



Protocol for Health Services for Children/Youth in DCS Custody

Supplemental to DCS Policy: [20.7, Health Services for Children/Youth in DCS Custody](#)

A. Comprehensive Medical Examination Information

1. It is preferred that all comprehensive medical examinations occur with the custodial child/youth's Primary Care Provider (PCP) or another provider within the same office; however, should an appointment with the PCP be unavailable or the child/youth not have a PCP, the local Health Department (with the exceptions of Knox and Davidson Counties) may be utilized.
2. For children/youth in detention centers who pose a physical threat to themselves or others, contracted medical providers may perform the annual comprehensive medical examination.
3. For custodial children/youth with acute psychiatric problems placed in a secure facility or medical hospital, whose safety would be jeopardized by transport outside the facility/hospital, a comprehensive medical examination may be performed by the medical providers contracted by the facility/hospital.

B. Comprehensive Medical Examinations for All Custodial Children

72-Hour Initial Health Screening

1. The Council on Accreditation (COA) standards state that all children/youth receive an initial health screening within 72 hours of entering DCS custody to identify health problems that may require immediate medical attention and/or the need for further developmental assessments for children under the age of six (6). The results of this 72-hour initial health assessment should be considered when making placement decisions for custodial children/youth.
2. This initial health screening must be completed by a qualified medical practitioner (i.e. Registered Nurse, Physician, Nurse Practitioner, Physician's Assistant, DCS Registered Nurse, etc.).
3. The 72-hour health screening may be completed by the child/youth's regular Primary Care Provider (PCP), walk-in medical clinic, health department, provider medical staff, etc.

Initial Comprehensive Medical Examinations

1. The Council on Accreditation (COA) standards state that all children/youth have an initial comprehensive medical examination completed within 30 (thirty) days from the date of custody by a qualified medical professional.
 - a) It is the responsibility of the Family Service Worker (FSW)/Juvenile Service Worker (JSW) to schedule the initial comprehensive medical examination and ensure it is completed with a qualified medical professional.
 - b) The FSW/JSW should attempt to have an appointment scheduled to occur within 30 (thirty) days from the date of custody.
2. To ensure any urgent health needs are addressed timely, the Court Liaison, Child Protective Services (CPS) worker, or other designated staff will complete [CS-0727, Initial Intake](#).

Protocol for Health Services for Children/Youth in DCS Custody

Placement, and Well-Being Information and History for all children/youth upon entry into DCS custody and send to the DCS Regional Health Unit no later than the next business day.

- a) The Regional Nurse and Regional Psychologist will review said form and notify the FSW of any urgent or concerning medical or mental health needs via email or through the regional triage process.
 - b) A copy of **CS-0727, Initial Intake, Placement, and Well-Being Information and History** will also be provided to the child/youth's parent or guardian and DCS custodial placement.
 - ◆ The completed form is to be provided to each custodial placement and be taken to all health-related appointments.
3. It is required that the initial comprehensive medical examination be completed within 120 days from the date the child/youth entered DCS custody.
- a) If issues accessing an appointment occur, staff should contact the DCS Regional Health Unit for assistance in filing a Good Cause Exception or a TennCare appeal (see section below).

Good Cause Exceptions

Good Cause Exceptions (GCEs) are required for any initial or annual comprehensive medical examination appointment that is scheduled to occur more than 120 days after the child/youth enters DCS custody.

1. The FSW/JSW contacts the DCS Health Advocate Representative (HAR) to request a GCE. If the child/youth has TennCare, the FSW/JSW will also request that the HAR file a TennCare appeal, as applicable.
 - a) The FSW/JSW is required to make a minimum of three (3) telephone phone calls to medical providers for assistance without success prior to contacting a HAR to request a GCE.
 - b) For medically fragile children/youth, the GCE request will also be sent to the Regional Nurse.
2. The HAR reviews and provides approval or denial of the GCE request and enters such into the Electronic Record System.

GCE Special Circumstances

The scenarios listed below are not bound by the requirements required to request a GCE, and a GCE may be requested after completing the steps provided for each.

1. The child/youth is hospitalized or is experiencing serious medical issues that would prevent or delay a medical exam.
 - a) If the child/youth is in a hospital, the hospital placement must be entered into the electronic medical record prior to requesting a GCE.
 - ◆ Consider adding at least thirty (30) days from expected discharge, or the condition to resolve, to allow for screening to be scheduled and attended.
2. Child/Youth is a flight or safety risk and cannot be transported.
 - a) The FSW/JSW is to consult with the HAR to determine an end date for the GCE.

