known to be sexually active).

Age and developmentally appropriate sexual education programs for children should include:

* personal and family values regarding sexuality
* religious and cultural issues regarding sexuality
* character development-the relationship between self-respect and sexual behavior
* physiological information
* personal hygiene related to sexuality
* long-term and permanent relationship development with partners, spouses, and friends
* family planning information, including abstinence
* sexually transmitted diseases (STDs), including HIV/AIDS
* prevention and avoidance of abuse-impact of sexual abuse and other sexual victimization on sexual development

**Note:** DCS supports the promotion of abstinence.

**Urgent Care**

For assistance outside of normal business hours, foster parents should contact their child’s PCP. The PCP will evaluate the situation and make recommendations for care. If foster parents cannot reach their child’s PCP and the child’s life is not in danger, they should seek help at an urgent care center. To access afterhours/urgent care facilities, foster parents can check the Provider Directory or call Member Services.

Urgent care centers are same-day clinics that handle a variety of medical problems. These clinics can treat coughs, sprains, high fevers, earaches and other non-emergency medical conditions. Urgent care centers have many of the same services as a doctor’s office.

**Important:** If a child receives urgent care services, foster parents must notify their child’s PCP and DCS Specialist within 24 hours.

**Emergency Care**

Emergencies are medical problems that may be life threatening if not treated quickly. Examples of emergencies include major bleeding, broken bones, breathing difficulties, seizures, and unconsciousness.

In a medical emergency, the well-being of the child is the primary concern. Foster parents should call 911 or go to the nearest hospital. Foster children have the right to obtain emergency services at any hospital or any other emergency room facility. Foster parents will need to present the CMDP ID card to pay for any services.

**Important:** If a child receives emergency care, foster parents are expected to notify the child’s PCP and the DCS Specialist within 24 hours. If it is after hours, they will need to call the hotline at 602-530-1831 or 888 767-2445 TDD.

**Other Services/Traveling**

Some services may need approval from CMDP before being provided. It is up to the health care provider to get prior authorization (PA) from CMDP.

Foster parents should take the child’s CMDP ID card with them when traveling. Before leaving on a trip, foster parents must notify the child’s DCS Specialist. If the foster child needs to see a doctor out of state, foster parents should contact Member Services at 800-201-1975 for assistance. If the foster child takes medication, foster parents should carry enough to last the duration of the trip. If they need to use a pharmacy, they must use one under contract with CMDP.

**Pharmacy**

CMDP covers all medication costs except, for behavioral health medication which is prescribed by a behavioral health specialist from the Regional Behavioral Health Authority provider (RBHA) or medication related to a Child Rehabilitative Services (CRS) condition. For those children, foster parents will need their CRS card and RBHA ID number (this is often the child’s AHCCCS ID number). Foster parents will need to show the Notice to Provider form or CMDP ID card to pharmacies.

Psychotropic medication for limited behavioral health diagnoses (see Chapter 6 of the CMDP Handbook) may be prescribed by a PCP. Prescriptions written by a behavioral health specialist (RBHA provider) must be filled through RBHA contracted pharmacies, using the RBHA identification number. Medications to treat major depressive disorders must be obtained through RBHA providers.

Foster parents can use any AHCCCS registered pharmacy. For help finding a pharmacy, they can call Member Services or go to the CMDP website at <https://dcs.az.gov/cmdp> to view the directory.

When there are problems getting pharmacy services during regular business hours, or non-business hours, call the Member Helpline telephone number on the front of the CMDP ID card: 800-788-2949.

**Required Health Care Screenings and Medical Exams**

**Initial Screening**

CMDP recommends all children who enter foster care have an initial health care screening within seven (7) calendar days of placement. The American Academy of Pediatrics (AAP) recommends younger or preverbal children, any child who is a suspected victim of abuse, or any child with a chronic medical or developmental condition be seen within 24 hours. This includes children who are new to placement or returning to placement. It is the foster parents’ responsibility, with the support from the DCS Specialist, to make the appointment for the initial health care screening. Whenever possible, the screening should be provided by the foster child’s own primary care provider.

The purpose of the initial health care screening is to determine if there is an acute health care problem for which the child may need medical follow-up, to look for signs of physical abuse, and to ensure the child has access to medical treatment for any pre-existing chronic medical condition(s).

