

Tennessee Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Foster Care Medical Home Tool Kit

Revision Date 6-4-2025

Introduction: *The Foster Care Medical Home Project was created through a partnership between the Tennessee Chapter of the American Academy of Pediatrics and the Tennessee Department of Children's Services. Grant funding for the project is provided by Blue Cross and Blue Shield of Tennessee. On behalf of the Tennessee Chapter of the American Academy of Pediatrics, I thank you for your compassionate care of the most vulnerable population we serve. Your willingness to provide services to children in foster care will not only impact their lives but will contribute to a growing network of Foster Care Medical Home providers. Together, we will improve the quality of medical and mental health care of children in foster care, enhance communication between health care providers and the DCS foster care system, and establish continuity of care through a state-wide network of health care providers. The following tool kit has been assembled to assist you.*

Very Respectfully,

A handwritten signature in black ink, appearing to read "Timothy Fuller".

Timothy Fuller, DO, FAAP
Medical Director, Behavioral Health in Pediatrics
Tennessee Chapter of the American Academy of Pediatrics

*****Disclaimer*****

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Guidance for Use:

Authorization for Routine Health Services:

This form should be completed and signed by the birth parent or guardian upon the child's entrance into state custody. It should be brought to the first appointment by the foster parent or DCS representative. It may also be faxed to your office prior to the visit. Please retain a copy in your files.

Consent for Vaccination:

In accordance with the Mature Minor Correction Act of 2023 this form must be completed and signed by the birth parent, the legal guardian, or a judge prior to the administration of any vaccines. It authorizes the administration of only the routine vaccinations listed on the consent form. Permission for any additional vaccines must be obtained through additional special consent. Please retain a copy in your records.

Psychotropic Medication Utilization Parameters for Children in State Custody:

This document outlines the parameters for prescribing psychotropic medications for children in state custody. Portions of the content may reflect the original age of the document. Nevertheless, the parameters have not changed. Please contact your DCS regional nurse with any questions you may have concerning updates.

Medical Report:

This form replaced the EPSDT Comprehensive Medical Exam and Health Services Confirmation forms. This form should be completed for all well child and follow-up visits, not for psychotropic visits. If a child exits custody for any reason (including elopement) and returns to custody, you must repeat the intake again with this form. Please fax a copy of the form to your DCS regional nurse, return a copy to the foster parent/ DCS representative, and retain a copy for your files.

Psychotropic Medication Evaluation:

This form must be completed every time a psychotropic medication is started, refilled, or discontinued during a visit. Please fax this form to your DCS nurse, return a copy to the foster parent/ DCS worker, and retain a copy for your files.

Informed Consent for Psychotropic Medication:

This form must be completed for each psychotropic medication prescribed. If the child enters custody on medication, the FSW may have obtained the consent at the time of entrance into state custody. However, you should verify the existence of a signed consent during the first visit. For newly prescribed medication consent may be provided by the birth parent/ legal guardian, the patient (if age 16 years or older), or the DCS regional nurse if the parental rights have been terminated. Please call the DCS regional nurse when initiating new medications. Each consent should be renewed every 12 months. Fax the consent form to the DCS regional nurse, provide a copy to the foster parent/ DCS representative, and retain a copy for your files.

Prior Approval for PRN Psychotropic Medication:

This form must be completed for PRN psychotropic medications. In general, it is not recommended to use PRN psychotropic medications for children in state custody due to the complex process of approval. Please call your DCS regional nurse prior to prescribing any PRN psychotropic medications. If it is deemed necessary to prescribe a PRN psychotropic, fax a copy of the form to your DCS nurse, provide a copy to the foster parent/ DCS representative, and retain a copy for your files.

Please feel free to contact your DCS regional nurse for any questions concerning the use of this tool kit.



Tennessee Department of Children's Services

Authorization for Routine Health Services for Minors

Name of Child: _____ Date of Birth: _____ TFACTS ID: _____

Date of Custody: _____ County of Custody: _____ Region of Custody: _____

This document verifies that _____ is in the legal custody of the Tennessee Department of Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.

Child/Youth

(The information below must be fully explained to the minor; minor does not sign form)

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, and other medical procedures not listed generally governed by implied consent guidelines in the community setting. If you choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent/Guardian

I, _____, understand that it may be necessary for the Tennessee Department of Children's Services to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care. I have also been informed that if I choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent's or Legal Guardian's Signature

Date

Witness's Signature

Date

Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.

*** parent refused to sign paperwork at time of removal

☐ No parent available at time of removal

DCS Staff Signature

Date

This is the current version of this form. Please disregard all previous versions prior to the date listed below.



Tennessee Department of Children's Services

Consent for Vaccination

Name of Child: _____ DOB: _____ TFACTS ID: _____
Date of Custody: _____ County: _____ Region: _____

This document verifies that _____ is in the legal custody of the Tennessee Department of Children's Services.

Parent/Guardian

I, _____, understand that the Tennessee Department of Children's Services is requesting my permission to provide, request and/or facilitate vaccinations to my child while he/she is in the custody of the Department. I understand the meaning of vaccination to mean the act of introducing a substance intended for use in humans to stimulate the body's immune response against an infectious disease or pathogen. The below checkboxes indicate which routine childhood vaccinations **I give permission for my child to receive:**

- ☐ Yes ☐ No IPV Inactivated polio (Polio)
- ☐ Yes ☐ No MMR Measles, mumps, rubella (German measles)
- ☐ Yes ☐ No Varicella (Chickenpox)
- ☐ Yes ☐ No Hepatitis A
- ☐ Yes ☐ No Hepatitis B
- ☐ Yes ☐ No Influenza (Flu)
- ☐ Yes ☐ No Pneumococcal (Pneumonia)
- ☐ Yes ☐ No Meningococcal (Meningitis)
- ☐ Yes ☐ No DTaP or Tdap Diphtheria, tetanus, pertussis (Whooping cough)
- ☐ Yes ☐ No Rotavirus
- ☐ Yes ☐ No Hib Haemophilus influenzae type b

I have also been informed that if I choose not to consent, the Department of Children's Services may seek a court order to authorize vaccination of the child.

