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| Chapter: Rules for State-Operated Programs and Facilities | <b>Effective Date: 5/1/21</b>   |
| Subchapter: Program Services                              | Page: 1 of 4                    |
| Division: Health Care Services                            | Replaces: GAP.380.9183, 4/15/15 |
| <b>Rule: Health Care Services for Youth</b>               |                                 |
| Statutes: Texas Hum. Res. Code §§244.006, 244.009         |                                 |

**RULE**

(a) **Purpose.**

This rule establishes basic criteria, standards, and guidelines for delivering health care services to youth assigned to residential facilities operated by the Texas Juvenile Justice Department (TJJD) and to certain identified contract-care programs.

(b) **Definitions.**

See [§380.9175](#) of this title for definitions of certain terms in this rule.

(c) **Criteria for Medical Care.**

(1) Medical providers provide primary medical care according to the following criteria:

- (A) lifesaving treatment;
- (B) limb-saving treatment;
- (C) reasonable care to relieve pain;
- (D) reasonable care for a degenerative condition;
- (E) preventive services, including age-appropriate immunizations; and
- (F) treatment for medical conditions that, if left untreated, could result in serious bodily harm.

(2) Procedures outside these criteria for medical care must be approved by the TJJD medical director in consultation with TJJD's executive director or designee.

(d) **Criteria for Dental Care.**

(1) The dentist ensures equitable access to basic preventive services and essential treatment procedures when disease, significant malfunction, or injury occurs. Treatment priorities, in order, are:

- (A) emergency/urgent--treatment for conditions that will worsen or become life-threatening or acute without immediate intervention;
- (B) interceptive--intermediate treatment for asymptomatic advanced hard- or soft-tissue disease or loss of masticatory function;
- (C) rehabilitative--definitive treatment for chronic hard- or soft-tissue disease or loss of masticatory function; and
- (D) elective or special needs.

(2) The attending dentist may deviate from this prioritization if necessary to protect a youth's overall health.

(3) TJJD provides neither orthodontic braces nor maintenance of orthodontic braces for youth. However, if a youth has orthodontic braces when admitted to TJJD, TJJD provides necessary care to prevent injury to the mouth.

- (A) The youth's parent/guardian is responsible for the maintenance and adjustment of orthodontic braces after notification of TJJD policy.
- (B) TJJD staff may assist youth and parents/guardians in making orthodontic appointments, if needed. Appointments are usually made with the treating orthodontist, although a local orthodontist who agrees to examine and treat the youth may be used.
- (C) TJJD staff may provide transportation for orthodontic care if the staff can accommodate traveling the distance required to return a youth to the treating orthodontist.

(e) **Services.**

- (1) TJJD administers at least the following services, either directly or through contractual arrangements:
  - (A) physical examinations and treatment;
  - (B) dental examinations and treatment;
  - (C) treatment of injuries;
  - (D) mental health evaluations;
  - (E) immunizations;
  - (F) laboratory and diagnostic tests;
  - (G) administration of prescription or non-prescription medication for an illness or condition;
  - (H) substance use disorder evaluations; and
  - (I) examination following use of physical force and/or following decontamination resulting from using oleoresin capsicum spray (pepper spray).
- (2) Each TJJD institution and certain identified contract-care programs have a health services administrator designated to act as the local health authority. The local health authority provides coordination and/or supervision of medical services for youth.
- (3) Contract health care professionals provide health care services in the infirmary at each TJJD institution for youth who need increased observation or medical care, but who do not need hospitalization.
- (4) At TJJD institutions:
  - (A) nurses are available seven days a week to triage youth health concerns and respond to on-site emergencies;
  - (B) nurses conduct a regularly scheduled sick call five days a week to address non-urgent sick-call requests;
  - (C) medical and psychiatric providers deliver services on-site or via telemedicine or telepsychiatry at least once weekly; and
  - (D) dental staff provide services on-site on a routine basis.
- (5) At TJJD halfway houses:
  - (A) nurses provide case management; and
  - (B) medical, psychiatric, and dental services are completed by providers in the community. Fees for services are covered through Medicaid funding or by TJJD.
- (6) When admitted to TJJD, all youth receive a:
  - (A) health screening;

