



Department of
Children's Services



Contract Provider Manual

Section Fourteen (14) – Children with Special Healthcare Needs

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Children With Special Healthcare Needs

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CHILDREN WITH SPECIAL HEALTHCARE NEEDS

1. General Characteristics

Provider acknowledges that this is a high risk population of youth who present with extraordinary medical conditions and need for regular treatment. These youth require caregivers who receive specialized medical training and are provided with wrap-around services to ensure, augment, and support the child's development, independence, and dignity.

- a) A Child With Special Health Care Needs has a serious illness or condition, documented by a licensed health care provider, that may become unstable and change abruptly, resulting in a life-threatening situation. The child's health condition is stable enough for the child to be in a home setting only with frequent monitoring by a licensed health care provider.
- b) Children with Special Healthcare Needs may be served in foster homes, congregate care settings, or other types of settings.
- c) When a Child with Special Healthcare Needs is placed in a congregate care setting, the facility will be appropriately licensed according to the population served.

2. Admission/Clinical Criteria

- a) Children with Special Healthcare Needs are designated as such by a DCS Regional Nurse based on the criteria identified in [**Policy 20.6. Children with Special Health Care Needs.**](#)
- b) Child/youth may be of any adjudication type.

3. Personnel

- a) The provider agency adheres to the Personnel standards identified in the Contract Provider Manual for the setting in which the youth is placed. For example, if the Child with Special Healthcare Needs is placed in a foster home, the agency will follow the items outlined in the "Foster Care" portion of this manual.
- b) If a Contract Provider accepts a Child with Special Healthcare Needs into a foster home, the following limits are adhered to:
 - ◆ Foster homes with one adult in the home may not care for more than one Child with Special Healthcare Need. Other children without Special Healthcare Needs may reside in the home.
 - ◆ Foster homes with two adults in the home may not care for more than two Children with Special Healthcare Needs. Other children without Special Healthcare Needs may reside in the home.
 - ◆ Any exceptions to the above will be approved by the Regional Director in consultation with the DCS Regional Nurse.

- c) Contract Provider ensures that the intensity of needs for Children with Special Healthcare Needs is taken into account when assigning cases to casework staff.
- d) Contract Provider ensures that casework staff visits the youth at a minimum, the number of times outlined in the [Visitation Guide](#), Attachment to Policy [16.38, Face-to-Face Visitation with Dependent/Neglected/Unruly Children in DCS Custody](#). Depending on the intensity of the needs of the youth and the individuals caring for the youth, more frequent visits may be indicated for a period of time. This determination is made through a CFTM which includes the DCS Regional Nurse.

4. Individualized Treatment Plan

The provider agency adheres to the Individualized Treatment Plan standards identified in the Contract Provider Manual for the setting in which the youth is placed. For example, if the Child with Special Healthcare Needs is placed in a foster home, the agency will follow the items outlined in the “Foster Care” portion of this manual.

5. Service Components & Overview

- a) The provider agency adheres to the Service Components and Overview section identified in the Contract Provider Manual for the setting in which the youth is placed. For example, if the Child with Special Healthcare Needs is placed in a foster home, the agency will follow the items outlined in the “Foster Care” portion of this manual.
- b) Foster Parents follow all recommendations documented on [CS-0716, Child with Special Health Care Needs](#), Child with Special Health Care Needs Medical Recommendations and Review.
- c) Training:
 - ◆ The Foster Parents responsible for caring for the youth receive general training on how to work with a Child with Special Healthcare Needs, including:
 - Maintaining Personal Health and Wellness History Notebook
 - Likelihood of having more frequent medical appointments than other youth
 - The possibility of working with specialized medical equipment
 - ◆ The Foster Parent or staff responsible for caring for the youth receive specialized training on the medical and behavioral needs of each child/youth to be placed in their care. This specialized training is provided by the hospital prior to the youth’s discharge or through a practicing qualified health care provider prior to placement. This step is crucial to the safe and effective care of youth in this population. Caregiver to caregiver training alone is not acceptable.
 - ◆ In anticipation of possible respite and support needs, the Contract Provider may wish to identify someone in addition to the primary caregiver who will also receive the specialized training.
 - ◆ If the need for respite arises, the respite caregiver(s) are trained by either the hospital or a practicing qualified medical professional. The DCS Regional Nurse approves the medical professional to conduct the training for respite caregivers. For additional information about

respite, see the [**Protocol for Respite Care and Other Events.**](#)