Parent or Legal Guardian Signature

Date

Witness Signature

Date

This is the current version of this form. Please disregard all previous versions prior to the date listed below.

Psychotropic Medication Utilization Parameters For Children in State Custody

Adapted by:

**Tennessee Department of Children's Services
Pharmacy and Therapeutics Committee**

Developed by:

**Texas Department of State Health Services
*with review and input
provided by:***

**Federation of Texas Psychiatry
Texas Pediatric Society
Texas Academy of Family Physicians
Texas Osteopathic Medical Association
Texas Medical Association**

Psychotropic Medication Utilization Parameters For Children in State Custody

Introduction and General Principles

The use of psychotropic medications by children is an issue confronting parents, other caregivers, and health care professionals across the United States. Children in state custody, in particular, have multiple needs, including those related to emotional or psychological stress. Children in state custody typically have experienced abusive, neglectful, serial or chaotic caretaking environments. Birth family history is often not available. These children often present with a fluidity of different symptoms over time reflective of past traumatic and reactive attachment difficulties that may mimic many overlapping psychiatric disorders. Establishment of rapport is often difficult. These multiple factors serve to complicate diagnosis. Children in state custody may reside in areas of the state where mental health professionals such as child psychiatrists are not readily available. Similarly, caregivers and health providers may be faced with critical situations that require immediate decisions about the care to be delivered. For these and other reasons, a need exists for treatment guidelines and parameters regarding the appropriate use of psychotropic medications for children in state custody.

Because of the complex issues involved in the lives of children in state custody, it is important that a comprehensive evaluation be performed before beginning treatment for a mental or behavioral disorder. Except in the case of an emergency, a child should receive a thorough health history, psychosocial assessment, mental status exam, and physical exam before the prescribing of psychotropic medication. The physical assessment should be performed by a physician or another healthcare professional qualified to perform such an assessment. It is recognized that in some situations, it may be in the best interest of the child to prescribe psychotropic medications before a physical exam can actually be performed. In these situations, a thorough health history should be performed to assess for significant medical disorders and past response to medications, and a physical evaluation should be performed as soon as possible. Appropriate screening tools should be used for children through the *Early & Prevention Screening, Diagnosis & Treatment* (EPSDT) process or who are being treated by primary care providers. Children with complicated or refractory symptoms should be referred to a qualified mental health professional for consultation or treatment. The mental health assessment should be performed by an appropriately qualified mental health professional with experience in providing care to children. The child's symptoms and functioning should be assessed across multiple domains, and the assessment should be developmentally appropriate. It is very important that information about the child's history and current functioning be made available to the treating clinician in a timely manner, either through an adult who is well-informed about the child or through a comprehensive medical record. Psychological testing may be indicated when: a disorder is suspected but symptoms can't be reported, underlying issues are suspected that may be difficult to identify in the course of treatment, treatment fails, educational placement is needed and treatment determination is needed for sexually inappropriate actions.

The role of nonpharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self injurious behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psychophysiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal, or for conditions in which research has clearly indicated the superiority of pharmacotherapy (e.g., ADHD). Given the unusual stress and change in environmental circumstances associated with being a child in state custody, counseling or psychotherapy (including behavioral therapies) should generally begin before or concurrent with prescription of a psychotropic medication. Patient and caregiver education about the mental disorder, treatment options (nonpharmacological and pharmacological), treat expectations, and potential side effects should occur before and during the prescription of psychotropic medications.

It is recognized that many psychotropic medications do not have Food and Drug Administration (FDA) approved labeling for use in children. The FDA has a statutory mandate to determine whether pharmaceutical company sponsored research indicates that a medication is safe and effective for those indications in which it has been studied by the manufacturer. The FDA also assures that information in the approved product labeling is accurate, and limits the manufacturer's marketing to the information contained in the approved labeling. ***The FDA does not regulate physician and other health provider practice. In fact, the FDA has stated that it does "not limit the manner in which a practitioner may prescribe an approved drug." Studies and expert clinical experience often support the use of medication for an "off-label" use.*** Physicians should utilize the available evidence, expert opinion, their own clinical experience, and exercise their clinical judgment in prescribing what they feel is best for each individual patient.

General principles regarding the use of psychotropic medications in children include:

- A DSM-IV TR psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver. Whenever possible, recognized clinical rating scales (clinician, patient, or caregiver assessed, as appropriate) or other measures should be used to quantify the response of the child's target symptoms to treatment and the progress made toward treatment goals.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the over all benefit-to-risk of pharmacotherapy. The clinician should also take into consideration birth control status, potential

for pregnancy, and other potentially complicating medical conditions or medications.

- Except in the case of emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit-to-risk ratio of treatment should be discussed.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure, or other laboratory findings should be documented.
- Monotherapy regimens for a given disorder of specific target symptoms should usually be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects.
- In depressed children and adolescents, the potential for emergent suicidality should be carefully evaluated and monitored
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a psychiatrist should occur if the child's clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child's clinical status and the medication regimen being used.
- When medication changes are warranted within the same class of medications, a 60 day cross-over period of titration of the new agent and taper of the agent to be discontinued is appropriate unless the agent to be discontinued is causing adverse effects.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-IV TR nonpsychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six

months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.

- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effect, treatment plan, and intended use of prescribed medications.

Criteria Triggering Further Review of a Child's Clinical Status

The following situations indicate a need for further review of a patient's case. These parameters do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review.

For a child/adolescent being prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

- 1) Absence of a thorough assessment of DSM-IV diagnosis in the child's medical record.
- 2) Four (4) or more psychotropic medications prescribed concomitantly.

Note:

- a) For the purpose of this document, polypharmacy is defined as the use of two or more medications for the same indication (i.e., specific mental disorder).*
- b) The prescription of side effect agents of benztropine or diphenhydramine does not count toward the total psychotropic number.*

- 3) Prescribing:

- a) Two (2) or more concomitant antidepressants,
- b) Two (2) or more concomitant antipsychotic medications,
- c) Two (2) or more concomitant stimulant medications⁽¹⁾, or
- d) Two (2) or more concomitant mood stabilizer medications.

(1) The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing.

- 4) The prescribed psychotropic medication is not consistent with the patient's diagnosis or the patient's target symptoms (i.e., specific symptoms observed in a child/adolescent that are associated with a mental disorder, and that usually respond to the medication being prescribed).

- 5) Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- 6) The psychotropic medication dose exceed usually recommended doses.⁽²⁾
- 7) Psychotropic medications are prescribed for children five (5) years and under.
- 8) Prescribing by a primary care provider for a diagnosis other than the following single DSM-IV TR Axis I diagnosis (unless recommended by a consultant in the specialties of: pediatric neurology, psychiatry, or developmental behavioral pediatrician).
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Encopresis
 - Enuresis
 - Mild-moderate anxiety disorders,
 - Mild-moderate depression,
 - Mild-moderate developmental disorders
 - Mild-moderate sleep disorders
 - Mild-moderate tic disorders

(2)Usual recommended maximum doses of common psychotropic medications.

Note

- a) *These tables are intended to reflect usual maximum doses of commonly used psychotropic medications. The preferred drug formulary potentially prescribed for children in state custody is the same as for all other TennCare recipients.*
- b) *These doses represent usual daily maximum doses, and are intended to serve as a guide for clinicians. The tables are not intended to serve as a substitute for sound clinical judgment in the care of individual patients, and individual patient circumstances may dictate the need for the use of higher doses in specific patients. In these cases, careful documentation of the rationale for the higher dose should occur, and care monitoring and documentation of response to treatment should be observed.*
- c) *Not all medications prescribed by clinicians for psychiatric diagnoses in children and adolescents are included below. However, in general, medications not listed do not have adequate efficacy and safety information available to support a usual maximum dose recommendation.*

Antidepressants/Anxiolytics

	Maximum Dose per Day⁽¹⁾	
	<i>Children</i>	<i>Adolescents</i>
Citalopram	40mg	60mg
Escitalopram	20mg	20mg
Fluvoxamine ⁽²⁾	200mg	200mg
Fluoxetine ^(2, 3)	20mg	40mg

Paroxetine	30mg	40mg
Sertraline (2)	200mg	200mg
Venlafaxine	3 mg/kg/d	225mg

- (1) *In general, doses should be started low and titrated slowly while monitoring the patient for improvement in depressive symptoms, potential side effects, or emergent suicidality*
- (2) *Has FDA approved labeling for treatment of depression in children.*
- (3) *Has FDA approved labeling for treatment of anxiety disorders in children.*

Antipsychotics

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Aripiprazole	15mg	30mg
Clozapine	300mg	600mg
Haloperidol	10mg	20mg
Olanzapine	12.5mg	20mg
Quetiapine	300mg	600mg
Risperidone	4mg	6mg
Ziprasidone	No data	180mg

ADHD Medications

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Stimulants		
Amphetamine (Mixed amphetamine salts Or dextroamphetamine)	40mg	40mg
Dexmethylphenidate	20mg	20mg
Methylphenidate	60mg	72mg
Others		
Atomoxetine	1.8mg/kg/d	100mg
Bupropion	6mg/kg/d	450mg
Clonidine	0.4mg	0.4mg
Guanfacine	4mg	4mg
Imipramine	5mg/kg/d	300mg
Nortriptyline	3mg/kg/d	150mg

Mood Stabilizers

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Carbamazepine (3)	7mg/kg/d	(Max Cs: 12mcg/mL)
Lamotrigine	15mg/kg/d (200mg)	200mg
Lithium (3)	30mg/kg/d	(Max Cs: 1.2mEq/L)
Valproic acid (3) (Divalproex)	20mg/kg/d	(Max Cs: 125mcg/ml)

(3) *Maximum daily dose typically determined by drug serum concentration (Cs) and individual patient tolerability.*



Medical Report

Date of Exam/Service _____

Child's Name _____ Date of Birth _____

ERS ID# _____ Home County _____

Type of Service Provided:

____ Comprehensive Medical Exam/Well Child Check-up Height _____ Weight _____ BP _____
____ Medical visit P _____
____ Dental Exam/Treatment _____ Therapy/Counseling
____ Other describe _____ _____ Tests/Laboratory

Not to be used for psychotropic medications – use CS 0629 Psychotropic Medication Evaluation

Reason for visit/chief complaint _____

Service provided _____

Special instructions to caregiver _____

Is the service today an ongoing service ____yes ____no If yes, frequency _____

Return to clinic (date/time) _____

Referable conditions ____yes ____no

Describe _____

Have appointments been made for referable conditions? ____yes ____no

Please list next/follow-up appointments including date/time & provider _____

Additional comments _____

Healthcare Provider Details:

Clinic name _____

Street Address _____

City, State, Zip _____

Telephone number _____

Healthcare provider name (print) _____

Healthcare provider signature _____ Date _____

Completed form is forwarded to the appropriate DCS Health Unit within 5 business days.

