

North Carolina
Consent/Authorization Form for Child Medical and Child/Family Evaluations (DSS-5143) Instructions

The **Consent/Authorization Form for Child Medical and Child/Family Evaluations Form** is designed to assist county child welfare staff in acquiring the additional diagnostic services needed to complete a thorough CPS assessment. This form must be used to refer a Child Medical Evaluation (CME) or Child/Family Evaluation (CFE) through the Child Medical Evaluation Program (CMEP) and for the local county child welfare agency to transmit to providers the authorization and the data necessary to claim reimbursement.

The first page of the form should be completed with the parent/legal guardian.

- 1) At the top of the form please enter the names of the child(ren) and DOB.
- 2) Enter the name of the examiner and the type of evaluation requested. (Please note the examiner must have a contract with the CMEP to provide direct client services.)
- 3) The parent or legal guardian must review and check each box to verify their understanding of the service being authorized.
- 4) Indicate the authority for consent that the individual signing the form has by having them check the appropriate box.
- 5) Obtain a signature and date from the authorized individual. (Please note that the consent must be signed prior to or on the date of the evaluation.)

The second page should be completed by the assigned county child welfare worker. The service code 212 is specific to medical, psychological, and medico-legal diagnostic studies and evaluations where needed to substantiate or find services needed and assess the circumstances of abuse or neglect of children. This code must be entered on the 5027 on or before the date this consent form is completed.

Additional information regarding the code can be found in the SIS Manual:

<https://policies.ncdhhs.gov/divisional/social-services/services-information-system-sis/policy-manuals/sis300-appendix-b.pdf>.

- 1) Please check the box indicating that the case is open for assessments in 210 and 212 on the DSS-5027. Enter the assigned county and child(ren)'s SIS or CNDS number for those whom the service is being authorized.
- 2) Indicate whether the child(ren) are receiving Medicaid. Provide Medicaid numbers as applicable.
- 3) Enter the name of the assigned county authorizing the CME/CFE evaluation.
- 4) The form is to be signed and dated by the authorized representative for the Director of County Department of Social Services
- 5) Provide the assigned county child welfare worker and supervisor's name, telephone number, and email.

A copy of this form should remain in the child(ren)'s record and the original copy should be given to the provider as an attachment to the Evaluation Referral Form.