

Chapter: Special Health Care Needs	Effective Date: 4/15/17
Title: Chronic Care	Page: 1 of 2
	Replaces: HHS.50.10, 07/15/11

(a) **Standard.**

A flagging process is used to alert halfway house and nursing staff of youth who have been diagnosed with a chronic condition.

(b) **General Provisions.**

- (1) A chronic condition is a medical or psychiatric condition that requires the youth to receive long-term medical or psychiatric services. Examples of such conditions include history of asthma (with or without current symptoms), diabetes, sickle-cell anemia, cystic fibrosis, heart problems, blood pressure problems, hepatitis, HIV/AIDS, seizure disorder, kidney problem, cancer, psychiatric diagnosis, and similar conditions.
- (2) The youth may or may not have been placed on medical alert for the chronic condition.
- (3) Youth diagnosed as having a chronic medical or psychiatric condition are seen by the assigned institution provider in the Chronic Care Clinic or psychiatric clinic. The frequency of visits is determined by the provider and outlined in the treatment plan. The treatment plan may also include appointments with a nurse coordinator for health services (NCHS) to provide education about the chronic condition.
- (4) The Daily Health Records Binder is flagged to signify a youth with a chronic condition.

(c) **Procedures.**

- (1) The **NCHS** documents the chronic condition on the [Admission Assessment and Medical File Review form, HLS-103](#), and on the [Halfway House Medical, Dental, and Mental Health History Report, HLS-107](#).
- (2) The **institution nurse** notifies the superintendent and human services specialist (HSS) of the chronic condition via email.
- (3) The **HSS** notifies halfway house staff of the youth's chronic condition.
- (4) Upon notification that the youth has a chronic condition, the **HSS** or **juvenile correctional officer (JCO)** flags the youth's individual section of the Daily Health Records Binder with an orange flag, in accordance with [HHS.35.05](#).
- (5) The **NCHS**:
 - (A) meets with the youth within three workdays after admission to the halfway house; and
 - (B) documents the meeting on the [Admission Interview form, HLS-109](#), in the electronic health record (EHR).

Note: Meeting with the youth is not required if the youth was on the NCHS's caseload before transfer to the halfway house; however, a note in the EHR must be made indicating such.

- (6) The **institution nurse** schedules the youth for a provider chronic care clinic appointment or a psychiatric appointment, as indicated.

- (7) For medical conditions, the **medical provider**:
- (A) examines the youth;
 - (B) documents the examination on the [Chronic Care Clinic Provider Note, HLS-129P](#); and
 - (C) creates a treatment plan that includes the provision of health education and instructions for follow-up care.
- (8) For psychiatric conditions, the **psychiatric provider**:
- (A) evaluates the youth via digital medical services or on-site at the assigned institution; and
 - (B) documents the evaluation on a Psychiatric Progress Note or appropriate psychiatric note in the EHR.
- (9) The **institution nurse**:
- (A) notifies the HSS via email of all updated orders; and
 - (B) scans the notification email into the EHR.
- (10) The **HSS** and/or **JCO** implements all precautions, special diets, medication treatment, activity restrictions, and follow-up appointments ordered by the medical or psychiatric provider.
- (11) The **NCHS**:
- (A) reviews the youth's medical record at least once every 30 days, starting from the last review date;
 - (B) meets with the youth at least once every 90 days; and
 - (C) documents the chart reviews and meetings on a Case Management Progress Note in the EHR.
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