



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Primary Medical Needs
(PMN)
Resource Guide**

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

PRIMARY MEDICAL NEEDS (PMN)

Primary Medical Needs Definition

In order to be eligible for these support services, the child must meet the definition of Primary Medical Needs:

Children with primary medical needs (PMN) cannot live without mechanical supports or the services of others because of life-threatening conditions, including:

- i. The inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma;
- ii. The inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
- iii. The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
- iv. Multiple physical disabilities including sensory impairments.

Residential Child Care Licensing Minimum Standards [§749.61\(2\) \(D\)](#)

Examples of children with PMN include those on a ventilator, or a child with a tracheostomy or a gastrostomy tube.

CHOOSING A CAREGIVER FOR A PMN CHILD

Per [4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs:

In addition to the other factors detailed in [4114](#) Required Factors to Consider When Evaluating a Child's Possible Placement and its sub-items, the caseworker must consider the following factors when choosing a placement for children with primary medical needs:

- Whether the home is contracted and verified to provide primary medical needs services
- The individual capabilities of the foster family that meet the specific needs of the particular child to be placed
- The number of children in the home and how many of those children are also receiving primary medical needs services
- Whether the caregiver treats the child like a patient or a family member and includes children in daily activities and family activities (for example, daily meals, family outings, and recreational activities)
- Whether the foster parent will be the caretaker of the child during day time hours and night time hours
- Whether the foster parent acts as the caretaker for the children currently placed in the foster home

PRIMARY MEDICAL NEEDS STAFFING

After identifying placement options, the child's primary caseworker, in coordination with the regional placement team, should arrange a placement staffing to determine the best placement for the child.

Once a placement has been selected, the child's primary caseworker will request a Primary Medical Needs staffing through the regional Well-Being Specialist. The purpose of the Primary Medical Needs staffing is to develop a plan to address the medical services, equipment and other needs during a placement transition.

See [4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs.

[Appendix A: Frequently Asked Questions](#)

WELL BEING SPECIALIST (WBS) RESPONSIBILITIES FOR CHILDREN WITH PMN

The Child Placement Unit (CPU) or caseworker contacts the Well Being Specialist to inquire on a child with PMN needing placement. The Well Being Specialist performs the following tasks.

Coordinates and Schedules PMN Staffing

- Communicates with the CPU to confirm placement and receives placement information.
- Communicates with the CPU and/or the caseworker to obtain the child's medical history and discuss scheduling and participation.
- Ensures the child meets PMN guidelines for staffing.
- Consults with the Regional Nurse Consultant if there is a question about the child's medical condition.
- Obtains a medical summary and/or as much medical history as possible.
- Requests names of other DFPS staff, providers, medical and/or hospital staff, etc. that may be currently working with the child and can provide input, as appropriate.
- Schedules a date/time for the PMN staffing and sends out invitations.
- Invites participants (see [4114.7](#) Required Meetings, for who to invite).

Facilitates Staffing

The staffing follows a structured format. The Well Being Specialist performs the following.

- Reviews the child's medical history (including diagnoses and care needs).
- Identifies feeding issues.
- Determines future medical appointments and obtains information from the Foster Parent/Caregiver on PCP designation.
- Obtains names and contact information (if available) for specialists involved in the child's care.
- Obtains names and contact information from the Foster Parent/Caregiver, if there is a preferred specialist he or she currently uses, so that referrals can be made.
- Identifies medications (and discusses a plan to ensure prescriptions are requested or refills are adequate before placement).
- Identifies services (Medical, Private Duty Nursing, Physical Therapy/Speech Therapy/Occupational Therapy, PCS, Counseling), and preferred providers.
- Identifies Behavioral Health Needs.
- Identifies and addresses training needs for the Foster Parents/Kinship Caregiver. The WBS may assist in setting up training with the hospital or current healthcare provider and discuss options with STAR Health.
- Identifies and addresses transportation needs. Can the child be transported safely via car/car seat? Does the child require non-emergency ambulance transport? If not, how will the child be safely transported? (WBS assists as needed.)
- Discusses how the child can be transported by the new caregivers, if the child is in a wheelchair.