- d) The provider agency is responsible for ensuring that the training received by their foster parent is documented, including names of who was trained, dates, training topics, training location, and names, credentials and affiliation of trainers including contact information.
- e) The Provider agency ensures that appropriate medical equipment and supplies are obtained for the Child with Special Healthcare Needs per the instructions of the medical professionals treating the youth. The agency can use the TennCare Select Medical Case Manager or the DCS Regional Nurse as a resource if support is needed in identifying suppliers of these items.
- f) A plan is developed that is specific to the child and includes services for the child/youth, the biological parents or guardian, and support services for the foster parent or staff caring for the youth. The plan is sent to the DCS Regional Nurse for consultation and review.
- g) Children are provided with developmentally appropriate activities and supportive services designed to enable them to prepare to achieve maximum medical self-sufficiency in accordance with their treatment plan.
- h) The provider agency supports and mentors relationships between the child's family and agency staff regarding medical issues in accordance with the permanency plan and the Child and Family Team.
- i) The provider agency arranges visitation opportunities for the natural caregiver to learn and demonstrate the medical care of the child, in consultation with the DCS Regional Nurse, as deemed appropriate by the CFTM.
- j) Provider agency staff collaborate with the TennCare Select Case Management Nurse as needed regarding coordination of services and obtaining medical equipment and supplies.
- k) DCS is responsible for both obtaining and discontinuing TennCare Select Case Management Services, and the provider agency does not discontinue these services at any time. If the agency feels that these services are not needed, the agency may choose to discuss this with the DCS Regional Nurse.
- l) When a Child with Special Healthcare Needs is hospitalized and the health care facility requires a sitter, DCS and the provider agency share this responsibility as outlined in the Core Standards portion of this manual.
- m) The agency ensures the child has all medical and dental screenings according to the periodicity schedule. The Regional Health Nurse arranges for a waiver for the child to have all EPSDT medical screenings at the child's PCP rather than at the health department. The agency is responsible for obtaining documentation of completed screenings including EPSDT seven (7) components.
- n) The foster parent/caregiver maintains an up-to-date Personal Health and Wellness History Notebook (available from TennCare Select), or equivalent binder, and takes it to all health appointments.

- o) If the child is admitted to a hospital as an inpatient, the agency notifies the Regional Health Nurse within 24 hours including date, hospital, and medical or mental health issue being treated.
- p) If a change in placement occurs, including transition to the parent/guardian or adoptive home, the FSW and/or the contract provider must consult with the Regional Health Nurse prior to making the move. The nurse can provide assistance in coordinating with health care providers, advice on training requirements, and assessment and transfer of medical equipment, supplies, and other needs.

6. Education of the Child/Youth

The Provider agency adheres to the Education standards identified in the Contract Provider Manual for the setting in which the youth is placed. For example, if the Child With Special Healthcare Needs is placed in a foster home, the agency will follow the items outlined in the "Foster Care" portion of this manual.

7. Records Management

The Provider agency adheres to the Records Management standards identified in the Contract Provider Manual for the setting in which the youth is placed. For example, if the Child With Special Healthcare Needs is placed in a foster home, the agency will follow the items outlined in the "Foster Care" portion of this manual.

8. Discharge Criteria

- a) The DCS Regional Nurse may determine that the youth no longer meets criteria to be identified as a Child with Special Healthcare Needs. If this occurs the Nurse will notify the DCS Regional Placement Division, who will in turn send a notification to the Contract Provider. A CFTM will be called to discuss any subsequent changes in placement, etc. that are needed.
- b) If the youth's condition changes, the DCS Regional Nurse may review the case and re-authorize the designation of Child with Special Healthcare Needs at any time.
- c) Removing child from the Child with Special Healthcare Needs designation does not necessarily mean that the youth's placement will change.