

Chapter: Health Screening and Examination	Effective Date: 4/15/17
Title: Intake Screening/Admission Procedures	Page: 1 of 4
	Replaces: HHS.35.05, 10/15/14

(a) **Standard.**

- (1) The human services specialist (HSS) or a juvenile correctional officer (JCO) conducts an intake health screening of all youth admitted or readmitted to a halfway house, including youth returning from jail or from temporary admission to an institution.
- (2) The HSS or a JCO notifies the assigned health services administrator (HSA) and halfway house staff of all youth admissions to the halfway house and any special health care needs.
- (3) A nurse reviews each screening and arranges appropriate medical, dental, and/or psychiatric referrals as needed.

(b) **Procedures.**

(1) **Intake Screening/Admission and Notification Procedures.**

- (A) As soon as possible, and no later than four hours after a youth is admitted to a halfway house, the **HSS** or a **JCO**:
 - (i) reviews the youth's transfer medical packet, including the [Discharge Summary, HLS-610](#), from the sending institution;
 - (ii) checks the transfer medical packet to see if it includes:
 - (I) the prescribed medication and a copy of the corresponding [Medication Administration Record \(MAR\), HLS-510](#); and
 - (II) a [Special Diet Order: Medical form, NFS-190](#); and
 - (iii) provides an orientation to health services for the youth, both verbally and in writing, in the youth's primary language as designated on the CCS 007 screen (or other Texas Juvenile Justice Department official record) and advises the youth regarding health care services available at the halfway house and how to access these services;
 - (iv) signs and dates the [Halfway House Youth Orientation to Health Services form, HLS-106](#); and
 - (v) files the HLS-106 in the Daily Health Records Binder in the youth's individual section to be scanned by the institution nurse during a routine visit.
 - (vi) The **HSS** or a **JCO** completes the [Halfway House Intake Health Screening and Notification form, HLS-102](#), and immediately notifies the infirmary by telephone or email if any of the following apply:
 - (I) the youth is returning to the halfway house directly from jail and is currently taking prescribed medication (or was prescribed medication when he/she left the halfway house for jail);
 - (II) the youth is admitted to the halfway house directly from the community or from a contract-care facility;

- (III) the medication supply transported with the youth is not sufficient to last until the scheduled appointment with the medical and/or psychiatric provider;
 - (IV) “free-world” medication is brought with the youth; and/or
 - (V) the youth is prescribed a special medical diet and needs an updated [NFS-190](#).
- (vii) The **HSS** or a **JCO** completes the [HLS-102](#) by:
- (I) reviewing the transfer medical packet;
 - (II) interviewing the youth;
 - (III) signing the HLS-102 and entering the date and time;
 - (IV) providing the HLS-102 to the superintendent for review and signature; and
 - (V) sending the HLS-102 to the institution nurse by scanning and emailing the form for review, completion, and signature.
- (viii) The **institution nurse** reviews, completes, and signs the HLS-102 and gives the form to the HSA for review and signature.
- (ix) The **HSA** scans and emails the completed and signed HLS-102 back to the HSS or designee for placement in the Daily Health Records Binder.
- (x) The **HSS** or **designee** files the signed HLS-102 in the Daily Health Records Binder in the youth’s individual section until the youth’s release from the halfway house.
- (xi) The **HSS** or a **JCO** notifies a youth coming into the halfway house directly from the community that he/she is placed on activity restriction until cleared by a medical provider. If the youth refuses the physical examination, the activity restriction continues until the physical examination is completed.
- (xii) If the youth has a chronic medical condition or is on medical alert, the **HSS** or a **JCO** flags the individual youth section of the Daily Health Records Binder using an orange sheet of paper for chronic condition or a blue sheet of paper for medical alert.
- (xiii) The **HSS** or a **JCO** provides the food services staff/cook with a copy of the NFS-190 form provided by the sending institution for immediate implementation, if applicable. (The transfer medical packet includes an NFS-190 form from the sending facility, and the [Discharge Summary, HLS-610](#), indicates that the youth is on a special medical diet.)
- (xiv) If the youth arrives at the halfway house with medication and a prepared MAR, the **HSS** or a **JCO**:
- (I) places the prepared MAR in the Daily Health Records Binder to be used as a reference;
 - (II) begins medication administration at the prescribed time and documents it in the Scanned Medication Administration Recording Technology (SMART) system; and
 - (III) stores medications in a secured, designated medication storage area.
- (B) If extenuating circumstances beyond the HSS/JCO’s control prohibit completion of the admission process within four hours after the youth’s arrival at the halfway house, the **HSS** or **JCO**:
- (i) completes steps (A)(i)–(v) above;
 - (ii) notifies the HSA or designee of the youth’s admission and any immediate health needs; and

