



Policy Attachment: 20.7

Subject:	Protocol for TENNderCARE Early Periodic Screening and Treatment Standards
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ADDITIONAL INFORMATION:

A. Evaluation of Health Status upon Entry into Custody

1. The Court Liaison Child Protective Services or other designated staff is to complete form [CS-0543, Well-Being Information and History](#) on all children/youth placed in DCS custody.
2. A copy of form [CS-0543](#) must be sent to the DCS Regional Well-Being Unit no later than the next business day after the child/youth enters custody. A copy of form CS-0543 must also be provided to the parent/guardian and the caregiver/placement provider.
3. The DCS Regional Nurse and Psychologist must review form [CS-0543](#) within 72 hours of the child's/youth's entry into custody to identify the need for immediate health care.
4. The DCS Regional Nurse and Psychologist will alert appropriate case management staff if any immediate healthcare need is identified. The DCS Regional Nurse and Psychologist will assist as necessary to ensure the child/youth receives the appropriate health services.

B. Required Health Information upon Entry into Custody

1. Well-Being Information and History:

The completed form [CS-0543, Well-Being Information and History](#), 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.

2. Immunization Records:

The Family Service Worker (FSW) will request 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. A copy of the immunization record must be provided to the caregiver/placement provider. If immunization records or documentation of disease cannot be obtained, then appropriate immunizations must be provided. A parent claiming conscientious or religious exemption from immunizations for their child must provide a notarized statement.

3. Health Orientation and Initial Screening for Youth Development Centers:

- a) At Youth Development Centers, health care personnel will perform an intake screening and health orientation on all youth upon their arrival at the facility.
- b) This screening is documented on form [CS 0114, Health Screening for Youth in Residential Treatment Facilities](#).

4. 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.

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C. EPSDT Screening for Children Placed in Resource Homes or with Private Provider Agencies

Due to EPSDT documentation requirements, all EPSDT screenings must be accessed at the Health Department. Special arrangements for the screening provider have been made for children placed in Davidson County; contact the DCS Regional Well-Being Unit for this information.

1. Initial EPSDT Screening

Children/youth in DCS custody must receive an initial EPSDT screen conducted by the local Health Department within thirty (30) days of the date of custody. Appointments for the initial EPSDT screening are to be made as soon as feasible after a child comes into DCS custody, but no later than seven calendar days from the date of custody.

2. Annual EPSDT Screening

Children/youth in DCS custody must receive an annual EPSDT screening conducted by the local Health Department in accordance with the American Academy of Pediatrics periodicity schedule.

- a) The annual EPSDT screening for children/youth age 3 years and older must occur within 365 days from the previous screening.
- b) Children under 3 years of age will be 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 18 years continues to receive EPSDT screenings until they exit custody.

3. Health Department Waivers

- a) Waivers to receive the EPSDT screening by a provider other than the Health Department may only be obtained for an individual child based upon the best interests of that child; they are not granted for convenience of staff, resource parents or an agency.
 - ◆ If it is in the best interest of the child to NOT to receive the EPSDT screening at the Health Department, the FSW shall notify the DCS Regional Nurse.
 - ◆ The DCS Regional Nurse will write an explanation of the child's situation and why it is not in the best interest of the child to go to the Health Department for his/her EPSDT screen.
 - ◆ The DCS Regional Nurse will send this explanation to the DCS Central Office Nurse Consultant Manager for approval.

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- b) Children who qualify for an exception to the EPSDT screening policy may include:
 - ◆ Children who are medically fragile and require ambulance transport (e.g., a child who is ventilator dependent),
 - ◆ Children in detention who pose an extreme physical threat to health department or DCS staff or who have a heightened runaway risk, or
 - ◆ Children with acute psychiatric problems whose safety would be jeopardized by transport outside a secure facility.
 - ◆ Other children as determined by the DCS Regional Nurse on a case-by-case basis.

D. Appointment Guidelines

- 1) It is the responsibility of the FSW to ensure necessary EPSDT services are received. The FSW will work with the parent/guardian, resource parent or private provider agency staff to schedule appointments, to transport children to appointments, and to obtain documentation of the rendered service (see Section G).
- 2) The FSW, resource parent or private provider agency staff must accompany the child/youth to the appointment.
- 3) Private insurance and TennCare require the use of their network providers. 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 Well-Being Unit for assistance, which may include filing an appeal.
- 5) Unless medically contraindicated or refused by a mature minor, age 14 years or older, as determined by the health care provider, the TENNderCARE EPSDT screening must be complete and consist of all 7 components.
- 6) When available, the following information must accompany the child/youth to any EPSDT service appointment:
 - 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.
 - [CS-0206, Authorization for Routine Health Services for Minors](#)
 - [CS-0543, Well-Being Information and History](#)
 - Immunization record (as appropriate)
- 7) If an item listed above is not provided, the FSW, resource parent or private provider agency staff shall explain why the document is not available and make arrangements to provide the missing information at the earliest possible time to the healthcare provider.

