

NOTICE OF INTENT

**Department of Children and Family Services
Child Welfare**

Physician Notification

(LAC 67:V.1135)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(A), the Department of Children and Family Services (DCFS), Child Welfare, proposes to adopt LAC 67:V, Subpart 3 Child Protective Services, Chapter 11, Administration and Authority, Section 1135 Physician Notification.

Pursuant to R.S. 40:1086.11 this rule will implement the physician notification to the Department of Children and Family Services of a newborn exhibiting symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning, that the physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy.

This action was made effective by an Emergency Rule effective October 1, 2017.

Title 67

SOCIAL SERVICES

Part V. Child Welfare

Subpart 3. Child Protective Services

Chapter 11. Administration and Authority

§1135. Physician Notification

A. The Department of Children and Family Services establishes procedures for implementation of the Physician Notification, as required by R.S. 40:1086.11.

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

1. A physician identifying a newborn exhibiting symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning due to the use of a controlled dangerous substance, as defined by R.S. 40:961 et seq., in a lawfully prescribed manner by the mother during pregnancy shall use the DCFS Form, Physician Notification of Substance Exposed Newborns; No Prenatal Neglect Suspected, to comply with the requirements of the Comprehensive Addiction and Recovery Act. The following form, which may be obtained from the DCFS website at www.dcfs.la.gov/, shall be used to notify DCFS:

Physician Notification of Substance Exposed Newborns
No Prenatal Neglect Suspected

LA DCFS: This notification does not constitute a report of child abuse and or neglect and shall be faxed to Centralized Intake at (225) 342-7768. If a newborn is exhibiting withdrawal symptoms that are believed to be the result of unlawful use of a controlled dangerous substance; or, if you suspect abuse and or neglect including suspicion of prenatal neglect, you must contact the CPS Hotline at 1-855-4LA-KIDS to make a report.

<u>Newborn's Information</u>			
Last Name: _____		First Name: _____	
Date of Birth: ____ / ____ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Substances Newborn was exposed to, if known: _____			
Was there a Neonatal Abstinence Syndrome screening completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are the results of the screening and/or withdrawal symptoms observed: _____ _____			
<u>Mother's Information</u>			
Last Name: _____		First Name: _____	
Date of Birth: ____ / ____ / _____		Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Address upon discharge: _____		City: _____	State: _____ Zip Code: _____
Parish: _____		Phone Number: _____	
<u>Provider Information</u>			
Name of Hospital: _____		Notification Date: ____ / ____ / _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Parish: _____		Phone Number: _____	
Physician's Name: _____			
Other Medical Staff who provided input for this notification: _____			
<u>Plan of Care</u>			
Mother reports receiving prenatal care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother reports that the newborn has safe housing arrangements, including safe sleep for the newborn: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Mother reports she has the following newborn supplies: <input type="checkbox"/> Car Seat <input type="checkbox"/> Crib <input type="checkbox"/> Diapers <input type="checkbox"/> Formula/Nutrition <input type="checkbox"/> Other supplies <i>(Specify)</i>
Referral(s) Initiated: <input type="checkbox"/> Medical Care for Newborn <input type="checkbox"/> Medical Care for Mother <input type="checkbox"/> Early Steps <input type="checkbox"/> LACHIP <input type="checkbox"/> WIC <input type="checkbox"/> Substance Abuse Services/Treatment <input type="checkbox"/> Pediatric Specialist <input type="checkbox"/> Counseling <input type="checkbox"/> Housing Other information:
Educational materials provided: <input type="checkbox"/> Car Safety Seats <input type="checkbox"/> Shaken Baby Syndrome <input type="checkbox"/> Safe Sleep <input type="checkbox"/> Early Steps <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Other Educational materials provided: <i>(Specify)</i>
Was additional discharge care instructions provided specifically addressing the newborn's exposure and/or withdrawal symptoms to prescribed medications: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe</i>

2. The physician will complete the form with the following required information:

- a. identifying information about the newborn;
- b. substance to which the newborn was exposed;
- c. identifying information about the mother;
- d. identification of the physician who is providing the notification; and
- e. plan of care for newborn and mother including a listing of educational materials provided, referrals made, additional discharge instructions, and information gained from the mother regarding care of the newborn.

3. The notifying physician shall transmit the form via FAX to DCFS at (225) 342-7768.

B. DCFS shall monitor plans of care via the Regional Child Welfare Teams with multidisciplinary professionals to address the availability and delivery of the appropriate services for the newborn, affected caregiver and family.

C. DCFS shall maintain information on plans of care for the sole purpose of non-identifying data reporting as required by 42 USC 5106a(d). Information will be maintained for 24 months from the date of the notification to DCFS.

Authority Note: Promulgated in accordance with R.S. 40:1086.11, Physician Notification.

Historical Note: Promulgated by the Department of Children and Family Services, Division of Child Welfare, Division of Child Welfare, LR 43:

Family Impact Statement

The proposed rule is not anticipated to have an impact on family formation, stability, and autonomy as described in R.S. 49:972.

Poverty Impact Statement

The proposed Rule is not anticipated to have an impact on poverty as defined by R.S. 49:973.

Small Business Impact Statement

The proposed Rule is not anticipated to have an adverse impact on small businesses as defined in the Regulatory Flexibility Act.

Provider Impact Statement

The proposed rule is not anticipated to have an impact on providers of services funded by the state as described in HCR 170 of the 2014 Regular Legislative Session.

Public Comments

All interested persons may submit written comments through November 28, 2017 to Rhenda Hodnett, Deputy Secretary of Child Welfare, Department of Children and Family Services, P. O. Box 3118, Baton Rouge, LA 70821.

Public Hearing

A public hearing on the proposed Rule will be held on November 28, 2017, at the DCFS, Iberville Building, 627 North Fourth Street, Seminar Room 1-129, Baton Rouge, LA beginning at 9:00 a.m. All interested persons will be afforded an

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opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the DCFS Appeals Unit at least seven working days in advance of the hearing. For assistance, call (225) 342-4120 (voice and TDD).

Marketa Garner Walters

Secretary