- (iii) documents the notification and reason for the extenuating circumstances in an email to the superintendent.
 - (C) When notified of the information described in (B) above, the **institution nurse**:
 - (i) sets a reminder in the electronic health record (EHR) for a youth admitted directly from the community or contract-care facility to schedule that youth for an initial health screen, PPD, intake lab, and, as applicable, physical examination;
 - (ii) sets a reminder in the EHR for a follow-up appointment if the youth is currently prescribed medication;
 - (iii) if the medication supply is not sufficient to last until the youth's scheduled appointment with the medical or psychiatric provider, checks with the sending facility to verify that there is a current medication order;
 - (iv) if the medication order is current, contacts the pharmacy for disposition of the medication;
 - (v) if the medication order is not current, contacts the provider for a medication order;
 - (vi) provides instructions for handling any free-world medication brought to the halfway house with the youth and verifies first that the medication is less than 30 days old (refer to the University of Texas Medical Branch Correctional Managed Care Youth Services Pharmacy Manual, Policy 25.05); and
 - (vii) provides the halfway house staff with an updated [NFS-190](#), if applicable.
 - (D) If the youth is prescribed a special medical diet, upon receipt of an updated NFS-190 from the assigned institution:
 - (i) the **HSS** or a **JCO**:
 - (I) provides the form to the food services manager/cook for signature; and
 - (II) places a copy of the signed, updated NFS-190 in the Daily Health Records Binder for review by the institution nurse; and
 - (ii) the **institution nurse** scans the signed, updated NFS-190 into the EHR during a routine on-site visit to the halfway house.
- (2) **Nursing Assessment and Medical File Review.**
 - (A) The **institution nurse**:
 - (i) completes the immunization and TB screening section of the [HLS-102](#);
 - (ii) signs and dates the form; and
 - (iii) scans the completed and signed HLS-102 into the EHR.
 - (B) The **HSA** reviews the HLS-102 prepared by halfway house staff and signs and dates the form.
 - (C) The **nurse coordinator for health services (NCHS)**:
 - (i) completes the [Admission Assessment and Medical File Review form, HLS-103](#), and [Admission Interview form, HLS-109](#), if applicable, using the HLS-102, medical records information and information obtained in the face-to-face interview and parent/guardian contact to complete the forms;

- (ii) discusses with the youth and/or contacts the youth's parent/guardian, if clarification is required; and
 - (iii) emails the completed HLS-103 to the HSS for the youth to sign after the face-to-face interview.
- (D) The **HSS** files the signed HLS-103 in the Daily Health Records Binder to be scanned into the EHR.
- (E) The **NCHS**:
- (i) for youth transferring from an institution and not previously on the NCHS's caseload, contacts the parent/guardian to obtain current health information or, for youth admitted directly from the community, contacts the parent/guardian to obtain current health information;
 - (ii) transfers pertinent health history information from the HLS-103 and/or medical record to the [Halfway House Medical, Dental, and Mental Health History Report, HLS-107](#); and
 - (iii) emails the completed HLS-107 to the HSS within seven working days from the youth's admission.
- (F) The **HSS** files the HLS-107 in the Daily Health Records Binder behind the youth's photograph.
- (G) The **institution nurse**:
- (i) schedules EHR reminders needed for continuity of care;
 - (ii) arranges any necessary medical, dental, and/or psychiatric appointments with institutional facility providers or obtains pre-authorization from the Utilization Review Department for referrals to local providers if needed;
 - (iii) notifies the HSS and/or appropriate halfway house staff of any arranged appointments;
 - (iv) prepares any packets needed for off-site appointments; and
 - (v) updates the [HLS-102](#) with new information as it occurs by marking through old information, adding the new information, and initialing and dating each change.

Note: The HLS-102 form is used for informational purposes by halfway house staff and is not required to be scanned into the EHR each time updates are made since all current information has been saved in the EHR.