Protocol for Health Services for Children/Youth in DCS Custody

- ♦ Most of these will be for six (6) months, but if shorter than six (6) months from the start date, consider adding at least thirty (30) days from when the circumstances expect to be resolved to allow for screening to be scheduled and attended.
- 3. Youth is placed in detention and is not authorized by the judge or other appropriate authority to leave the facility.
 - a) The FSW/JSW is to consult with the HAR to determine an end date for the GCE.
 - ♦ Most of these will be for six (6) months, but if shorter than six (6) months from start date, consider adding at least thirty (30) days from when the circumstances expect to be resolved to allow for screening to be scheduled and attended.
- 4. Youth is over 14 and refuses to complete the comprehensive medical examination exam.
 - a) These children/youth must sign form CS-0093, Release from Medical Responsibility.
 - ♦ The GCE is only granted for three (3) months and is documented on form CS-0093, Release from Medical Responsibility.
 - For best practice, when a service is being refused, staff should document efforts made monthly to arrange for the child/youth to be comfortable enough to receive the service.

Annual Comprehensive Medical Examinations

1. Comprehensive Medical Examinations are completed according to the periodicity schedule established by the American Academy of Pediatrics.
2. Examinations are completed annually for children/youth aged three (3) years and older and more frequently for children under the age of three (3) years.
 - a) The annual comprehensive medical examinations for children/youth aged three (3) years and older must occur within 365 days from the previous screening.
 - b) Children under three (3) years of age are seen on a more frequent basis according to the periodicity schedule as follows:

At birth	4 months	15 months
2-4 days	6 months	18 months
1 month	9 months	24 months
2 months	12 months	30 months
 - c) Any youth remaining in the legal custody of DCS after the age of 18 (eighteen) will continue to receive comprehensive medical examinations until they exit custody.
3. All custodial children/youth will receive needed follow-up care as recommended by the licensed and qualified medical professional during the periodic examinations, in a timely fashion.
4. It is the responsibility of the FSW/JSW to ensure annual comprehensive medical examinations, as well as any recommended follow-up care, are scheduled and completed.

Emergency Health Examinations

Protocol for Health Services for Children/Youth in DCS Custody

In the event of a serious illness or injury requiring immediate medical attention, custodial children/youth will receive emergency health examinations and complete recommended follow-up care as recommended by the licensed health professional.

1. It is the responsibility of the FSW/JSW to obtain discharge instructions/information from the facility at which emergency health care was received or hospitalization occurred and ensure all care related to emergency health examinations is received, including follow-up care.

C. Cultural Information

It is important that information about the child/youth's religious, racial, ethnic, and cultural background, sexual orientation, and developmental level be communicated to the health care provider. This impacts their health care needs and facilitates assessments being conducted in a culturally responsive manner. Resources can also be identified that increase service participation and support the achievement of agreed upon goals.

D. Immunization Information

1. The FSW requests immunization records from the parent/guardian, previous health care provider, health department, or last school attended as soon as possible after the child/youth comes into DCS custody.
 - a) The immunization record may be available through the Tennessee Immunization Information System (TennIIS).
 - ♦ The Regional Nurse has access to TennIIS.
 - b) A copy of the immunization record is provided to the DCS custodial placement.
 - c) A parent claiming religious exemption from immunizations for their child must provide a notarized statement.

E. Hospital Discharge Instructions/Information

The CPS worker, FSW, or other designated staff obtain discharge instructions/information from the hospital if the child/youth was seen in the Emergency Department or if the child/youth was discharged from the hospital to DCS custody.

F. Appointment Guidelines

1. The FSW works with the parent/guardian, foster parent, or contract provider agency staff to schedule and transport children to appointments.
2. Both private insurance and TennCare require the use of their network providers, which also includes medical labs. Check with the insurance company for a list of participating providers before scheduling an appointment.
3. If there are any access issues with obtaining comprehensive medical examinations, contact the DCS Regional Health Unit for assistance.
4. The following information must accompany the child/youth to any comprehensive medical examination appointment:

Protocol for Health Services for Children/Youth in DCS Custody

- a) Proof of Insurance – TennCare card, private insurance card, or other proof of insurance coverage. If the child does not have insurance coverage, contact the Regional Fiscal Team for reimbursement information.
 - b) [CS-0206, Authorization for Routine Health Services for Minors](#)
 - c) [CS-0727, Initial Intake, Placement and Well-Being Information and History](#)
 - d) [CS-4246, Consent for Vaccination](#), *if applicable*
 - e) Name and contact information for the Primary Care Provider (PCP), unless the PCP is conducting the examination.
 - f) Immunization record
5. If the immunization record or proof of insurance is not available at the time of the appointment, the FSW, foster parent, or contract provider agency staff explain why the document is not available and make arrangements to provide the missing information to the healthcare provider at the earliest possible time.