- Identifies Medical Equipment and Supplies, obtaining a list of current equipment/supplies and/or what is needed.
- Determines if equipment was rented or owned and what needs to be returned to the current durable medical equipment (DME) company.
- Addresses how equipment will be moved or transported to a new placement.
- Obtains information on preferred providers the Foster Parent/Caregiver will use for DME/Supplies.
- Determines the status of a child currently on any Waiver Programs or Wait Lists.
- Creates referrals to the Developmental Disability Specialist and Education Specialist as appropriate.
- Identifies and discusses Plan and Action Items.

Provides Follow Up Support

- Types the PMN staffing notes and sends them to participants.
- Follows up on action items as needed.
- In cases with frequent or recurring staffings on children who require extra attention, including those who remain in a hospital because no safe and appropriate placement can be located, remains involved and may escalate those issues up to state office and placement as necessary.
- Provides assistance with any denials, appeals, and Fair Hearings for children where equipment or services has been denied from STAR Health.

SUPPORT SERVICES FOR MOVING A CHILD WITH PMN

Beginning September 1, 2014 STAR Health began offering the following support services to help ensure the safe removal and transportation of children with primary medical needs (PMN) at removal or during placement changes:

- Transportation of a child with PMN in an ambulance or in a car with the support of a nurse during a removal or between placements.
- Disassembly and re-assembly of durable medical equipment (DME) by a DME provider during a removal or between placements.

Both supports require PMN staffings and authorizations by STAR Health.

MOVING A CHILD WITH PMN

When CPS Must Remove a Child

Non-Emergency Situation

When planning the removal of a child with PMN in a non-urgent situation, the caseworker should contact the Well-Being Specialist and placement staff to set up a PMN Meeting before removal, to plan for the safe transportation and placement of the child.

Emergency Situation

When CPS staff must remove a child with PMN in an emergency situation, and there is no time for the PMN meeting before the removal, the caseworker follows the processes below to access special support services. If the caseworker is unable to safely transport the child, the caseworker may contact an ambulance to transport the child.

Special Medical Transportation or Nursing Support

If the child requires special medical transportation (including ambulance transport) or nursing support during the move the caseworker requests assistance:

- during the required PMN Meeting;
- through the regional [Well-Being Specialist](#) (if the move occurs before the PMN Meeting); or

- after hours, on holidays or weekends by contacting STAR Health at 1-866-912-6283.

If a nurse accompanies the child during transportation, STAR Health will cover the cost of professional fees for the child's care. DFPS will pay the costs of transporting the medical professional if transportation is in a private vehicle or airlines (i.e. not an ambulance).

Transporting Medical Equipment and Supplies

When a child with PMN has durable medical equipment that is owned and that requires skilled or trained personnel to disassemble and re-assemble (for example, hospital beds) before removal, after/during an emergency removal or when there is a change in placement:

- STAR Health will cover the professional fees to disassemble and re-assemble the equipment.
- The DFPS caseworker will be responsible for transporting the disassembled and other medical equipment that the child owns and transferring those items with the child to the new placement. When transporting the child's equipment, supplies and belongings requires a larger vehicle than is available, the caseworker may use a contracted rental truck or van.

Transporting Medications

The DFPS caseworker transfers the child's medication to the new placement with the child, noting any special instructions for medications, such as refrigeration.

STAR Health Service Management staff will assist DFPS to obtain newly prescribed medications as appropriate.

APPENDIX A: FREQUENTLY ASKED QUESTIONS (FAQ)

The purpose of a Primary Medical Needs (PMN) staffing is to develop a plan to address the medical services, equipment and other needs during transition for a child with PMN.

WHAT IF A MEDICAL PROVIDER EXPRESSES CONCERN ABOUT A PROPOSED PLACEMENT FOR A CHILD WITH PRIMARY MEDICAL NEEDS?

Escalate the concern to the Program Director in the chain of command for the primary caseworker.

WHEN IS THE STAFFING REQUIRED?

See [4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs.

DOES A REUNIFICATION FOR A CHILD WITH PRIMARY MEDICAL NEEDS REQUIRE A STAFFING?

Yes, a PMN staffing should be requested within 24 hours of the decision for a planned reunification.

WHO DO I NOTIFY FOR A PMN STAFFING AND WHEN?

See [4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs.

WHO SHOULD BE INVITED TO THE STAFFING?

See [4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs.

The CPS caseworker should staff children with an Intellectual or Developmental Disability (IDD) with their regional Developmental Disability Specialist. The Well-Being Specialist will take the lead on the staffing for children with both PMN and IDD.