**Complete Medical Examination (EPSDT Visit or Well-Child Visit)**

All children in care must have a complete Early Periodic Screening, Diagnosis and Treatment (EPSDT) visit (also known as the regular well-child visit) within 30 calendar days of placement, regardless of the date of the last physician examination. Yearly complete medical exams are required for foster children ages 2 through 20. Children under 2 years of age require more frequent medical exams.

Well-child visits include:

* comprehensive health and developmental history, including both physical and mental health development assessments
* comprehensive unclothed physical exam
* age-appropriate immunizations
* laboratory tests (blood, urine) as needed
* vision and hearing tests
* health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
* behavioral health assessments

The elements of EPSDT

|  |  |
| --- | --- |
| **E**arly | identifying problems early, starting at birth |
| **P**eriodic | checking children’s health at periodic, age-appropriate intervals |
| **S**creening | doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems |
| **D**iagnostic | performing diagnostic tests to follow up when a risk is identified |
| **T**reatment | treating the problems found |

The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting. Children who receive regular preventative healthcare, such as routine medical and dental exams, are healthier than children who do not receive regular visits. Routine exams can protect children from a wide range of diseases and infections and/or identify illnesses at the earliest stages.

There is a schedule of well-child visits every child in care should have, in addition to any medical appointments due to illness or for diagnostic evaluation. These screenings are designed to identify health and developmental issues as early as possible. Every child in care should receive a total of 11 well-child visits and 25 shots by the age of 24 months.

**Note:** The amount of screenings and shots may change. Foster parents should review the EPSDT schedule periodically to stay up-to-date. One commonly used source is *Bright Futures Guidelines* (developed by the American Academy of Pediatrics) at <https://brightfutures.aap.org/Pages/default.aspx>

|  |
| --- |
| **Well Child Visit Schedule** |
| Children need to be seen by a Primary Care Physician (PCP) at these specific intervals from birth to 2-years-old: |
| * Newborn
* 3- to 5-days
* 12 months
* 1 month
* 2 months
* 6 months
 | * 9 months
* 12 months
* 15 months
* 18 months
* 24 months
 |
| For children ages 2 – 20, annual visits are recommended.  |

**American Academy of Pediatrics (AAP)/CMDP Recommendations**

The AAP recommends that foster children have at least three doctor visits over the first three months of care as they adjust to their new circumstances. This schedule allows the pediatrician to monitor the child’s adjustment to placement, to identify emerging needs, and to support foster parents in helping the child. They also recommend children in foster care be seen monthly during the first six months of life, every three months from 6 to 24 months of age, and then at a minimum of every six months to monitor their health, emotional well-being, development, psychosocial stressors, etc. CMDP recommends children age 2 years and older be seen four times a year.

**Immunizations**

Foster parentsshould take the foster child to the doctor on a regular basis for routine check-ups and to keep immunizations up-to-date. The doctor is responsible for keeping track of which immunizations the child needs as specified in the recommended childhood immunization schedule. Under Arizona Revised Statue (ARS) Arizona Law § 36-135 and Arizona Administrative Code (AAC) R9-6-706 and 707, children 18 years of age and younger are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administrating immunizations to children must report those immunizations to the registry.

Foster parents who need to obtain a copy of their foster child’s immunization records should contact their PCP office or their local County Health Department first. If they are unable to obtain a copy of the record from these locations, they can also pick up copies from the Arizona Department of Health Services, Immunization Program Office located at 150 N. 18th Avenue, Suite 120 Phoenix, AZ 85007. They also have the option of filling out the immunization records request form (at [www.azdhs.gov](http://www.azdhs.gov)) and faxing or emailing the form along with proper identification (Notice of Provider, a copy of your driver’s license) to 602-364-3285 or ASIISrequest@azdhs.gov. The fax or email should indicate where they would like the immunizations record sent.

**Sick Visits**

If a child is sick or foster parents have any concerns about a medical condition, the child should be taken for medical care immediately.

**Dental**

Preventivedental examinations are required for children one year of age and older. A dental examination must be completed within 30 days of placement and every six months thereafter (or more often, if needed) for children 1 year of age and older. According to the periodicity guidelines issued by the American Academy of Pediatric Dentistry (AARP), dental care should begin within six months of the eruption of a child’s first tooth and no later than age 1.