<p>Mid-State Counties: Sumner, Macon, Trousdale, Jackson, Smith, Davidson, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Wilson, Moore.</p>	<p>227 French Landing Drive 2nd Floor Nashville, TN 37228 Telephone: 615-969-2273 Fax: 615-524-3077 Davidson County: Child Health email box: EI_DCS.ChildHealth_DV_Fax@tn.gov</p> <p>200 Athens Way, 2nd Fl., Suite A Nashville, TN 37243 Telephone: 615-708-2230 Fax: 615-253-5648 Sumner, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: EI_DCS.ChildHealth_MS_Fax@tn.gov</p>	<p>West Counties: Lake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Shelby, Fayette, Hardeman, McNairy.</p>	<p>One Commerce Square, Suite 600 40 South Main Memphis, TN 38103 Cell: 901-305-4299 Fax: 901-745-7154 Shelby County: Child Health email box: EI_DCS.ChildHealth_SH_Fax@tn.gov</p> <p>8600 Hwy 22 Dresden, TN 38225 Telephone: 731-514-5536 Fax: 731-935-0695 Lake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Fayette, Hardeman, McNairy Counties. Child Health email box: EI_DCS.ChildHealth_WR_Fax@tn.gov</p>
<p>Mid-West Counties: Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.</p>	<p>225 Dr. Martin Luther King Drive Jackson, TN 38301 Telephone: 731-412-2035 Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton Counties: Child health email box: EI_DCS.ChildHealth_WWT_Fax@tn.gov</p> <p>1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI_DCS.ChildHealth_MWS_Fax@tn.gov</p>	<p>Tennessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,</p>	<p>600 Hearthwood Ct, Cookeville, TN 38506 Telephone: 931-239-2398 Fax: 931-646-3100 Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Counties; Child Health email box: EI_DCS.ChildHealth_UTV_Fax@tn.gov</p> <p>5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416 Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child Health email box: EI_DCS.ChildHealth_TV_Fax@tn.gov</p>
<p>East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.</p>	<p>2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others) Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth_ET_Fax@tn.gov Knox County: EI_DCS.ChildHealth_KX_Fax@tn.gov</p>	<p>Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, , Johnson, Sullivan, Unicoi, Washington.</p>	<p>2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410</p> <p>613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.ChildHealth_NE_Fax@tn.gov</p>

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-4286, Rev. 6/25



RDA 11016
Page 2



Psychotropic Medication Evaluation

Note: Complete this form at every medication evaluation appointment. Healthcare Providers may prefer to provide their own documentation regarding information contained in this form.

If new psychotropic medication is prescribed, an Informed Consent must be signed and forwarded to the DCS Health unit.

Appointment Date:				Electronic Record System ID#:		
Child's Name:					DOB:	
Home County:			FSW Name:			
Provider Name:				Phone #:		
Clinic Name:						
Address:						
DSM-V Diagnosis:						
Symptoms:						
Other Treatments:						
Current and discontinued medications (name, dose, frequency, route, and # of refills). If a new medication is prescribed, form CS-0627, Informed Consent for Psychotropic Medication must be attached.						
#1				# of Refills		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New – attach INFORMED CONSENT form						
# 2				# of Refills		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New – attach INFORMED CONSENT form						
# 3				# of Refills		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New – attach INFORMED CONSENT form						
# 4				# of Refills		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New – attach INFORMED CONSENT form						
# 5				# of Refills		
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New – attach INFORMED CONSENT form						
Reason medication stopped:						
Reason for changes:						
Recent Height: _____ Recent Weight: _____ Pulse: _____ BP: _____						
Laboratory tests? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____						
Other diagnostic tests? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____						
Next Appointment:						
Provider Signature:				Date:		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: SAT Coordinator, Child/Youth's Case File, Health Record

The completed form is forwarded to the appropriate DCS Health Unit

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Distribution: SAT Coordinator, Child/Youth's Case File, Health Record



Tennessee Department of Children's Services

Informed Consent for Psychotropic Medication

Appointment Date:		Electronic Record System ID#:		Home County:	
Child's Name:			DOB:		
Placement: <input type="checkbox"/> Foster home <input type="checkbox"/> Congregate care facility			Facility Name:		
<input type="checkbox"/> Child entering custody on the medication(s) listed below					
<u>PLEASE ATTACH PSYCHOTROPIC MEDICATION EVALUATION Form CS-0629 OR EQUIVALENT FORM</u>					
Medication (dose, frequency, route):					
For the treatment of:					
Allergies:					
Any other medication child is taking:					
Prescribing Provider's Name:				Telephone #:	
Clinic Name:					
Address:					

I have been informed of the recommendation that medication be prescribed as part of my/my child's treatment program. I have been informed of the nature of my/my child's condition, the risks and benefits of treatment with the above medication, of other forms of treatment, as well as the risks of no treatment. My signature below indicates that I have received information explaining the most common side effects of this/these medication(s) but understand that there may be other side effects. I understand that medication is only one aspect of my/my child's overall treatment, and that success and improvement depends on my active involvement and participation in all aspects of the treatment plan developed for me/my child. I also understand that although this medication is expected to be helpful in the treatment of my/my child's condition, there is no absolute guarantee as to the results.