WHAT INFORMATION IS DISCUSSED DURING THE STAFFING?

A primary purposes of the staffing are to:

- develop a plan to transition the child, their services, supplies and equipment smoothly to the new placement without any gaps in services, and
- include a plan to address any unmet medical needs.

The staffing will provide information about services to support the new caregiver in meeting the child's special healthcare needs. The staffing also provides an opportunity to share information with all parties about the child's:

- medical conditions and diagnoses;
- current healthcare needs ;
- medications;
- current services in place to be transitioned (example, Private Duty Nursing (PDN), Personal Care Services (PCS), Speech Therapy (ST), Physical Therapy (PT), Occupational Therapy (OT), other therapies, etc.);
- standing or scheduled future appointments, including those with any Specialist providers;
- special transportation requirements;

- purchased or rented Durable Medical Equipment (DME) and/or supplies; and
- training required for selected caregiver.

WHAT INFORMATION DO I NEED TO PREPARE FOR THE STAFFING?

See Appendix C: Common Questions Covered in a PMN Staffing.

Before the staffing, the Well-Being Specialist provides the primary worker with a staffing guide, form or other communication containing necessary information, including the items listed above.

The primary caseworker should also review Health Passport for the most recent Health Care Service Plan (found under Assessments in Health Passport). This will also have information about the child's durable medical equipment (DME), supplies and medications.

If the information is not yet updated in Health Passport, the primary caseworker should call the Service Manager assigned to the child, and request an update with this information in preparation for the child's placement change. STAR Health Service Managers may request assistance from the CPS caseworker to verify serial numbers on some pieces of DME if the caregiver medical consentor has difficulty finding this information.

WHAT IF A CHILD WITH PRIMARY MEDICAL NEEDS IS WITHOUT PLACEMENT, OR I HAVE A PLACEMENT CHANGE OR REMOVAL OF A PMN CHILD AFTER HOURS OR ON A WEEKEND?

During regular business hours, contact the Well-Being Specialist for assistance.

For PMN children already in DFPS custody who experience a change in placement after hours, the CPS Caseworker can contact STAR Health Member Services' Nurse Wise medical advice line at 1-866-912-6283, option 7 (available 24/7, after hours, holidays and weekends).

When a PMN child is initially removed after hours or on weekends and the child's care needs are unclear, the child's caseworker may contact the child's healthcare provider after hours, or have the child seen in the local ER when appropriate (examples: diabetic child with insulin pump, child on a ventilator or with other special medical equipment).

Star Health does have a benefit available on a case by case basis. This benefit provides an observation stay in an inpatient setting for up to 48 hours, when placement or supports are not immediately in place during an emergent transition. If the stay exceeds 48 hours, staff must request an authorization for the inpatient stay, going back to the date of admission. Contact the Well-Being Specialists for additional guidance.

Children placed in an emergency situation should still be staffed after placement to ensure all equipment and services transition with the child.

IMPORTANT REMINDERS

Specialized Training for caregivers of PMN children is a Medicaid benefit that STAR Health, the Well-Being Specialist and Regional Nurse Consultant can assist with arranging.

Private Duty Nurses may not serve as a caregiver for a child while also being reimbursed for nursing duties by Medicaid.

Relative/Kinship caregivers must also identify a backup caregiver that will complete training for a child with primary medical needs.

Training can help CPS assess whether the relative/kin caregiver can successfully meet the child's special needs.

If a home study is being conducted on the kin/relative of the child to be placed, the CPS caseworker should ensure the home study worker has the necessary information on the child's needs.

The CPS caseworker should assist the relative, kinship caregiver or parent in applying for HHSC Medicaid when DFPS legal custody ends so there are no gaps in coverage. Kinship specialist staff may also be used as a resource.

RESOURCES:

Well-Being Specialists (WBS)

Well-being specialists are DFPS liaisons to Superior HealthPlan, the company that operates the provider network for STAR Health, a Medicaid managed care health care program for children in DFPS conservatorship and young adults who have aged out of care. Contact your regional well-being specialist for help with STAR Health.

WBS responsibilities for PMN children include:

- communicating with CPU to confirm placement and receiving placement information;
- communicating with CPU and/or the caseworker to obtain medical history information on child and discussing scheduling and participation;
- scheduling PMN staffing and inviting participants;
- facilitating the PMN staffing;
- assisting with any denials, appeals, Fair Hearings for children where equipment or services has been denied from STAR Health.