The purpose of the dental visit is to learn about the foster child’s oral health and how to best care for the child’s unique needs. Many dental problems can be prevented or more easily treated in the early stages. The American Academy of Pediatric Dentistry (AAPD) has published a recommended periodicity schedule for dental services for children. Foster parents can find this at: <http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf>

**Note:** A medical practitioner may examine a foster child’s teeth and mouth during the EPSDT/Well Child Exam. If the physician recommends a dental examination for the foster child, this recommendation must be followed, regardless of the age of the child. Additionally, if a foster child needs to be seen for an acute dental care visit (i.e. a problem), that visit is **NOT** considered a preventative dental examination.

**HOW TO ACCESS MEDICAL AND DENTAL SERVICES**

**Foster Child’s Medical History**

The assigned DCS Specialist is responsible for ensuring foster parents receive a Placement Packet which includes a completed Notice to Providers (CSO-1035A) (Out-of-home, Education, and Medical) and current Medical Summary Report at the time of placement.

Key challenges foster parents may encounter while providing care for a child in foster care include:

* incomplete or unavailable health information, including: information about immunizations; newborn health screenings results; medications; allergies; chronic illnesses, hospitalizations, surgeries, family history, dental history; psychosocial history, including childhood trauma history; and development or educational problems.
* DCS Specialist may have little or no knowledge of the child’s current medical or social situation.

Using the Notice to Provider form foster parents receive upon placement, they can request records from past medical, dental, vision, and behavioral health providers. If the foster child received AHCCCS/Medicaid benefits before entering care, the PCP should be able to obtain the child’s past medical information. They can request the DCS Specialist contact the primary/biological family or last foster care placement for inquiries regarding: the child’s previous health care professional, where they are located and a contact number, immunization records, previous or current medical issues or complications, necessary durable medical equipment for conditions (such as an apnea monitor, nebulizer, etc.), history of childhood diseases (measles, mumps, chickenpox, etc.), medicine allergies, food allergies, household product allergies, history of previous hospitalizations, time and location of birth, or past medical providers.

It is recommended foster parents keep the foster child’s records in a notebook/binder, which can be used during Child and Family Team Meetings (CFT’s) and other appointments. If the child moves to a new foster home, they should provide the assigned DCS Specialist and child (if age appropriate) with a copy of the records.

**Member Enrollment Packets**

Foster parents should receive a New Member Enrollment Packet from the DCS Specialist. The new member packet consists of: welcome letter, CMDP member ID card, information on choosing a healthcare provider, cultural competency information, EPSDT notice, Family planning notification letter (age appropriate), Notice of Privacy Practices, CMDP Preferred Medication List, CMDP newsletter. The Member Handbook and CMDP Provider Directory can be mailed to foster parents upon request. The Member Handbook and Provider Directory information is available on the CMDP website at <https://dcs.az.gov/cmdp>. Please note the CMDP Member Handbook is revised annually.

**Onboarding**

CMDP is currently piloting a new program that offers foster parents important information on CMDP and the services for foster children.

Foster parents should receive a call from a CMDP representative within a week of the foster child’s placement. If they don’t receive a call from a CMDP representative, they are encouraged to contact Member Services at 602-351-2245 (select the Medical Services prompt) and request to speak with a CMDP onboarding representative.

**CMDP Identification (ID) Card**

Two CMDP ID cards are made for each foster child. The cards are sent to the DCS Specialist one week after enrollment. One card is given to foster parents and one is kept by the DCS Specialist. The card assures providers payment for covered health care services for the foster child.

**Notice to Provider**

As mentioned earlier, foster parents will receive the Notice to Provider form with the child’s Placement Packet. The CMDP number is written on the Notice to Provider. This is the medical/dental identification number (ID) for the foster child. Foster parents will use the Notice of Provider form until the CMDP card is received. If the ID number has less than nine numbers, add zeros at the beginning until nine numbers are reached. For example: If the ID number on the Notice to Provider is 123456, add three zeros **000**123456 to make it complete.

If foster parents do not receive the card within two weeks of the foster child’s placement, they should contact the child’s DCS Specialist or they can request a card from CMDP member services at 602-351-2245 or 1-800-201-1795. If a foster child is transferred from their placement to another placement, they must immediately submit their CMDP ID card to the child’s DCS Specialist.

**Doctor Appointments**

Foster parents will need to bring the Notice to Provider form (given by the child’s DCS Specialist), their child’s CMDP Member ID Card, and their own personal ID card to the foster child’s appointment.