For females: Because this/these medication(s) could be harmful to a developing fetus, I will notify the medical staff immediately if I suspect pregnancy or have plans to attempt pregnancy.

THIS FORM CAN ONLY BE SIGNED BY THE PARENT/GUARDIAN, YOUTH AGED 16 AND OLDER (at the discretion of the prescribing provider) OR THE DCS REGIONAL NURSE

Based on the information provided to me:

- ☐ I give **PERMISSION/CONSENT** to the administration of the above listed medications(s).
☐ I **REFUSE** to allow the administration of the above listed medication(s).

Youth age 16 or older signature_____ **Date**_____

Parent/Legal Guardian signature_____ **Date**_____

Print name_____ **Relationship**_____

Witness #1 Verbal Consent_____ **Date**_____

Witness #2 Verbal Consent_____ **Date**_____

Reason parent cannot sign_____

DCS Health Nurse Signature_____ **Date**_____

Print name_____ **Region**_____

- ☐ I have been **NOTIFIED** that consent was given by DCS for the above listed medications(s).

Parent/Legal Guardian signature_____ **Date**_____

Print name_____ **Relationship**_____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Group Home File

CS-0627

Rev 3/25



RDA 2875

Page 1

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM CS-0627
Informed Consent for Psychotropic Medication

1. This form is used for any child who is prescribed psychotropic medication. It can be signed by:
 - Parent/guardian
 - Youth age 16 years and older (at the discretion of the prescribing provider)
 - DCS Regional Nurse
2. The top section can be completed by foster parents, DCS FSWs, or contract agency case workers.
3. The prescribing provider completes the section including:
 - Medication name, dose and frequency
 - Treatment diagnosis
 - Allergies
 - Any other medication the child is taking
 - Prescribing Provider's name and contact information
4. The parent/guardian giving consent must be present at the medication evaluation appointment and must talk directly to the prescribing provider. If the parent/guardian cannot be at the appointment, they can talk to the prescribing provider on the phone and give verbal consent. Verbal consent must be witnessed by two people. Both witnesses must sign and date the form. Check the box for permission/consent.
5. If the parent/guardian cannot be available at the appointment or by phone, and the child is younger than age 16, the consent is sent to the regional nurse for consent decision.
6. If the nurse consents, then the parent/guardian is notified that consent was given and signs on the appropriate line and checks the box for notification.
7. When a parent/guardian or youth age 16 and over signs consent for psychotropic medication a copy of the consent must be sent to the home county regional nurse immediately for tracking purposes.
8. The informed consent is for the prescribed medication. If the dose or frequency is subsequently changed a new informed consent is NOT needed. The dosage or frequency change is reported on Psychotropic Medication Evaluation form CS 0629.
9. If the child is new to custody, check the box "entering custody on medications listed below" and complete the form with as much information as possible.
10. A copy of form CS-0629 Psychotropic Medication Evaluation, or equivalent documentation, should be attached to the consent to communicate information regarding the treatment of the child/youth.

The completed form is forwarded to the appropriate DCS Health Unit

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Distribution: Child's Group Home File

CS-0627

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RDA 2875

Page 2



Tennessee Department of Children's Services

Prior Approval for PRN Psychotropic Medication

This form is used for any child who is prescribed PRN (meaning as needed) *anxiolytic-hypnotic and antipsychotic* medications.

Appointment Date:		Electronic Record System ID#:	
Child's Name:		DOB:	
Home County		FSW Name:	
Provider Name:		Phone #:	
Clinic Name:			
Address:			

DSM Diagnosis:			
Current Medications (name, dose, frequency, route):			
PRN medication being prescribed (name, dose, frequency, route):			
Reason for PRN medication:			
What symptoms will this medication treat?			
Other behavior interventions being used:			
Under what specific conditions will this medication be administered?			
Anticipated frequency of use:			
Length of time PRN medication is prescribed (limit 14-30 days):			
Provider Signature:		Date:	

Approval must be obtained from the DCS Nurse and the DCS Director of Nursing before the PRN psychotropic medication is administered. Informed Consent must also be obtained. If prescription for PRN psychotropic medication is needed beyond limit of 14-30 days a new approval must be obtained.

DCS Psychotropic Medication Nurse Signature _____
Print Name _____ Date _____
Director of Nursing Signature _____
Print Name: _____ Date _____

Always check the "Forms" Website for most current version. This form may not be altered without prior approval.

Distribution: Regional Administrator, Designee, Independent Living Director/Designee

CS-0628, Rev. 3/25

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Distribution: Regional Administrator, Designee, Independent Living Director/Designee