E. EPSDT Screening Results

1. EPSDT Confirmation Letter

Upon completion of the EPSDT screening, the Health Department, or other EPSDT screening provider as described in Section C, will fax a letter to the Primary Care Provider and to the DCS Regional Well-Being Unit within two (2) working days. The letter will confirm if all seven components of the screening were completed, which components were missing, and any finding that should be referred to the Primary Care Provider.

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- a) The DCS Regional Nurse will review each EPSDT screening confirmation letter to determine if all seven components were completed and to determine if the child/youth needs follow-up services. The FSW will receive a copy of the EPSDT confirmation letter for inclusion in the child's case file. The DCS Regional Nurse will provide instructions for follow-up to the FSW and other appropriate DCS staff.
- b) The DCS Regional Well-Being SAT Coordinator will enter 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 letter was received.
- c) The FSW is responsible to provide a copy of the EPSDT confirmation letter with follow-up instructions from the DCS Regional Nurse to the child's caregiver.

2. Health Department Follow-up/Laboratory Letter

The Health Department will fax abnormal laboratory results from the EPSDT screening and any other health services provided at the Health Department that are not part of the EPSDT screening to the Primary Care Provider and the DCS Well-Being Unit when they are available. The review, communication, and follow-up for these results will be completed as outlined above.

F. EPSDT Follow-up Services

The FSW shall arrange for all identified EPSDT follow-up services or coordinate 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 ongoing through a continuous cycle as children access health services.

G. Documentation of Health Services

1. Health Services Confirmation and Follow-Up Notification

- a) Whenever a child receives any type of health service (except for the EPSDT screening), 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 Regional SAT Coordinator, who will ensure that the information is documented in TFACTS and provided to the FSW. The form may be used to provide information to private provider agencies, DCS staff, resource parents and the PCP about the services received by children in their care.
- c) Reports from TFACTS on identified services will be used by the FSW and regional leadership to ensure the child/youth receives the designated services.

2. Health Summary

FSW visits with children/youth in DCS custody are an opportunity to ensure communication and coordination of health services. The health summary, available in TFACTS, should be printed and provided to the placement caregiver. The FSW should discuss responsibility for arrangement of identified services with the placement caregiver.

H. Other Special Circumstances

1. Children Presenting with Complex Illnesses

The FSW must inform the DCS Regional Well-Being Unit about any child/youth in state custody that presents with complex medical or mental health conditions.

2. Youth on Runaway

Any child/youth that has been on runaway for 48 hours or more should have an inter-periodic EPSDT screening at the Health Department or their Primary Care Provider upon return to custody.

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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 in coordination with the child's FSW.

I. 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 you cannot obtain a co-pay from the parent/guardian, you may access flex funds or contact the DCS Regional Fiscal team for 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 Well-Being 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 will not be transitioning to a Youth Development Center, may access TennCare for an EPSDT screening and any other identified health care needs.

J. Health Services for Youth Placed at Youth Development Centers (YDC)

1. 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) Any youth requiring medical supervision will be 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 and Living Unit Youth Service Officers of health related conditions that affect the placement or progress of youth within the facility.

2. Annual EPSDT

All youth will have an annual EPSDT screening, conducted by the contract physician or designee. The contract physician or designee will then update the individual treatment plan.

3. 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](#).

4. Documentation of Health Services in Youth Development Centers

- ◆ 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 will be provided to the FSW.

K. 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. For children and youth who have private insurance, their benefit package and insurance companies determine what health services are covered.
2. DCS authorizes 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 as recommended by the child and family team. Decisions to approve cosmetic or elective surgery will be made at the DCS Executive Director level in consultation with the healthcare provider and the child and family team. At the YDCs, the superintendent will make the decision regarding surgery/procedures that are not medically necessary in consultation with the Executive Director as appropriate.
3. Examples of situations in which DCS would authorize such procedures include:
 - a) 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.
 - b) 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.
4. DCS does not permit the use of service modalities and interventions defined as non-traditional or unconventional within the medical community.