



Administrative Policies and Procedures: 20.36

Subject:	Health Services in DCS Group Homes
Authority:	TCA 37-5-106
Standards:	None
Application:	To All Department of Children's Services Superintendents, DCS Group Home Employees, Youth Development Center Health Services and Youth Classification Employees

Policy Statement:

Youth in DCS Group Homes will be provided with a safe and healthy environment and will have access to a range of health care services appropriate to their specific needs.

Purpose:

To ensure the youth in DCS Group Homes have access to medically necessary health care services.

Procedures:

A. Health Liaison	The DCS Group Home Director or designee is the responsible liaison for health care and will coordinate services with the Health Department, Primary Care Provider, dentist, mental health provider, etc. for each youth. The DCS Central Office Health Service Coordinator will ensure that training is provided to the appropriate facility staff.
B. Health Orientation	<ol style="list-style-type: none"> 1. Each youth will receive an intake screening and health orientation upon their arrival at the DCS Group Home. The health orientation must be documented using form CS-0114 Health Screening for Youth in Department of Children's Service Residential Treatment Facilities. Each youth must sign the form indicating that he/she has received the information. The completed form is placed in the youth's health record. 2. As part of the health orientation, staff provides verbal instructions on accessing health services while youths are in DCS Group Homes. Additionally, each youth receives a program handbook that outlines access to health care. 3. Health care access procedures should be explained to youths in their own language if they do not speak or read English. Interpreter services may be necessary. In those cases staff should obtain authorization through the Group Home Director to arrange for interpreter services.

<p>C. Health Education</p>	<p>Staff shall provide education in personal hygiene, grooming, care of minor health needs, good health habits and healthy living.</p>
<p>D. Access to Health Care</p>	<ol style="list-style-type: none"> 1. For youth enrolled in TennCare, healthcare providers contracted with the Managed Care Organization (MCO) for medical services, and the Behavioral Health Organization (BHO) for mental and behavioral health services must be utilized. TennCare covers all medically necessary services. 2. If a youth is eligible for private insurance under their legal parent/guardian's health care plan, the private insurance is primary to TennCare coverage. The FSW should obtain and provide specific information from the parent/guardian regarding the insurance company and benefit package including providing a copy of the insurance card. Group Home staff should contact the private insurance plan for a list of participating healthcare providers in their area. 3. If the private insurance plan does not cover EPSDT, dental or related expenses and the child is covered by TennCare, TennCare may be accessed. Contact the DCS Regional Well-Being Unit liaison for further assistance. 4. If the youth is not covered by private insurance and is not eligible for TennCare, contact the DCS Regional Fiscal Team for assistance. 5. The local Health Departments will be utilized for initial and annual EPSDT screenings. Group Homes in Davidson County will utilize Centennial Pediatrics. Each youth will be assigned a Primary Care Provider (PCP) in the local community for ongoing medical care.
<p>E. Emergency Care</p>	<ol style="list-style-type: none"> 1. CPR and First Aid <ol style="list-style-type: none"> a) Group Home employees must be trained and certified in the administration of cardiopulmonary resuscitation (CPR) and first aid. Clerical employees are exempt. b) CPR and first aid certification must be kept current through periodic recertification. Copies of current certification with expiration date must be kept in the employee's training file. 2. Emergency Response <p>Direct care employees must be trained to respond immediately to emergency situations including but not limited to:</p> <ol style="list-style-type: none"> a) Recognition of signs and symptoms, and knowledge of action required, in emergency situations including administration of first aid and CPR. b) How to obtain emergency assistance (call 911, or local emergency response number, call mobile crisis). c) Procedures for transfers to appropriate medical or mental health facilities or to health care providers. 3. Each Group Home shall maintain a written protocol for emergency medical,

	<p>dental, and mental health care availability including the following:</p> <ul style="list-style-type: none"> a) On site emergency first aid b) Crisis intervention c) Emergency evacuation of youth from the facility d) Use of an emergency medical vehicle e) Use of one or more designated hospital emergency rooms or other appropriate health facilities. f) Security procedures providing for the immediate transfer of youth, when appropriate.
<p>F. First Aid Supplies</p>	<p>1. Number and Location of First Aid Kits</p> <p>Each Group Home must maintain a minimum of three first aid kits within the facility. Two kits are kept within the facility and are strategically placed for ready access based on need, generally one on each floor. One first aid kit must be kept in the DCS vehicle at all times. An inventory list for each kit shall be maintained and each kit will be restocked as required by usage.</p> <p>2. Contents of First Aid Kits</p> <p>Each kit must contain, at a minimum, the following items:</p> <ul style="list-style-type: none"> a) Band-aids b) Sterile non-stick pads c) Adhesive tape d) Antibiotic ointment <p>3. Secure First Aid Supplies</p> <p>In addition to first aid kits, Group Homes must maintain inventories of first aid supplies that are kept in a secure place that is inaccessible to the youth. The supplies must be restocked periodically as required by usage.</p> <p>4. First aid supplies should include:</p> <ul style="list-style-type: none"> a) Band-aids b) Disposable gloves c) Adhesive tape roll d) Flexible gauze rolls e) Gauze pads (2x2s and 4x4s) and/or nonstick pads f) Ace (stretch) bandage g) Triangle bandage/arm sling h) Butterfly closure strips i) Disposable cold pack j) Scissors