CS-0628, Rev. 3/25

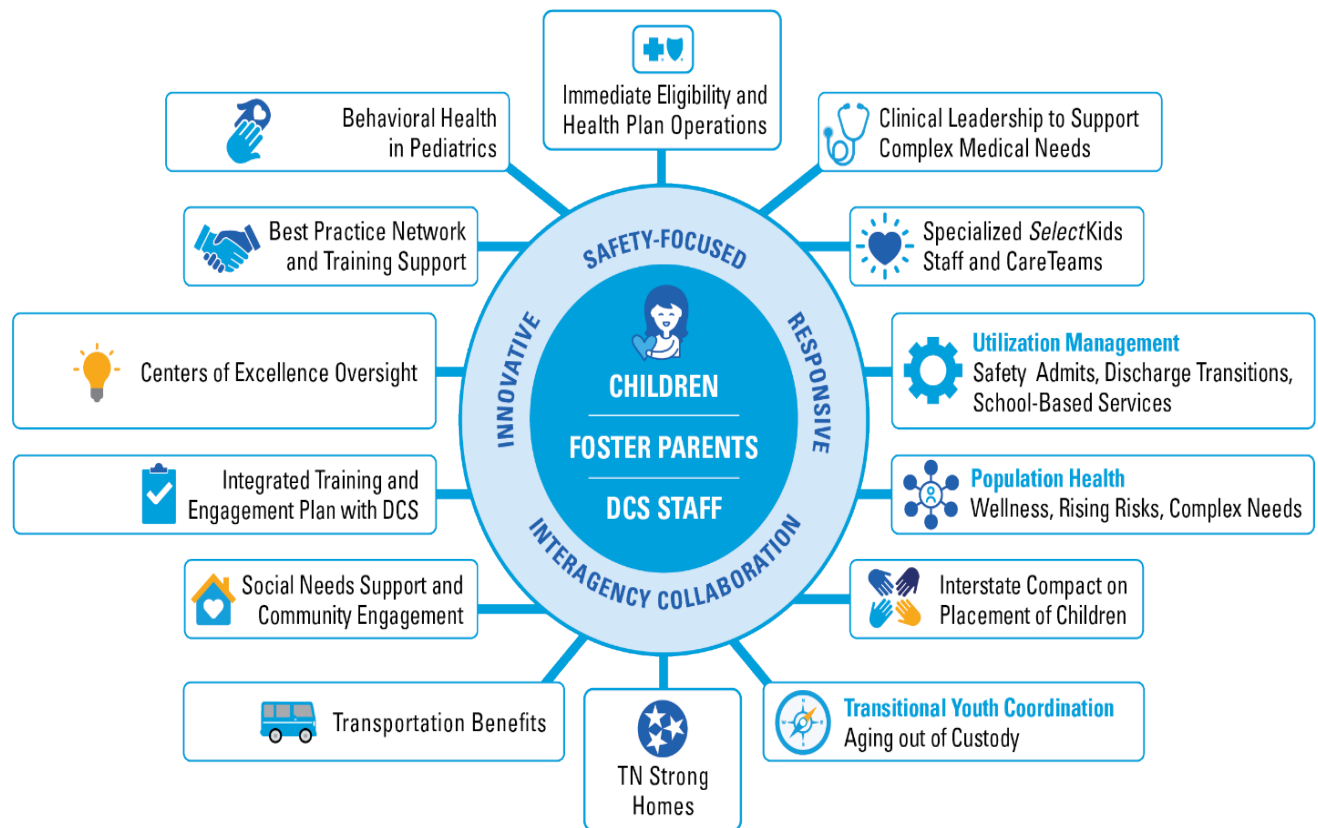


RDA 11016

Page 2 of 2

BlueCare's System of Support for Children in State Custody

Our “system of support” is a highly customized wraparound approach to care delivery based on our experience and the challenges encountered through our years of managing the emotional and behavioral problems of children in custody. BlueCare's infrastructure is uniquely designed as depicted below to address critical moments and complex events to reduce fragmentation, avoid confusion, and alleviate any undue hardships for DCS, foster parents, and providers.



For info about our highly specialized staff and experienced care team, see BlueCare attachment, ***BCT's Specialized Staff & Experienced Care Team***

Youth in Transition

We offer a transition continuum of care to ensure this vulnerable population of children, who are aging out of DCS custody and prone to not receiving services during their transition, continue receiving support for behavioral and/or physical health care through:

1. Ensuring youth are empowered in choices regarding the transition to adulthood through education about the extension of foster care to age 21, continuation of TennCare coverage to age 26, Independent Living options, new health care providers as they move from pediatricians to internal medicine physicians, or as they establish roots in a new community and their ongoing care and services must be transferred.
2. Supporting at-risk and custody children who need help with BH placement by addressing the barrier to placement and assisting in locating a provider for the member.
3. Assisting members with housing needs.
4. Supporting members at the age of 17 who will be aging out of custody and could potentially transition into ECF CHOICES.

For additional info about the transition of children in state custody to adulthood, see BlueCare attachment, [Adulthood](#)

Also, visit [IDDtoolkit.org](https://iddtoolkit.org) for specific info related to healthcare transitions for members with IDD diagnoses.

HERE FOR YOU:

DCS Office of Independent Living
1-844-887-7277 |
tn.gov/dcs

TennCare Connect
1-855-259-0701 |
tenncareconnect.tn.gov

SelectKids
1-888-422-2963
(TRS: Dial 711, ask for 888-418-0008)
bluecare.bcbst.com



BlueCare's Highly Specialized Staff and Experienced Care Team

A dedicated, seasoned, and specially trained *SelectKids* team works closely with DCS, foster families, our extended care team, and medical and BH providers to make sure children receive the health care and support they need without experiencing barriers in accessing care. Navigating the health care system can be a daunting task, especially while transitioning in and out of custody so we ensure the member's representative and DCS have access to a dedicated toll-free number for immediate and after-hours support.

The expanded care team, led by the Nurse Case Manager (NCM) working collaboratively with DCS and the PCP, as shown in **the figure below**, promotes our holistic, interdisciplinary approach to ensure needed medical, behavioral, long-term services and supports, and NMRFs are addressed.



BH Special Case Coordinator

Coordinate member's behavioral health needs when there may be multiple barriers to accessing care; members are in crisis.