- (B) physical examination, unless a physical examination was performed and documented within the past 90 days;
  - (C) mental health screening and evaluation;
  - (D) dental screening and examination, unless a dental screening and examination were performed and documented within the past 180 days; and
  - (E) vision and hearing screening.
- (7) If the vision screening indicates the youth needs a new prescription for eyewear, state-issued prescription eyewear is provided. Youth placed in high-restriction facilities are prohibited from wearing contact lenses, except when medically necessary and when glasses are ineffective for correcting vision.
  - (8) If the youth fails the hearing screening, the youth is referred to an audiologist for evaluation and treatment as needed.
  - (9) If the dentist determines a dental cleaning is necessary, the procedure is scheduled, performed by a dental hygienist, and documented in the electronic health record.
  - (10) Youth receive physical and dental examinations annually and treatment as needed, in accordance with (c) and (d) above.
  - (11) In facilities housing females, obstetrical and gynecological services are available on-site or by referral.
  - (12) Family planning services are available by referral for youth who request information.
- (f) **Limitation of Services.**
- (1) TJJJD is not responsible for medical costs incurred by a youth:
    - (A) on furlough or conditional placement status with a parent, relative, or guardian;
    - (B) on parole status, unless the youth's placement is in a TJJJD-operated/contract residential program;
    - (C) on escape or abscond status; or
    - (D) in a detention center or a county facility.
  - (2) Pharmaceutical, cosmetic, and medical experiments are prohibited. This policy does not preclude individual treatment of a youth who needs a specific medical procedure that is not generally available.
- (g) **Health Care Requirements.**
- (1) Facilities housing more than 25 youth must have a central medical room with medical examination facilities.
  - (2) When youth are in the infirmary, they are supervised by a TJJJD staff member at all times.
  - (3) The physician or dentist at each facility is the decision authority for clinical decisions under their respective areas of responsibility.
  - (4) The medical provider develops the youth's medical plan of care.

- (5) At TJJJ institutions, a medical provider is available once each week to provide health care services to youth and to respond to youths' health concerns.
- (6) Youth complaints about services they did or did not receive are processed through the youth grievance system in accordance with [§380.9331](#) of this title.
- (7) At each TJJJ institution, the superintendent, health services administrator, medical provider, and dentist must have regularly scheduled meetings to review health care services at the facility, including any concerns, problems, or barriers related to providing health care. If concerns are identified, a corrective action plan is developed, implemented, and monitored to ensure that issues are adequately addressed.
- (8) A youth who, by history or examination, has a serious or life-threatening medical condition may be placed on medical alert status by a medical provider. A nurse may temporarily place a youth on medical alert status until a medical provider can be notified.
- (9) The facility administrator may authorize medical and pharmacological intervention when required in a life-threatening situation, consistent with [§380.9181](#) of this title. When intervention requires psychotropic medication, the authorization must meet criteria in [§380.9192](#) of this title.
- (10) Each TJJJ-operated residential program and certain identified contract-care programs post emergency medical procedures including, but not limited to, how to contact the on-call nurse, if applicable, and medical, dental, and psychiatric providers in an emergency.
- (11) Pharmaceutical procedures comply with federal and state laws and accepted industry practices about the acquisition, storage, administration, and documentation of prescription drugs.

(h) **Medical Concerns Reported by Youth.**

- (1) Any youth may request a sick call for the evaluation of health care concerns.
- (2) At TJJJ institutions, staff contact a nurse if a youth reports a health concern or if the staff is concerned about a youth's health status. At TJJJ halfway houses, staff call the primary care physician or 911.

(i) **Emergency Room Referrals.**

At TJJJ institutions, emergency room referrals may be authorized only by a medical provider, health services administrator or designee, or the medical or nursing director. In a life-threatening situation, non-medical personnel may contact 911 in accordance with medical emergency procedures.

(j) **Notification.**

TJJJ staff immediately notifies a youth's parent/guardian if a serious illness or injury occurs or emergency surgery is recommended.

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For implementation procedures, see:

- [CMS.03.25](#) (Referral for Psychological/Psychiatric Services)
- [Institution Operations Manual, Chapter 45](#) (Health Services)
- [Institution Health Services Procedure Manual](#)
- [Halfway House Health Services Manual](#)