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/, 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.

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**Newborn’s Information**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth: / /  
Gender: □ Male □ Female

Race: □ White □ African American □ Asian/Pacific Islander □ Hispanic/Latino □ Other

Substances newborn was exposed to, if known: __________________________________________________________

Was there a Neonatal Abstinence Syndrome screening completed? □ Yes □ No

What are the results of the screening and/or withdrawal symptoms observed:____________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

**Mother’s Information**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth: / /  

Race: □ White □ African American □ Asian/Pacific Islander □ Hispanic/Latino □ Other

Marital Status: □ Single □ Married □ Separated □ Divorced □ Other □ Unknown

Address upon discharge: City:  State:  Zip Code:  
Parish:  Phone Number:  

**Provider Information**

<table>
<thead>
<tr>
<th>Name of Hospital:</th>
<th>Notification Date: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address: City:  State:  Zip Code:  
Parish:  Phone Number:  

Physician’s Name:  
Other Medical Staff who provided input for this notification:  

**Plan of Care**
<table>
<thead>
<tr>
<th>Mother reports receiving prenatal care: ☐ Yes ☐ No</th>
</tr>
</thead>
</table>

Mother reports that the newborn has safe housing arrangements, including safe sleep for the newborn: ☐ Yes ☐ No |

Mother reports she has the following newborn supplies: ☐ Car Seat ☐ Crib ☐ Diapers ☐ Formula/Nutrition ☐ Other supplies (Specify) |

Referral(s) Initiated: ☐ Medical Care for Newborn ☐ Medical Care for Mother ☐ Early Steps ☐ LACHIP ☐ WIC ☐ Substance Abuse Services/Treatment ☐ Pediatric Specialist ☐ Counseling ☐ Housing Other information: |

Educational materials provided: ☐ Car Safety Seats ☐ Shaken Baby Syndrome ☐ Safe Sleep ☐ Early Steps ☐ Substance Abuse Treatment ☐ Other Educational materials provided (Specify) |

Was additional discharge care instructions provided specifically addressing the newborn’s exposure and/or withdrawal symptoms to prescribed medications: ☐ Yes ☐ No If yes, describe: |

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