

<b>20.6 Children with Special Health Care Needs</b>	
<b>Application:</b> All Department of Children's Services Employees and Contract Agency Employees	
<b>Authority:</b> TCA 37-5-105 (3), 37-5-106, 63-7-101	<b>Standards: COA:</b> PA-FKC 6.02, PA-FKC 10.01-10.04
<b>Commissioner:</b>	<b>Date:</b>
Original Effective Date: 01/03/19 Current Effective Date: 08/31/21	Supersedes: 01/03/19 Last Review Date: 08/31/21
<p><b>Glossary:</b></p> <ul style="list-style-type: none"> <li>◆ Child with Special Health Care Needs <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>◆ Activities of Daily Living (ADLs) <ul style="list-style-type: none"> <li>○ Tasks performed daily involving activities including bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding, mobility, and usual developmental tasks such as play and social development.</li> </ul> </li> <li>◆ Medical Devices and Assistive Technology <ul style="list-style-type: none"> <li>○ Devices, products, or equipment that enhance the ability of an child with functional impairment(s) to engage in major life activities, actions, and tasks, or to perceive, control, or communicate with the environment in which they live.</li> </ul> </li> </ul>	

**Policy Statement:**

DCS Regional Health Nurses evaluate and identify children with extra ordinary medical conditions who meet the criteria for Child with Special Health Care Needs. Identified children are placed with 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. DCS Regional nurses provide oversight and periodic reviews of the child's progress, condition, and the quality and quantity of services provided and assist in identifying necessary supports to meet the day-to-day needs of the child and family.

**Purpose:**

Provide assistance for Children with Special Health Care Needs who require temporary or long term supports and services to maintain the child in a family home setting while meeting the child's unique medical needs. Provide support for families in identifying and accessing community resources, both formal and informal, to promote the child's optimal health and safety.

**Procedures:****A. Designation of a Child with Special Health Care Needs**

1. The DCS Regional Nurse makes a determination about whether youth meet criteria to be identified as Child With Special Health Care Needs based on the following criteria:
  - a) 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) Requires frequent time-consuming administration of specialized care and/or treatment which are medically necessary. The care needs may be related to a chronic and/or progressive illness or a more acute, time-limited condition.
  - c) May have a severe disability that requires the routine use of medical devices or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living and without the technology a reasonable level of health could not be maintained.
2. Children/youth that are determined to have special health care needs and who also have behavioral and/or mental health conditions may be considered for a higher level of care within the agency's placement network if the decision is supported by the CFTM.

**B. Placement Procedure**

1. The DCS Placement Unit, Family Service Worker (FSW), Juvenile Service Worker (JSW) and/or CPS/SIU staff contacts the Regional Health Nurse if a child appears to meet criteria for a Child with Special Health Care Needs.
2. The DCS FSW/JSW and/or CPS/SIU obtains medical records and provides medical information to the Regional Nurse for review or a face-to-face interview with the primary caregiver may be performed.

3. The Regional Health Nurse can assist staff in obtaining pertinent medical information in order to complete form ***CS-0716 Child With Special Health Care Needs Foster Care Referral***.
4. The Regional Health Nurse makes the determination whether the criteria for Child with Special Health Care Needs are met within 48 hours and documents the decision on form ***CS-0716 Child With Special Health Care Needs Foster Care Referral***.
5. When a youth is identified as Child with Special Health Care Needs, the Regional Placement Unit sends the referral form by e-mail or fax to the appropriate contract providers for placement decisions.
6. The Regional Health Nurse and/or the DCS FSW/JSW are available to the provider to respond to questions about the child's medical status.
7. Placement decisions take into account location of the child's medical care, care providers and location of the nearest hospital that serves children.

### **C. Caregiver Training**

1. Foster parents/caregivers for a Child with Special Health Care Needs must receive specialized training on the medical needs of each child to be placed with them. Specialized training is provided through the hospital before the child is discharged or through a qualified health care provider prior to placement. Caregiver to caregiver training is not acceptable.
2. The Regional Nurse obtains documentation of child-specific training, record it and scans it into TFACTS including names of who was trained, dates, training topics, training location, and names, credentials and affiliation of trainers including contact information.

