

**DECLARATION OF EMERGENCY**

**Department of Children and Family Services  
Division of 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, §1135, Physician Notification. This Emergency Rule is adopted on January 3, 2018 and shall be effective on January 28, 2018. It shall remain in effect until the final Rule becomes effective.

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 R.S. 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.dcfsla.gov/](http://www.dcfsla.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. This notification is used to notify DCFS newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his physical appearance or functioning that a physician believes is 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. 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 of suspected child abuse/neglect.

<b>Newborn's Information</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: <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Opioids <input type="checkbox"/> Opioid Agonist <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other (List) _____
Was there a Neonatal Abstinence Syndrome screening completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mother's Information</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: _____
<b>Provider Information</b>
Name of Hospital: _____ Notification Date: ___/___/____
Physician's Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Other individuals who provided input for this notification (Name and Title): _____
<b>Pertinent Discharge Referral(s) and Education</b>
Referral(s), as applicable: <input type="checkbox"/> Pediatrician <input type="checkbox"/> Pediatric Specialist <input type="checkbox"/> OB/GYN <input type="checkbox"/> PCP <input type="checkbox"/> Early Steps <input type="checkbox"/> Medicaid <input type="checkbox"/> Substance Use Disorder Assessment/Treatment <input type="checkbox"/> Behavioral/Mental Health Services <input type="checkbox"/> Housing <input type="checkbox"/> Office of Public Health <input type="checkbox"/> Other Referrals: _____
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"/> Other Educational materials provided: (Specify) _____

Additional comments regarding the needs of the newborn and family:

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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