**Co-pays and Fees**

Foster parents are **not** responsible for payment of any fees or co-pays for medical, dental, vision, or behavioral health services or equipment. CMDP’s payment to the provider is considered payment in full. Therefore, foster parents should **not** be billled for any services that CMDP covers. CMDP encourages foster parents to not list their home address, phone number, or social security information on any bills or claims. They should list CMDP as the responsible party on all medical, dental, and vision forms and request all bills be sent to DCS/CMDP’s billing address (CMDP – C010-18, P.O. Box 29202, Phoenix, AZ 85038-9202).

**CMDP Support**

CMDP has a Preferred Provider Network (PPN) to meet the needs of all foster children. CMDP prefers that foster parents select a PCP from the CMDP PPN. PCP’s are generally family practitioners, general practitioners, pediatricians, internists, registered nurse practitioners, or physician assistants.

Foster parents are welcome to do any of the following:

* + Find a PCP on the CMDP website at [https://app.azdes.gov/dcyf/CMDPe/provider/provdirectory.aspx](https://app.azdes.gov/dcyf/CMDPe/provider/provdirectory.aspx%20) or access CMDP from the DCS website: <https://dcs.az.gov/cmdp>
	+ Contact Member Services for assistance in locating a provider in their area at 602-351-2245, option 1, option 3
	+ Use the child’s prior PCP or their current doctor as long as the doctor is AHCCCS registered

Ideally, every effort should be made to continue care with the foster child’s previous PCP. This affords the child stability of health care and retention of all known medical history and knowledge of the child. Such continuity offers the child reassurance as they are already familiar with the provider and will likely be returning to the care of the PCP upon reunification with the family.

If foster parents are unable to continue care with the previous health care provider, they can contact Member Services to obtain options for culturally competent registered providers who can provide appropriate medical services specific to the foster child’s known needs. Factors they should consider when choosing a culturally competent health care provider are:

* Language: Is the child accustomed to a Spanish-speaking medical provider?
* Gender: Is the child more comfortable or used to a female or male medical provider?
* Age: Is the child familiar with a younger or older medical provider?
* Communication: To whom and how is medical information communicated?
* Treatment: Who should provide treatment and the type of treatment? For example, some families may want to use herbal medicines instead of prescription medications.

Member Services is the main point of contract for calls to CMDP. Member Services helps with questions, concerns, or issues about health care services. Member Services answers questions about:

* enrollment
* eligibility
* member identification cards
* finding a culturally competent health care provider or a pharmacy
* language and oral translation services

**Note:** CMDP mandates all foster children be able to get a regular appointment within 21 days of calling a PCP, an urgent (serious, but not life threatening) appointment within two days, and an emergency appointment the same day or within 24 hours of the foster parent’s request. Foster parents are encouraged to call Members Services if there is a problem getting an appointment for the foster child.

Member Services can be reached by emailing CMDPMemberServices@azdes.gov or calling 602-351-2245 or 1-800-201-1795, option 3, option 1. Foster parents should call Member Services to report any changes for the child, including a change in primary care provider (PCP) and/or primary dental provider (PCP).

If foster parents have any questions regarding the child’s medical conditions or prescriptions, they are encouraged to call Member Services and select the Provider Services or Medical Services Units option at 602-351-2245 or 1-800-201-1795.

**Non-Emergency Medically Necessary Transportation**

Foster parents are responsible for arranging their own transportation to and from medical appointments. This includes using their own car, taking the bus, having a family member or friends give them a ride. If unsuccessful in arranging transportation, they can contact their DCS Specialist. The DCS Specialist should be able to arrange transportation. It is recommended this process start no later than 4 days prior to the appointment. If unable to reach the DCS Specialist, they can contact CMDP Member Services at 602-351-2245 or 800-201-1795 and be prepared to discuss the destination and reason for the transport. CMDP requires that a responsible adult accompany minors.

**Foster Parent Expectations**

Roles and responsibilities of foster parents include, but are not limited to:

* always listing DCS/CMDP as the responsible party, and the CMDP address for submitting claims (CMDP – C010-18, P.O. Box 29202, Phoenix, AZ 85038-9202).
* providing as much information as possible to professional staff working with the foster child.
* carrying the CMDP ID card (or Notice to Provider form, if the card has not arrived) at all times, and presenting it to the health care provider. They must protect the foster child’s member ID card at all times. They are not allowed to share it with anyone.
* arriving at appointments on time. Arrive at the office early if the foster child is seeing the doctor for the first time. Notify the provider at least one day in advance when they are unable to keep an appointment. Some providers may attempt to charge a fee for a missed appointment. By State of Arizona law, CMDP **cannot** pay for missed or no-show appointments.
* working with CMDP, the DCS Specialist, the PCP and Primary Dental Provider (PDP) to make certain the foster child is receiving the best care possible.
* knowing the name of the foster child’s doctor or dentist. They should notify CMDP within 30 days of placement with the child’s doctor or dentist’s name.
* scheduling appointments with the doctor during office hours whenever possible, before using urgent care or a hospital room. Ask the PCP which urgent care centers or emergency rooms to use after regular hours. Foster parents are responsible for notifying the DCS Specialist and the child’s PCP when the child receives urgent/emergency care. If it is after hours, they need to call the hotline.
* following prescribed treatment instructions and guidelines given by those providing health care.
* making and keeping regular appointments for the foster child.

**Note:** Foster parents should make every effort to schedule appointments outside of school hours whenever possible.

* ensuring that the foster child has all childhood and teenage immunizations (shots) and exams appropriate to the child’s age and health (EPSDT exams). (See the Center for Disease Control and Prevention website for immunization schedules and more information at <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>).
* using Children’s Rehabilitative Services (CRS) when asked to do so by CMDP or the PCP.
* calling the DCS Specialist or CMDP and schedule a ride to the foster child’s doctor (if needed).
* let the DCS Specialist know if the foster child has any special health care needs. This includes, but is not limited to, pregnancy, chronic asthma and diabetes.

Foster parents are encouraged to:

* keep a record of the foster child’s shots and medications.
* make a list of questions to ask the PCP.
* ask the PCP to explain anything they don’t understand.
* be an advocate for the foster child by ensuring each health need is met and share any concerns with the child’s PCP and DCS Specialist. Foster parents who are effective advocates may be more successful at getting better service for their foster children.

**When Foster Parents Should Contact their Assigned DCS Specialist**

Foster parents must contact the child’s assigned DCS Specialist regarding:

* any injury and any illness that exceeds three days and recurs regularly.
* any service for which the medical service provider requires written consent from the legal guardian or legal custodian, or prior authorization.
* any recommended service or treatment, if there is a question about coverage under CMDP.
* any service that requires prior authorization, according to Fostering a Medical Home: CMDP Handbook for Foster Care Providers, HMP-114.
* any service which would ordinarily require prior authorization but was provided in an emergency.
* all visits to health care providers for other than routine services.
* inability to transport child to medical appointments or to arrange other alternative transportation.

**Note:** The above information can be found in Chapter 3 Section 8.1 of the DCS Policy and Procedures Manual.

**Services Foster Parents Can Authorize**

Foster parents are authorized to consent to:

* evaluation and treatment for emergency conditions that are not life-threatening.
* routine medical treatment and procedures.
* immunizations, unless the primary/biological parents object based on religious beliefs.
* routine dental treatment and procedures.
* early Periodic Screening Diagnosis and Treatment (EPSDT) services (e.g. developmental and behavioral health intakes, screening, treatment and procedures).
* services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.
* testing for the presence of the human immunodeficiency virus (HIV) when recommended by a health care provider.

**Services Foster Parents Cannot Authorize**

Foster parents are prohibited from consenting to:

* general anesthesia
* surgery
* clinical trials, including trials for HIV/AIDS treatment
* blood transfusions
* abortions

**Medical Coverage for Young Adults in Care**

Young adults who reach the age of 18 while in out-of-home care may be eligible for the Young Adult Transitional Insurance (YATI) Program. The YATI Program is operated by AHCCCS, not CMDP. Foster parents can contact the Arizona Independent Living Coordinator at 602-771-5886 for help, or contact their local Family Assistance Administration (FAA) Eligibility Office for more information. Foster parents can also call Health-e-Arizona PLUS (HeAPLUS) at 1-855-432-7587.

**Summary**

CMDP is the AHCCCS (Medicaid) health plan for the majority of children in foster care. When the foster child is enrolled in CMDP, foster parents are **not** responsible for payment of any fees or co-pays for medical, dental, vision, or behavioral health services or equipment. All foster children must have an initial health care screening within seven calendar days and a full physical exam (medical and dental) within the first 30 days of being placed in care. They must also have regularly scheduled preventive care visits. Children who receive regular preventive healthcare such as routine medical and dental exams are healthier than children who do not have regular checkups. If foster parents have questions, they are encouraged to contact CMDP Member Services at 602-351-2245, option 3, option 1.