STAR Health Member Services

1-866-714-7966

STAR Health Health Passport

DFPS staff and medical consenters can register for and access the Health Passport at:

<https://www.fostercaretx.com>

Questions about Health Passport can be emailed to: TX_PassportAdmin@centene.com

Regional Nurse Consultant (RNC)

<http://intranet/CPS/Regional/nurse.asp>

The Regional Nurse consultant is also a resource for CPS caseworkers working with PMN children.

The Regional Nurse Consultant assists CPS staff to:

- Identify medical and physical indicators of abuse and/or neglect
- Make decisions concerning child safety
- Interpret medical information and medications
- Make informed decisions concerning children's health care
- Access medical care for children

The Regional Nurse Consultant may:

- Identify medical and physical indicators of abuse and/or neglect
- Provide input concerning child safety
- Interpret medical information and medications
- Make informed decisions concerning children's health care
- Access medical care for children
- Answer health-related questions

- Provide one-on-one consultation
- Attend case staffings and meetings
- Make home visits
- Facilitate group training on health-related issues

References:

1. Medical Services 11000 CPS Handbook Policy
 2. Residential Child Care Licensing (RCCL) PMN Definition
[*TAC §749.61. What types of services does Licensing regulate?*](#)
- (D) Primary Medical Needs, [includes children] who cannot live without mechanical supports or the services of others because of life-threatening conditions, including the:
- (i) Inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma;
 - (ii) Inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
 - (iii) Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
 - (iv) Multiple physical disabilities including sensory impairments.
3. Link to FAQ's on DFPS RCCL web page:
http://www.dfps.state.tx.us/Child_Care/Residential_Child_Care_Licensing/faqs_RCCL.asp
 4. From the 2016 Texas Medicaid Provider Procedures Manual, Home Health Nursing and Private Duty Nursing Handbook - [1.2 Client Eligibility for PDN Services](#) (if prompted for login, click Cancel to proceed to the page)

APPENDIX B: PRIMARY MEDICAL NEEDS REFERENCE GUIDE

Children with primary medical needs are an especially vulnerable population who receive an array of services from multiple providers in the foster home. There are many factors to consider when ensuring oversight and proper care of children with primary medical needs.

While not all inclusive, this guide provides a list of questions CPS staff may use to obtain significant information from caregivers, nurses, other in-home service providers and children during a home visit. Asking these questions helps CPS staff gain an overall understanding of the child's medical needs, services the child is receiving and quality of care in the foster home.

CPS Conservatorship Supervisors may also use this guide for monthly staffings to ensure the overall quality of care for this specific population.

Although the guide emphasizes assessment of care for children with primary medical needs in a licensed foster home, this guide may be used as needed in other CPS program areas such as Family Based Safety Services, Investigations, and Foster and Adoptive Home Development.

CHILD INTERVIEW

The caseworker visits alone with the child and may ask the following questions during the visit with the child including their thoughts and feelings about living with the caregiver.

Note: The caseworker must make sure "alone" with the child means that there is not an open intercom, video or other monitoring system.

- How are you feeling?
- Is there anything you want to do? (activities)
- Is there anyone you want to see? (siblings, relatives, or others)
- What do you do every day?
- What kinds of things do you do with your caregivers?
- Who lives in the home here with you?
- Where do you sleep? Who sleeps in the other rooms?
- Who visits in the home that doesn't live here?
- How are you disciplined in the home?
- Do you have a nurse? More than one? What kinds of things do they do?
- Who gives you your medicines? Who changes/cleans your dressings/gastrostomy tube (g-tube)?
- Where do you eat meals? And if you need help with eating, who helps you?
- What fun activities do you participate in?
- What's your favorite time with your caregiver/family?

CHILD OBSERVATION

Record physical observations of the child, including skin, hair, nails, and clothing, and any change in appearance. The caseworker observes and notes whether or not the child:

- Appears comfortable, happy, well-cared for
- Has clean, trimmed and healthy looking fingernails and toenails
- Is wearing clean clothes and diapers
- Has brushed, neat and clean hair
- Has gained or lost weight
- Smells clean, without odor
- Has clean teeth, good oral care

- Has clean bed and sheets
- Has unhealthy skin, bruises, bumps, etc.
- Has clean healthy looking (not red, swollen or infected) skin around the tracheostomy and/or gastrostomy tube (g-tube) (if they have one of these)
- Has special medical equipment that is clean, fits the child and is in working order
- Has pressure sores. Ask for help from the caregiver or nurse in order to observe the child's back, legs, neck and head if the child is on his/her back or side much of the time, in a wheelchair or other medical equipment. Also, ask if someone is repositioning the child to alleviate pressure on one area for extended periods of time (if they spend a lot of time in the same position) and who is getting the child up out of bed.