### **D. TennCare Select Case Management Services**

1. The DCS FSW/JSW or nurse completes a referral for medical and/or behavioral case management services for the Child with Special Health Care Needs through TennCare Select.
2. The foster parent/caregiver can communicate directly with the TennCare Select Case Management Nurse regarding coordination of services, obtaining medical equipment, and medical supplies.
3. DCS is responsible for both obtaining and discontinuing Tenn Care Select Case Management Services; 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.

### E. Individualized Treatment Plan

The DCS Regional Nurse is available to review and consult on Individualized Treatment Plans submitted by Contract Providers for Children with Special Healthcare Needs.

### F. Health Services

1. The agency must assure the child has all medical and dental screenings according to the periodicity schedule. All EPSDT medical exams must be done by the child's PCP or a provider in the same clinic. The agency is responsible for obtaining documentation of completed exam including EPSDT seven (7) components. See Policy [20.7 Early Periodic Screening, Diagnosis, and Treatment Standards \(EPSDT\)](#) and [Protocol for EPSDT Standards](#).
2. The foster parent/caregiver will maintain an up-to-date Personal Health and Wellness History Notebook (available from TennCare Select), or equivalent binder, and take it to all health appointments.
3. If the child is admitted to a hospital as an inpatient, the Regional Health Nurse must be notified including date, hospital, and medical or mental health issue being treated by the FSW/JSW, foster parent, or contract provider staff.

### G. DCS Health Nurse Reviews

1. The Regional Health Nurse makes an in-person visit with the child within five (5) days of receiving the referral, or sooner if a hospital discharge is imminent, to validate the child's medical needs and determine training requirements for the caregiver.
2. For those children new to custody, new to a placement, or who are having stabilization issues, the Regional Health Nurse communicates with the child and foster parent on a daily, weekly, or monthly basis, as needed. This is determined by the Regional Health Nurse based on the child's condition and the needs of the caregiver.
3. The Regional Health Nurse performs a quarterly review of the child and placement which may include communication with the child's caregiver, checking health services documented in TFACTS, and review of current medical records. Nurses may attend medical appointments with the child.
4. The Regional Health Nurse visits the child and foster parent face to face at least every six (6) months or more frequently, if indicated. The visits are arranged in conjunction with the Contract Provider Case Manager and the DCS FSW, when possible. The TennCare Select Case Management Nurse can also be included, if possible.

5. For those children with mental health/behavior health issues, the Regional Psychologists can be consulted, as needed, to monitor progress with the therapeutic mental health plan and provide support to the foster family.
6. The Regional Health Nurse and the FSW meet within the first 2 weeks of custody to review details of the child's medical condition and treatment needs, equipment and services to support the child in the placement, and medical specialists who will be seeing the child. The nurse orients the FSW on what to look for when visiting the child, what to report back to the nurse, and to communicate any questions or issues the caregiver may have regarding services or care for the child. This is an ongoing process.
7. Regional Health Nurses are to be included in all CFTMs for the special needs child.
8. The Regional Health Nurse updates the Child with Special HealthCare Needs (CSHN) spreadsheet monthly, or as needed, regarding the most recent contact and discharges.

#### **H. Reauthorization of Services**

1. The Regional Health Nurse re-authorizes the Child with Special Health Care Needs foster care based on the monthly reports from the agency, medical reports, progress updates from the child's medical and mental health providers, and communication and observations during face-to-face visits.
2. The Regional Health Nurse may determine the child no longer needs the close nursing oversight of the Child with Special Health Care Needs Program. The nurse documents the decision in TFACTS Care Coordination Notes and sends written notification of the decision to the following people:
  - ◆ DCS FSW/JSW
  - ◆ DCS Team Leader
  - ◆ DCS Team Coordinator
  - ◆ DCS Regional Administrator
  - ◆ DCS Regional Placement Unit
3. The DCS Regional Placement Unit sends notification of the change to the Contract Provider.
4. If the child's condition changes, the Regional Health Nurse can review the case and re-authorize the designation of Child with Special Health Care Needs at any time.
5. Removing the Child with Special Health Care Needs designation does not necessarily mean a change in placement.

#### **I. Transition Services**

If a change in placement occurs, including respite or transition to the parent/guardian or adoptive home, the FSW/JSW 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.

**Forms:**

[\*CS-0716 Child With Special Health Care Needs Foster Care Referral\*](#)

**Collateral Documents:**

[\*20.7 Early Periodic Screening, Diagnosis, and Treatment Standards \(EPSDT\)\*](#)

[\*Protocol for EPSDT Standards\*](#)