	<ul style="list-style-type: none"> k) Tweezers l) Nail clippers (large and small) m) Spill kits 	
<p>G. Over-the-Counter Medications</p>	<ol style="list-style-type: none"> 1. Group Homes must maintain a supply of over-the-counter medications that are kept in a secure place that is inaccessible to the youth. The medications must be restocked periodically as required by usage. 2. Over-the-Counter Medications should include: <ul style="list-style-type: none"> a) Pain reliever or fever reducer b) Antihistamine c) Decongestant d) Nose drops and/or spray (decongestant) e) Cough syrup f) Cough lozenges g) Antidiarrheal medication h) Laxative/stool softener i) Antacid j) Topical anesthetic for minor burns and sunburn k) Antibacterial ointment l) Insect sting relief 	
<p>H. Chronic and Convalescent Care</p>	<ol style="list-style-type: none"> 1. Chronic care and convalescent care may be provided to youths at DCS Group Homes when medically indicated. 2. Group Home Directors, in consultation with the DCS Health Services Coordinator, may deem youth with the following special needs or health related conditions not compatible with a DCS Group Home setting because of the advanced level of health or medical expertise necessary to provide proper care: <ul style="list-style-type: none"> a) Youth requiring frequent access to specialized medical care, nursing care, or other specialty services not readily available in a Group Home setting. b) Youth requiring access to 24 hour medical or nursing services. c) Youth on extensive or complicated medications or treatments requiring frequent monitoring. d) Youth requiring extended hospitalization. 	
<p>I. Change of</p>	<p>If, after assessment of the youth’s medical needs, the Group Home Director</p>	

<p>Placement</p>	<p>finds that the home’s facilities and services are inadequate to provide the necessary level of care, he/she will contact the youth’s FSW to convene a Child and Family Team Meeting to discuss a more appropriate placement for the youth.</p>
<p>J. Health Records</p>	<p>1. Individual Health Record</p> <p>Each Group Home must initiate a health record for each youth as he/she enters the facility. Contents should include the following (as applicable):</p> <ul style="list-style-type: none"> a) Insurance card b) Authorization for Routine Health Services for Minors form CS 0206 c) Community Residential Facilities Health Screening form CS 0014. d) Well-Being Information & History form CS 0543 e) Immunization records f) Confirmation of EPSDT screening exams g) Copies of prescriptions h) Informed Consent for Psychotropic Medication form CS 0627 i) Psychotropic Medication Evaluation form CS 0629 j) Release From Medical Responsibility form CS 0093 k) Proof of all health encounters (Health Services Confirmation and Follow-up Notification form) l) Medication Administration Records m) Psychiatric/psychological evaluation n) Copies of consents for surgeries or other procedures o) Hospitalization information p) Health evaluations and consultations q) TennCare Medical Appeal form r) Physician order for self-administration of medication s) Other health information <p>2. Confidentiality</p> <ul style="list-style-type: none"> a) Health records must be kept confidential by maintaining them in a secure area inaccessible to youth. Health records are maintained separately from other records during the youth’s placement at the Group Home. When the youth is released, the health record is combined with the youth’s case file and stored per DCS Policy 20.25, Health Information Records and Access and DCS Policy 9.2 Youth Case Files in DCS Group Homes. b) Each Group Home employee is an integral component of the “home-like” environment and therefore may need to know specific health information regarding each youth, as determined by the Group Home Director. The health record must otherwise be kept confidential to protect the youth’s

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Forms:	<u>CS-0093 Release from Medical Responsibility</u> <u>CS-0206 Authorization for Routine Health Services for Minors</u> <u>CS-0543 Well-Being Information and History</u> <u>CS-0627 Informed Consent for Psychotropic Medication</u> <u>CS-0629 Psychotropic Medication Evaluation</u> <u>CS-0114 Health Screening for Youth in Department of Children's Services in Residential Treatment Facilities</u>
Collateral documents:	None