BH Transitions Coordinator

Supports transitioning members to adult benefits beginning at age 17.

ECF CHOICES Support Coordinator

Completes the ECF CHOICES documents and the Community Living Supports Referral to assist with transition; participates in CFTMS and Collaborative Meetings. Becomes the primary contact once transitioned to ECF CHOICES.

ECF CHOICES Transitions Coordinator

Reviews and coordinates Community Living Supports Referrals and stays up-to-date on DCS and providers' processes, such as conservatorship or SSI applications.

LTSS Clinical Support

Submits documentation to TennCare to transition the DCS youth into ECF CHOICES.

LTSS Specialist

Creates authorization to secure a provider for services for DCS youth transitioning into ECF CHOICES.

Housing Manager

Supports members that need extra support with housing options; Reviews all Reserve Capacity Forms for approval and submission for DCS members in addition to tracking Community Living Supports Referrals.

Based on the member's primary needs our NCM, BH Care Manager, or LTSS Coordinator may serve as the primary point of contact for members with either high clinical needs or high needs for home and community services and supports. Often, *children in custody are co-*

managed due to the severity of BH needs. To ensure coordination and population health care management activities are integrated, the assigned member of the Care Team connects with the appropriate Care Team member via phone call, email, or CareAdvance (our care management system), to coordinate interventions. All care managers and coordinators are responsible for communication and coordination of care with physical and behavioral health care providers.

The child's safety and well-being are at the heart of all we do. We have specialized staff in each role identified to support children in state custody. Heightened emphasis is placed on transition processes, including the transition out of foster care to adulthood, different settings/level of care due to behavioral health complexities, and assistance with transitions to ECF CHOICES for those members with I/DD.

To learn more, call 1-888-422-2963.

**Or you can email us at
SelectKids_GM@bcbst.com**



adulthood

Aging Out of Foster Care? You Have Help

Getting older can be an exciting time. But preparing for adulthood and leaving foster care can come with some extra responsibility.

You're not alone. We're here to help make your transition a little easier. We work with the Department of Children's Services (DCS) to help meet your needs before and after you turn 18.



HERE FOR YOU

DCS 1-844-887-7277
tn.gov/dcs

TennCare Connect 1-855-259-0701

tenncareconnect.tn.gov

SelectKids 1-888-422-2963
TRS: Dial 711, ask for 888-418-0008
bluecare.bcbst.com

Your TennCare Benefits

One of the first things to think about is your health plan. Once you age out of foster care, you may be able to stay on a TennCareSM plan until you're 26.

If you still live in Tennessee after you turn 18, you'll be automatically approved for TennCare until age 26. TennCare may contact you if they need more information from you.

You'll need to apply for TennCare if you:

- › Were in foster care at age 18 or older and getting Medicaid in another state after Jan. 1, 2023.
- › Moved to another state and then moved back to Tennessee.

You can apply for TennCare benefits online at **tenncareconnect.tn.gov**. Or you can call TennCare Connect. If you've aged out of foster care or are receiving Extension of Foster Care Services, please contact your DCS representative for help. Have questions or want to check your status? You can call your DCS representative or TennCare Connect.

Source: www.tn.gov/dcs/program-areas/youth-in-transition/youth-resources/tenncare.html



Questions about your benefits?

Call TennCare Connect for free.
1-855-259-0701

Monday–Friday
7 a.m. to 7 p.m. CT

Independent Living Plan

The Tennessee Department of Children's Services Independent Living division will work with you to create an Independent Living Plan if you're 14 to 16 years old. When you're 17 and older, they'll create a Transition Plan for you. This can include help applying for Social Security (SSI) benefits.

Wherever you're living and no matter what your goals are, they can help you with:

- › Life skills
- › Education – high school and beyond
- › Driver's education and license
- › Housing
- › Employment
- › Medical and mental health care

Help With Special Needs

If you've been diagnosed with an intellectual and/or developmental disability, you can get extra support from DCS.

DCS will refer you to the Employment and Community First CHOICES program. This program will help you live more independently. You can live with family or in the community. You can also get help finding a job or volunteer program.

If your DCS representative thinks Employment and Community First CHOICES could be right for you, they'll send a referral to TennCare 90 days before you turn 18. Your foster family or DCS representative may request a case manager who'll work with you to review your health care needs and benefits.



There are a few ways to apply or get more information about Employment and Community First CHOICES:

Call your DCS representative

Call the DCS Office of Independent Living **1-844-887-7277**

Call the Long-Term Services & Supports (LTSS) Help Desk **1-877-224-0219**

Apply online perlss.tenncare.tn.gov/externalreferral



QUESTIONS?

Call your DCS representative.

Or call the DCS Office of Independent Living at
1-844-887-7277.



More Resources

Info for foster parents

We have a webpage just for foster parents. Visit bluecare.bcbst.com/foster or scan the QR code below to learn more about how we support foster parents and children. You can find benefit info, frequently asked questions and links to other helpful resources.

Scan to visit our foster parents page.



Help planning for college

If you're planning to attend college, DCS can help you get there. You can find info about applying to and paying for college on their webpage. Just scan the QR code below. Or go to tn.gov/dcs/program-areas/youth-in-transition.html.

Scan for more info on getting to college.



Transportation

Foster children's rides are usually set up by DCS. Need help? Give us a call. You can find our Customer Service number on the back of your Member ID card. For emergencies, call **911**.



We'll Help You Find Support

We're more than insurance. We're here to help with your day-to-day needs, too.