G. Comprehensive Medical Examination Results

1. Upon completion of the comprehensive medical examination, the practitioner must provide the DCS Regional Health Unit with [CS-1096, Comprehensive Medical Examination Report/Well Child Check-up](#) or a copy of the medical record verifying that the comprehensive medical examination was completed and noting any medical diagnoses and referable conditions, if applicable.
 - a) The DCS Regional Health Unit will ensure the assigned FSW/JSW receives a copy of the results of medical examinations.
 - ◆ The FSW/JSW receives a copy of the comprehensive medical examination report or medical record for inclusion in the child/youth's case in Electronic Record System. The FSW/JSW will review the results of the exam and may consult the DCS Regional Health Nurse on the results if needed.
 - b) The DCS Service Appeals Tracking (SAT) Coordinator enters the results of the comprehensive medical examination and any identified follow-up service needs into the Electronic Record System within three (3) working days after the date the information was received.
 - c) The FSW/JSW will provide a copy of the comprehensive medical examination report to the child/youth's caregiver and arranges/coordinates with the caregiver to ensure identified follow-up for necessary services is received.
 - ◆ Follow-up services may be identified at the time of the comprehensive medical examination and/or at any subsequent health appointments as health services are accessed.

H. Documentation of Other Health Services

Health Services Confirmation and Follow-Up Notification

Protocol for Health Services for Children/Youth in DCS Custody

- a) When a child/youth receives any type of health service, other than comprehensive medical examinations and psychotropic medication evaluation appointments, the healthcare provider will be provided [CS-0689, Health Services Confirmation and Follow-Up Notification](#) with a request that the form be completed or the information provided to the FSW/JSW.
- b) For documentation of therapy and counseling services, such as physical (PT), occupational (OT), speech (SP), feeding therapy, play therapy, and any mental health therapy/counseling, including individual, family, group therapy, etc., may be documented once a month on [CS-0689, Health Services Confirmation and Follow-Up Notification](#).
 - ◆ Each type of therapy, the specific dates, and therapist/clinic name should be included.
- c) The completed [CS-0689, Health Services Confirmation and Follow-Up Notification](#) will be provided to the DCS SAT Coordinator, who ensures that the information is documented in the Electronic Record System and provided to the FSW/JSW.
 - ◆ [CS-0689, Health Services Confirmation and Follow-Up Notification](#) may be used to provide information to contract provider agencies, DCS staff, foster parents, and the primary care provider (PCP) about the services received by children in their care.
- d) Reports from the Electronic Record System on identified services are used by the FSW/JSW and regional leadership to ensure the child/youth receives the designated services.

I. Special Circumstances

1. Children Presenting with Complex Illnesses

The FSW/JSW must inform the DCS Regional Nurse and/or Psychologist about any child/youth in state custody that presents with complex medical or mental health conditions.

2. Children Under Age Three (3) Years Old

When a child under age three (3) comes into custody, especially if there are any concerns the child may be experiencing any type of disability or medical condition, a referral to Tennessee Early Intervention System (TEIS) will be made.

3. Children in Pre-Adoptive Placements

If a child/youth is in a pre-adoptive placement, the pre-adoptive parents may make decisions about the healthcare providers they choose for the child, within the appropriate network, and in coordination with the child/youth's FSW/JSW.

4. Children/Youth Returned from Runaway and/or Victims of Trafficking

Any child/youth who reports sexual assault, physical assault, intravenous drug use, and/or is a survivor or suspected survivor of trafficking, receives an immediate medical evaluation from a hospital emergency room (ER), Child Advocacy Center (CAC), or a community health care provider to diagnose and receive immediate medical treatment for conditions such as HIV, Sexually Transmitted Diseases (STDs), or pregnancy, and to mitigate the trauma/impacts of these conditions.

The child/youth may choose to refuse a medical evaluation but should be taken to a health care provider regardless so the child/youth may discuss the decision with a medical professional.

Protocol for Health Services for Children/Youth in DCS Custody

Any child/youth that has been on a runaway episode for more than 24 hours and does not have any injuries should be scheduled for a comprehensive medical examination as soon as possible after returning to their placement.

See the [Protocol for Medical Evaluations for Runaways or Commercial Sexual Exploitation of Minor \(CSEM\)](#) and [Protocol for Health Services for Trafficked Youth](#).

J. Payment for Services

1. Some children in custody remain eligible for private insurance under their legal parent/guardian's health care plan. Private insurance is primary to TennCare coverage. If the child/youth is covered by private insurance, obtain specific information from the parent/guardian regarding the insurance company and benefit package. Obtain a copy of the insurance card. Contact the private insurance plan for a list of participating healthcare providers in your area.
2. Co-pays are the responsibilities of the parent/guardian (holder of the policy). If a co-pay cannot be obtained from the parent/guardian, contact the DCS Regional Fiscal team for further assistance.
3. If the private insurance plan does not cover comprehensive medical examinations or related expenses and the child is covered by TennCare, TennCare may be accessed. Contact the DCS Regional Health Unit for further assistance.
4. TennCare covers all medically necessary services.
 - a) If the child/youth does not have insurance coverage and is NOT eligible for TennCare (i.e. foreign-born non-citizen), form [CS-0533, Health Services Authorization for Non-TennCare Eligible](#) must be filled out by the FSW/JSW and provided to the medical provider with instructions for completion.
5. Youth in detention, who are not transitioning to a Youth Development Center (YDC), may access TennCare for a comprehensive medical examination and any other identified health care needs.

