

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.

**Declaration of Emergency**

**Department of Children and Family Services**

**Child Welfare**

**Physician Notification**

**(LAC 67:V.1135)**

The Department of Children and Family Services (DCFS), Child Welfare, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953(B) to adopt LAC 67:V, Subpart 3, Child Protective Services, Chapter 11, Administration and Authority, Section 1135 Physician Notification. This emergency rule is adopted on September 6, 2017 and shall be effective on October 1, 2017. It shall remain in effect for a period of 120 days.

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.

The department considers emergency action necessary to avoid sanctions from the United States Department of Health and Human Services, Administration for Children and Families by complying with the requirements of the Comprehensive Addiction and Recovery Act; and to implement R.S. 40:1086.11, Physician Notification.

**Title 67**

**SOCIAL SERVICE**

**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 LA RS 40:1086.11.

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/](http://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.

<b><u>Newborn's Information</u></b>			
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 <b>Neonatal Abstinence Syndrome</b> screening completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are the results of the screening and/or withdrawal symptoms observed: _____			
_____			
_____			
<b><u>Mother's Information</u></b>			
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: _____	
<b><u>Provider Information</u></b>			
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: _____			
<b><u>Plan of Care</u></b>			

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
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 (Specify) _____
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: (Specify) _____
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, LR 43:

Marketa Garner Walters

Secretary