CAREGIVER INTERVIEW

The child's worker must also visit with the child's caregivers.

Questions about the Child:

- How do you communicate with children who are hearing or verbally impaired? How do children in your home who are non-verbal communicate their needs, discomfort, likes/dislikes?
- Did you receive any training specific to this child's medical needs? If so, how often is training renewed?
- What do you know about the medical history and service plan for each child?
- What Specialists does the child see? How often? Have there been any cancelled or rescheduled visits? Do you attend the medical appointments? Worker documents previous and next appointment dates and outcomes of visits.
- Who notifies and trains school personnel on the use of medical equipment for the child and any changes in his/her medical regimen?
- Does the child attend public school? If so, where? Who transports the child to school? How are nursing services provided at school?
- What special medical equipment does the child require? Is there any new equipment since the last visit?
- Is all of the medical equipment in working condition? Does the child have all of the medical equipment and supplies needed?
- Has the caregiver contacted the utilities company to ensure that the company is aware of any special power source needs that the home may have, and identified a backup power source?
- Who usually plays with the child?
- Who is responsible for recreational activities with the child?
- If games are played, how is the child with primary medical needs involved?
- What kind of toys or play equipment is there for the child with primary medical needs?
- Does anyone read to the child? How long do they read to the child?
- Does anyone play music and/or sing with or to the child?
- Does anyone watch television shows or movies with the child on a regular basis?
- Are any of the games, books, music or movies, or activities the child can participate in inclusive of the child's race, ethnicity and culture?

Questions about Nurses/Other In-Home Providers:

- Who are the in-home service providers that frequently come to your home?
- How many children in your care have Private Duty Nursing? What do the Private Duty Nurses do?

Questions about the Home and Caregivers:

- Who cares for the children when you need to leave the home?
- Who transports the children to medical visits, family visits, etc.?
- Are there any special transportation requirements (wheelchair accessible vehicle, special car seat, ambulance, etc.)?
- How is the child transported (to school, medical appointments, visits, etc.)?
- Does the person traveling with the child need to have any special training?
- Is there any requirement/need for a second person to be in the vehicle with the child during the transport (nurse or specially trained caregiver)?
- Is this different for short trips vs. long trips?
- What equipment and supplies must be taken with the child when he/she is transported/leaves the home?
- How do you discipline the children in the home?
- What is your experience in caring for children with primary medical needs?
- Why did you decide to care for children with primary medical needs? Do you feel supported in this decision?
- What is your emergency plan for: fire; loss of electricity; tornado; flood; family emergency?
- Do you experience any stress relating to caring for children with primary medical needs? When did you last use respite services?
- What services does your Child Placing Agency provide you?
- How often is Child Placing Agency Staff in your home? When did they visit last? What do they do? (Walkthroughs; Observe/interact with the children; Assess needs; Review medication logs/records)
- How do you keep track of different service providers that visit your home?
- What kind of recreation do you provide in the home? Have you thought about ... (music, reading out loud, a trip to the park – if possible)?

IN-HOME PROVIDER AND STAFF INTERVIEW

During the visit with the child, the child's worker must also visit alone with staff and providers for the child if they are present and should ask the following questions:

Note: The caseworker must make sure "alone" with the staff means that there is not an open intercom, video or other monitoring system.

- Who did your agency tell you that you were responsible for?
- How often do you see the caregiver interact with the children? Describe the interactions.
- In the caregiver's absence, who is responsible for the children?
- How long have you worked in this foster home?
- What tasks and activities do you perform while on duty?
- Are there any that you feel are not strictly nursing-related?

PHYSICAL WALK THROUGH

The worker must also do a physical walk-through of the child's foster home and backyard when doing the monthly visit at the residence to observe the environment in which the child is living. The child's caseworker must note:

- Safety of the home environment such as bathrooms, electrical sockets, storage of child's equipment and supplies required for daily living.