K. Comprehensive Medical Examinations for Children in Youth Development Centers (YDC)

1. Initial Health Examination

Each youth receives an intake screening and health orientation upon their arrival at the YDC. The health orientation must be documented using form [CS-0114, Health Screening for Youth in DCS Youth Development Centers](#).
2. Initial Comprehensive Medical Examinations
 - a) The contract physician or designee must complete the initial comprehensive medical examination for each youth within seven (7) calendar days from the date of admission and can be documented on form [CS-0708, Comprehensive Medical Examination](#). Additional diagnostic procedures or consultations may be ordered based on identified problems or individual risk factors.
 - b) A copy of the form [CS-0708, Comprehensive Medical Examination](#) is provided to the FSW/JSW upon completion of the exam.

Protocol for Health Services for Children/Youth in DCS Custody

- c) Any youth requiring medical supervision is identified and an individual treatment plan developed, including directions to health care staff and other personnel regarding their roles in the care and supervision of the youth. Health care personnel must inform YDC Case Managers, Education staff and Children's Service Officers of health-related conditions that affect the placement or progress of youth within the facility.

3. Annual Comprehensive Medical Examinations

All youth must have an annual comprehensive medical examination, conducted by the contract physician or designee. The contract physician or designee then updates the individual treatment plan.

4. Ongoing Health Services in Youth Development Centers

Any medically necessary healthcare treatments are coordinated by YDC staff for youth at the YDC. Refer to DCS Policy [20.5, Health Care Delivery at Youth Development Centers](#).

5. Documentation of Health Services in a Youth Development Center

All health services are entered into the Electronic Record System by YDC staff. DCS staff is made aware of health services for children occurring in the YDC through the Electronic Record System Health Summary. When a child exits the YDC for regional placement, a copy of the Health Records for the child is provided to the FSW.

L. Medical Passes in Contract Facilities

A medical pass is allowed if a youth has a temporary acute or a chronic medical condition that exceeds the care available or cannot be adequately or safely provided through the facility's health care resources. In contract agencies, the Director can make a recommendation for a medical pass. The Regional Child Health Nurse and the Central Office Director of Nursing review the medical providers' documentation and together with the Regional Administrative Staff, authorize a medical pass if medically necessary and there are no other placements that can provide the medical services needed.

M. Health Services That Are Not Medically Necessary

1. For children/youth who have TennCare, TennCare makes a determination about what health services are covered based on medical necessity. Cosmetic and elective surgeries/procedures are not routinely covered by TennCare because they are not considered to be medically necessary.
2. For children and youth who have private insurance, the insurance company determines the benefit package and what health services are covered.
3. Cosmetic and/or elective surgery/procedures.
 - a) DCS may authorize cosmetic and/or elective surgery or procedures, only when it is determined to be in the best interest of the child/youth and is determined on a case-by-case basis.
 - ◆ The decision to recommend cosmetic or elective procedure is made by the Child and Family Team (CFT).

Protocol for Health Services for Children/Youth in DCS Custody

- ◆ The Deputy Commissioner of Statewide Services, or designee, or the Deputy Commissioner of Juvenile Justice, or designee, has the final decision on approving or denying any cosmetic or elective oral surgery.
 - ◆ At the YDC, the superintendent makes the decision regarding surgery/procedures that are not medically necessary in consultation with the Deputy Commissioner of Juvenile Justice or designee and the Deputy Commissioner of Deputy Commissioner of Statewide Services.
- b) Examples of situations in which DCS would authorize such procedures include:
- ◆ The cosmetic or elective surgery must have been denied, as well as any subsequent appeal, by the primary insurance carrier, before submission to DCS for payment.
 - ◆ Elective surgery to correct a substantial functional defect or existing pathological condition or when the delay in performing surgery could have a detrimental effect of the future health of the child/youth or will cause physical or emotional distress to the child/youth.
 - ◆ Cosmetic surgery when there are clear indications that such surgery will have a major impact on the rehabilitation of the child/youth or when other major factors are involved, such as serious psychological impact of not having the surgery as determined by the attending physician.
- c) DCS does not consent to body modifications such as piercings or tattoos. DCS may authorize removal of tattoos if the youth requests removal and the CFT determines that removal would be in the best interest of the youth (See Section M#3 above).
- d) DCS does not permit the use of service modalities and interventions defined as non-traditional or unconventional within the medical community.