**Legal Information Needed to Override Parent(s)’**

**Refusal to Consent to Bridges to Health (B2H) Medicaid Waiver Services**

**Instructions:** This form should be used only in situations in which a parent or guardian is refusing to consent for Bridges to Health Services for a child who is in the protective custody of ACS (ie. Article 10 legal status). The purpose of this form is to document the clinical information that must be considered before overriding the parent’s refusal to consent can be authorized. Please type the requested information in the gray boxes and submit for review by the Bridges to Health Unit at ACS. If you prefer to attach other documents, please write “see attached” in the appropriate gray box*.*

**Child’s Name:** **\_\_** **DOB:** **\_\_**

**Case Name: \_\_ Case #: \_\_ CIN #: \_\_**

**Agency Name, Address, Telephone, & Fax:** **\_\_\_**

**Agency or ACS (If in Specialized Care unit) Case Planner’s Name and Telephone #: \_\_\_**

**Agency or ACS (If in Specialized Care unit) Supervisor’s Name and Telephone #:** **\_\_\_**

**What legal authority places the child in ACS custody?**

**Check one:** **Voluntary \_\_\_ Neglect or Abuse \_\_\_ Surrender \_\_\_**

**JD \_\_\_ PINS \_ \_**

**Is the child 18 years of age or older? Yes \_\_\_ No \_\_\_**

**If YES, is there a mental impairment that suggests s/he does not have the capacity to provide informed consent?**

**No \_\_\_ Yes \_\_\_ Explain** **\_\_\_**

**Were parental rights terminated or surrendered**? Yes **\_\_\_**  No **\_\_\_**

**Name and phone # of FCLS attorney:** **\_\_\_**

**Is there a court order directing the child’s medical care or treatment?** Yes **\_\_\_** No **\_\_\_**

If YES, what does the order direct? (Provide a copy of the court order).

**Diagnosis/Clinical justification for B2H services:**

\_\_\_\_\_\_

**Does NON- provision of the proposed services entail potential risk to the life, health, or safety of the child?**

Yes **\_\_\_** No **\_\_\_**

***PARENTS: – IF PARENTAL RIGHTS ARE TERMINATED OR SURRENDERED, NO REASONABLE EFFORTS ARE REQUIRED***

***Parent(s) Contact: Unless parental rights have been terminated or surrendered, reasonable efforts must be made to contact either the mother or the consent father. If one parent has refused to provide consent or is not available, then the other parent must be sought, regardless of inconsistent involvement with the child. Efforts must include at least one personal visit and one mailgram (a letter) to the last known address of each parent . (A diligent search is not necessary).***

***What reasonable efforts were made to reach the parent(s) (include dates)?***

\_\_\_\_\_\_

***If the parent(s) has been contacted, include the reasons why that parent refuses to consent to the medication or the procedure. Be as specific as possible for each parent and include dates.***

\_\_\_\_\_\_

***If the parent refused consent, what efforts were made to obtain the parent’s consent? Examples of efforts are: appointments planned between the parents and the physicians; addressing the specific concerns of the parent; obtaining a second opinion if requested by the parent; exploring alternatives offered by the parent. Be specific in describing these efforts and include dates***.

\_\_\_\_\_\_

Form Completed By (Name, Title): \_\_\_\_\_\_

***Instructions for submission:*** *Kindly save this form with the child’s name in the title. Send the completed form by Email to:b2hacs@acs.nyc.gov*

TO BE COMPLETED BY ACS

This plan is appropriate for the above named child and is clinically recommended.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B2H service plan reviewer (sign and date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title

If reviewed by Office of Child and Family Health on request from B2H:

Reviewed and recommended for consent by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of OCFH reviewer (sign and date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title

[Revised October 21, 2015]