- How the home is set up for the child with primary medical needs. For example, do all family members sleep under one roof, or is there more than one structure/residence where children sleep and live? How many children share a room?
- What personal belongings the child has?
- Whether there is enough space free of hazards or barriers for the child to move freely about the home, including children using walkers, wheelchairs or other assistive devices.
- Where the child takes baths, who bathes the child and the caregiver's description of what equipment they use if any for the child in the bathroom.
- Whether cameras/video, intercom systems, baby monitors or other technology is being used for supervision, safety.
- Whether there are any special modifications to the home to assist in meeting the child's needs such as bath lift or rail system on ceiling.
- Whether there are ramps, or ways for the child to access the outside of the home if they use a wheelchair or another assistive device.

ASSESSMENT OF CHILD SAFETY AND WELL-BEING

The child's caseworker documents:

- information from the interviews and walk-through
 - his or her assessment of how the child's safety and well-being are met in the home
 - whether additional follow-up is needed in any area.
-
- Are the caregivers actively engaged in the care of the children?
 - Are the child's healthcare needs being met? Are there any current unmet medical needs?
 - Have you followed up with the child's primary care provider and/or medical specialists to confirm the child's medical needs are being met, follow-up appointments are kept and there are no current concerns?
 - Is there a clear schedule of who is working with each child and when?
 - Are there stimulating recreational activities for the children?
 - Are children integrated in daily activities in the home (not isolated in another area)?
 - Is the child's area and medical equipment clean?
 - Is there evidence of bonding/a relationship between the children and caregivers?
 - Do the children have the ability to be mobile in the home?
 - Have you asked about any and all frequent or regular visitors in the home?
 - Does the home have daily schedules for each child?
 - Is there enough food to feed the children?
 - Do the children have enough medications?
 - Are there individual beds and appropriate bedding for each child?
 - Are the children clean and well cared for?

CALL YOUR SUPERVISOR IMMEDIATELY AND REPORT TO STATE WIDE INTAKE IF:

- There are unsafe, physically neglectful conditions in the home.
- The child's doctor, primary care provider, or in-home healthcare provider expresses concern for the child.
- There is no medically necessary durable medical equipment or disposable medical supplies for the children.
- There is any missing medication available for the children.
- The children appear to be dirty, underweight or exhibit a strong odor.

- There is a lack of space to walk, maneuver, or evacuate the home due to excessive clutter that prohibits children with primary medical needs to easily exit the home during emergencies or otherwise.
- Foster parents appear to be under the influence of drugs or alcohol impairing their ability to provide proper care and supervision to children with medical needs.
- There are no caregivers in the home when you arrive, only nurses.
- The child's assigned nursing staff is caring for another child in the home.

APPENDIX C: COMMON QUESTIONS COVERED IN A PMN STAFFING

- Why is DFPS involved in case?
- What is the Permanency Goal?
- What is the Service Level?
- Has a Legal Status been entered?
- Has the Medical Consenter been designated?
- What is the Temporary Managing Conservatorship date?
- What is the Current Placement Address?
- What is the Future Placement Address?
- What is the Medical Diagnosis? (The caseworker can send medical records to the Well Being Specialist.)
- What are the child's medications? (The caseworker can send medical records to the Well Being Specialist.)
- What are the discharge recommendations from the doctor?
- Is any medical equipment needed?
- The Foster Parent or Relative Caregiver may be asked what nursing agency he or she wants to use. (The hospital or STAR Health can help if he or she needs a list.)
- The Foster Parent or Relative Caregiver may be asked what durable medical equipment she or he wants to use (The hospital or Star Health can help if she or he needs a list for the area.)
- What specialists does the child need to see and what are the dates of appointments? (This is usually given at discharge.)
- Does the child need occupational, speech or physical therapy? How often?
- If rehabilitation therapy occurs in the home, who does the Foster Parent want to use? (Hospital Star Health can help if the Foster Parent needs a list for the area.)
- Invite the CPA case manager, foster parents, and hospital social worker to the staffing.
- Identify a tentative placement date if possible.
- Get prescriptions for medications on the discharge date.
- Verify that private duty nursing services will be ordered and how many hours per day authorized? (WBS can help with this also) The hospital must submit the request for the nursing hours to STAR Health directly.
- What is the current visitation schedule and where?
- Are there additional children in the home?
- Are there any special concerns or issues that need to be addressed?