Administration for Children, Youth and Families

NOTICE TO PROVIDER - EDUCATIONAL AND MEDICAL

CHILD'S NAME *(Last, First, M.I.)*	BIRTHDATE	CHILD'S ID NO.

CPS SPECIALIST'S NAME *(Print Name)*	CPS SPECIALIST'S SIGNATURE	DATE

SUPERVISOR'S NAME	PHONE NO.
	( )

CPS SPECIALIST'S OFFICE ADDRESS *(No., Street, City, State, ZIP)*

This notice serves to confirm that this child is in the care, custody and control of the Arizona Department of Economic Security. The child has been placed with the following authorized out-of-home care provider. 1) The whereabouts and information about this child is confidential. (*El paradero e información sobre este niño(a) es confidencial.)* 2) This notice confirms that the child is eligible for health coverage through CMDP. *(Este aviso convalida que el niño(a) es elegible por seguro de salud mediante CMDP.)* **The school and medical provider need to make a copy of this form. (La escuela y proveedor deben hacer una copia de este formulario.)**

OUT-OF-HOME CARE PROVIDER'S NAME *(Last, First, M.I.)*	PHONE NO.
	( )

OUT-OF-HOME CARE PROVIDER'S ADDRESS *(No., Street, City, State, ZIP)*

NAME OF SCHOOL CHILD PREVIOUSLY ATTENDED	CURRENT GRADE

NAME OF SCHOOL DISTRICT WHERE THE PARENT(S) OF THE CHILD LIVED AT THE TIME THE CHILD WAS PLACED IN OUT-OF-HOME CARE

THIS INDIVIDUAL IS:

☐ Not permitted to have contact with the child.

☐ Not permitted to remove the child from school.

☐ Not permitted to have access to the child's medical records.

Name

Relationship

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Relationship

Concerns and notices of meetings regarding the special educational needs of the child should be addressed with the CPS specialist and IDEA parent. When the IDEA parent is not the foster parent, also include the foster parent.

SURROGATE PARENT(S) NAME *(Last, First, M.I)* ☐ NA	PHONE NO.
	( )

SURROGATE PARENT(S) ADDRESS *(No., Street, City, State, ZIP)*

See reverse side for CMDP information

PRIOR MEDICAL PROVIDER'S NAME	PHONE NO.
	( )

PRIOR MEDICAL PROVIDER'S ADDRESS *(No., Street, City, State, ZIP)*

ROUTING: Original – Out-of-Home Care Provider; Copy – Permanent file

ARS § 8-514.05 effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.

A health care service provider must be registered with the Comprehensive Medical and Dental Program (CMDP) before the claims can be paid for services rendered to the child. The Provider Registration form (CMD-050) can be obtained by calling the CMDP's Provider Services AT 602-351-2245 OR toll-free at 1-800-201-1795.

It is necessary for you to submit your claim for medical services, with the required information, on one of the following forms: UB-92 or HCFA-1500; and for dental services, forms approved by the American Dental Association (ADA) or an Arizona Foster Children Program Dental Claim form (CMD-1003AFORNA). All authorized medical/dental services are based on eligibility at the time of service. The health care provider is responsible for verifying eligibility. Eligibility questions can be directed to the CMDP's member services. Send claims to CMDP, 942C • P.O. Box 29202 • Phoenix, Arizona 85038-9202.

NOTE: Many services require prior authorization. The CMDP Provider Manual (HPM-069) offers instruction on prior authorization. EPSDT well-child screening, billing information, covered and non-covered services, as well as many other topics. If you need more information or would like to request a CMDP Provider Manual, please call:

(602) 351-2245 or 1-800-201-1795 (8 am to 5 pm – Monday through Friday)

FOR SERVICES WHICH REQUIRE THE CONSENT OF A LEGAL GUARDIAN, INCLUDING SURGERIES AND HIV TESTING, CONTACT THE CHILD'S CPS SPECIALIST FOR POLICY GUIDELINES AND ASSISTANCE IN OBTAINING CONSENT.

THANK YOU FOR CARING FOR ARIZONA'S FOSTER CHILDREN!