Tennessee Department of Children's Services

Protocol for Early Periodic Screening, Diagnosis and Treatment Standards

Supplemental to DCS Policy: ***20.7, Early Periodic Screening Diagnosis & Treatment Standards (EPSDT)***

A. Well Being Information and History

1. The Court Liaison, Child Protective Services (CPS) or other designated staff is to complete form ***CS-0727 Initial Intake, Placement and Well-Being Information and*** **History** on all children/youth placed in DCS custody.
2. A copy of form ***CS-0727*** is sent to the DCS Regional Health Unit no later than the next business day after the child/youth enters custody.
    - The regional nurse and the regional psychologist reviews form ***CS-0727*** and notify the FSW of any urgent or concerning medical or mental health needs via email or through the regional triage process.
3. A copy of form ***CS-0727*** is also provided to the parent/guardian and the caregiver/placement provider.
4. The completed form ***CS-0727***, should "travel with the child/youth" to each placement and should be taken to all health related appointments, including EPSDT, dental, and mental health care.

B. 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.

C. Immunization Information

1. The Family Service Worker (FSW) requests immunization records from the parent, previous health care provider, health department, or last school attended as soon as possible after the child/youth comes into custody.
2. The immunization record may be available through the Tennessee Immunization Information System (TennIIS). The Regional Health Nurse has access to that system.
3. A copy of the immunization record is provided to the caregiver/placement provider.
4. A parent claiming religious exemption from immunizations for their child must provide a notarized statement.

D. 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 custody.

E. EPSDT Screening for Children Placed in Foster Homes or with Contract Provider Agencies

EPSDT screenings should be performed by the child's primary care provider or another practitioner in the same office or clinic. If the child does not have a primary care provider or there is difficulty accessing an identified primary care provider, a local Health Department may be used until a primary care provider is identified and accessible. Appointments for EPSDT screenings should be made immediately when the child comes into custody.

1. <u>Initial EPSDT Screening</u>

Children/youth in DCS custody must receive an initial EPSDT screen conducted by the child's primary care provider, or another practitioner within the same office or clinic, within seventy-two (72) hours of entering custody. If there is no identified or accessible primary care provider, the local Health Department (exceptions for Davidson and Knox Counties) may be used.

a) If an EPSDT Screening cannot be obtained within seventy-two (72) hours, the child/youth may be seen by a qualified medical practitioner for an *initial health screening* to identify health conditions that require immediate or prompt medical attention and health conditions that should be considered in making placement decisions.

b) If the initial health screening is completed within seventy-two (72) hours of custody, then the Initial EPSD&T screening must be completed within thirty (30) days of the child/youth entering custody.

2. <u>Annual EPSDT Screening</u>

Children/youth in DCS custody must receive an annual EPSDT screening in accordance with the American Academy of Pediatrics periodicity schedule. These screenings should be done by the child's primary care provider or another practitioner in the same practice or clinic. The local Health Department may perform the annual EPSDT screening only if there is no identified primary care provider. Contracted medical providers may perform the annual EPSDT screening for youth in detention who pose a physical threat to themselves, outside medical providers, or DCS staff. Similarly, children and youth with acute psychiatric problems whose safety would be jeopardized by transport outside a secure facility may have their EPSDT screening done by medical providers contracted by the facility.

a) The annual EPSDT screening for children/youth age 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 DCS legal custody after age eighteen (18) years continue to receive EPSDT screenings until they exit custody.

F. Appointment Guidelines

1. It is the responsibility of the FSW to ensure necessary EPSDT services are received. The FSW works with the parent/guardian, foster parent, or contract provider agency staff to schedule appointments and to transport children to appointments
2. The FSW, foster parent, parent/guardian, or contract provider agency staff who is familiar with the child's health must accompany the child/youth to the appointment. Transportation personnel that are not familiar with the child's health cannot be used.
3. 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.
4. If there are any access issues with obtaining EPSDT services, contact the DCS Regional Health Unit for assistance
5. Unless medically contraindicated or refused by a mature minor, age fourteen (14) years or older, as determined by the health care provider, the EPSDT screening must be complete and consist of all 7 components.
6. The following information must accompany the child/youth to any EPSDT service appointment:
   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)
   f) Immunization record

7. 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 at the earliest possible time to the healthcare provider.

G. EPSDT Screening Results

EPSDT Confirmation Report

Upon completion of the EPSDT screening, the practitioner must provide the DCS regional health unit a completed form ***CS-1096 EPSDT Screening Report*** or a copy of the medical record verifying that the 7 components of the EPSDT screening were completed, any medical diagnoses, and referable conditions.

a) The DCS Health Nurse reviews each EPSDT Screening Report or medical record to determine if the child/youth needs follow-up services. The FSW receives a copy of the EPSDT Screening Report or medical record for inclusion in the child's case file. The DCS Health Nurse provides instructions for follow-up to the FSW and other appropriate DCS staff.

b) The DCS Service Appeals Tracking (SAT) Coordinator enters the results of the EPSDT screening, the status of the seven components, and any identified follow-up service needs into TFACTS within three (3) working days after the date the information was received.

c) The FSW is responsible to provide a copy of the EPSDT report with follow-up instructions from the DCS Health Nurse to the child's caregiver.

H. EPSDT Follow-up Services

The FSW arranges for all identified EPSDT follow-up services or coordinates with the child's caregiver to ensure the child receives the necessary care. Follow-up services may be identified at the time of the EPSDT screening and/or at any subsequent health appointment as children access health services.

I. Documentation of Health Services

Health Services Confirmation and Follow-Up Notification

a) Whenever a child receives any type of health service (except for the EPSDT screening and psychotropic medication evaluation appointments), form ***CS-0689, Health Services Confirmation and Follow-Up Notification,*** should be given to the healthcare provider, with a request that the form be completed or the information provided.

b) This completed form or information should be provided to the DCS SAT Coordinator, who ensures that the information is documented in TFACTS and provided to the FSW. The form 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.

c) Reports from TFACTS on identified services are used by the FSW and regional leadership to ensure the child/youth receives the designated services.

J. Other Special Circumstances

1. Children Presenting with Complex Illnesses

   The FSW must inform the DCS Health 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, and 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) is made.

3. Children in Pre-Adoptive Placements

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

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 victim or suspected victim 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, STD's, or pregnancy and to mitigate the effects 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. 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 an EPSDT inter-periodic medical exam 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***.

K. 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 EPSDT 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.
5. If the child/youth is not covered by private insurance and is not eligible for TennCare, contact the DCS Regional Fiscal Team for reimbursement information.
6. Youth in detention, who are not transitioning to a Youth Development Center (YDC), may access TennCare for an EPSDT screening and any other identified health care needs.

L. Health Services for Youth Placed at Youth Development Center (YDC)

1. Initial Health Screening

   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 EPSDT Screening

   a) The contract physician or designee must complete the initial physical exam for each youth within seven (7) calendar days from the date of admission and can be documented on form ***CS-0708, EPSDT Physical 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, EPSDT Physical Examination*** is provided to the FSW upon completion of the exam.

   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 EPSDT

   All youth must have an annual EPSDT screening, 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 TFACTS by YDC staff. DCS staff is made aware of health services for children occurring in the YDC through the TFACTS 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.

M. 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.

N. Health Services That Are Not Medically Necessary

1. For children and 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).
      - Decisions to approve cosmetic or elective surgery are made by the Deputy Commissioner of Child Health or designee in consultation with the healthcare provider and the CFT.
      - 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 Child Health or designee.
   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 N#3 above).

d) DCS does not permit the use of service modalities and interventions defined as non-traditional or unconventional within the medical community.