We can help you find things like:

- › Housing
- › Utilities, like electricity and water
- › Food
- › Transportation
- › Dental care
- › Mental health and substance use support

Get started online. Just go to **bluecare.bcbst.com**. Look for the **Need Some Extra Support** box at the bottom of the page, and click **Learn More**. Or give us a call. You can find our Customer Service number on the back of your ID card.

Need help with internet access or your phone bill?

You can get up to \$9.25 a month for your phone bill through a program called Lifeline. TennCare members are eligible to apply.

To join this program:

1. Go to **lifelinesupport.org**.
2. Click **Apply Now** at the top of the page.
3. Choose **TN** (or your current state) from the list.
4. Click **Get Started**.

Name a representative

Do you have someone who helps you manage your health care? Do you want them to still have access to some of your health information? You may need to fill out a form naming them as your authorized representative. You can find this form online at **bluecare.bcbst.com/forms/hipaa-BCT_Authorization_Disclosure_of_Health_Information.pdf**.

Documents to Keep

It's important to have the right documents on hand. You'll need them to get a driver's license, apply for a health plan, apply for jobs, enroll in school and more.

You can use this list to gather documents you may need a copy of. Some items may not apply to your situation. If you have questions about what documents you need, contact your DCS representative.

- | | |
|---|---|
| › State ID card or driver's license | › Death certificates of any deceased parents or guardians |
| › Social Security card | › Lifebook |
| › Medical records, including immunizations | › List of adult relatives and other supportive adults |
| › TennCare card and healthcare.gov information | › Conservatorship or legal guardian documents |
| › Birth certificate | › Previous placement information |
| › Religious documents | › Education records |
| › Documentation of immigration or naturalization | › Green card |
| › Work permit | › Voter registration card |
| | › Bank account info |
| | › Psychological evaluations |

If you're having trouble finding any of your documents, don't worry. Just call DCS at **1-844-887-7277** for help.





Do you need help with your health care, talking with us, or reading what we send you? If so, call us for free at:

TennCareSelect **1-800-263-5479**
(TRS: **711** ask for **888-418-0008**)



TennCareSelect

1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecare.bcbst.com

BlueCare Tennessee is an Independent Licensee of the Blue Cross Blue Shield Association. We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or treated you differently? Then call TennCareSelect **1-800-263-5479**, (TRS: **711** ask for **888-418-0008**).

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al TennCareSelect **1-800-263-5479**, (TRS: **711: 1-888-418-0008**).

یەدروک: Kurdish

ئەگەر بە کوردی سۆزانی قسە دەکەن، خزمەتگوزارییه‌کانی وەرگیران بەخۆرایێ دەخرێتە بەردەستتان. پەیوەندی بکەن بە ژمارە
(TRS: **711: 1-888-418-0008**) **1-800-263-5479** TennCareSelect

FCMH Provider Key Contacts

Request	Contact
Provider Services	<p>1-800-276-1978 8 a.m.-6 p.m. ET (Monday-Friday)</p> <p>You may visit our online internet service, Availity, at Availity.com to give clinical information to obtain prior authorization for both routine and urgent requests, or to check the status of a prior authorization request.</p>
Population Health	<p>1-888-416-3025 8 a.m.-6 p.m. ET (Monday-Friday)</p> <p>Sometimes, patients need extra care. Your patients' BlueCare Tennessee benefits include one-on-one services from a care team.</p> <p>Services include: Helping members stay healthy and/or make lifestyle changes (quitting smoking or losing weight) Addressing social needs by screening for barriers and making connections to provider and community resources Managing members with rising risks, complex health issues, behavioral health needs, maternity, chronic conditions, high costs, and who are often hard-to-reach Supporting members with a catastrophic event or cancer</p>
Behavioral Health	<p>Phone for Consultations and Referrals 1-800-367-3403 9 a.m.-5 p.m. ET (Monday-Friday)</p> <p>24/7 Member Crisis Line Let your patients know that they can get confidential help for mental health emergencies. 1-855-CRISIS-1 or 1-855-274-7471</p> <p>Specialized Behavioral Health Requests such as members who did not meet ECF Requirements, Supportive Housing, and Project Transitions BH_DCS@bcbst.com</p>

<p>Pharmacy Benefits</p>	<p>Clinical Call Center (Prior Authorizations)</p> <ul style="list-style-type: none"> • Phone: 1-866-434-5524 • Fax: 1-866-434-5523 <p>Technical Call Center (Pharmacy Help Desk)</p> <p>Phone: 1-866-434-5520 Website TennCare Pharmacy Benefits Manager</p>
<p><i>SelectKids</i></p> <p>Department of Children’s Services (DCS) Resource Parent resources</p>	<p>Resource Parent Hotline</p> <p>We work with foster parents across the state to get the best health care possible for children and teens in custody with the Department of Children’s Services (DCS). We’re here to help keep them healthy, safe and on track.</p> <p>1-888-422-2963</p> <p>Resource Parent Email SelectKids_GM@bcbst.com</p> <p>Resource Parent Helpful Tools</p> <p>Here is a link to our SelectKids Resource Parent Booklet: https://bluecare.bcbst.com/forms/manage-your-health/SelectKids_Resource_Parent_Booklet.pdf</p> <p>Sending Comfort</p> <p>We’ll send a duffel bag with each child entering care to help them feel more at home. The bag is packed with some of the things a foster child needs for this big transition, like toiletries, a blanket and a night light. A Resource Parent can request a bag for their foster child, just email us at SelectKids_GM@bcbst.com</p>