



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  
BEHAVIORAL REHABILITATIVE SERVICES (BRS)

## Comprehensive Review: Medically Fragile (MF) Contractor Client File

AGENCY NAME			DATE OF REVIEW
REVIEWER'S NAME			MF PROGRAM START DATE
CHILD'S NAME	DATE OF BIRTH	AGE	CONTRACT NUMBER
<input type="checkbox"/> Group Home <input type="checkbox"/> Staff Residential Home <input type="checkbox"/> Foster Home <input type="checkbox"/> In-Home			

REQUIREMENT	IN FILE		COMMENTS
	YES	NO	
<b>Referral / Placement Authorization to include the following</b>			<b>Compliance plan needed for this item? <input type="checkbox"/> Yes <input type="checkbox"/> No      Exhibit B, (3)</b>
<input type="checkbox"/> MF referral information <input type="checkbox"/> Medical documentation of health history <input type="checkbox"/> All medications currently prescribed <input type="checkbox"/> Any Assessments / Evaluations <input type="checkbox"/> Agreed Start Date <input type="checkbox"/> MF / BRS Program Manager signature and approval date <input type="checkbox"/> CA legal authority – Shelter Care / Dependency order <input type="checkbox"/> Current Court Order <input type="checkbox"/> Current Report to the Court	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Multi-Disciplinary Plan</b>			<b>Compliance plan needed for this item? <input type="checkbox"/> Yes <input type="checkbox"/> No      Exhibit B, (4)</b>
Developed and finalized within 30 days of the start date in MF program	<input type="checkbox"/>	<input type="checkbox"/>	
Plan updated at least every 30 days after initial plan or as medical conditions dictate	<input type="checkbox"/>	<input type="checkbox"/>	
Plan developed in conjunction with youth's medical team, DCYF care worker, and Child family team	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Reports</b>			<b>Compliance plan needed for this item? <input type="checkbox"/> Yes <input type="checkbox"/> No      Exhibit B, (5)</b>
Monthly Census reports sent to regional BRS PM	<input type="checkbox"/>	<input type="checkbox"/>	
The Contractor shall send a sample of any reports, assessments, and evaluations they use to the DCYF regional and headquarters program managers for review and approval. Once approved, they shall complete these documents and send them to the assigned DCYF Social Service Specialist and the regional BRS manager.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Retain following information on MF children that have been in placement for more than 30 days:</p> <ul style="list-style-type: none"> <li>• Report of physical examination and diagnosis by a physician and information about the child’s daily care including treatment plans, medications, observations, medical examinations, physician’s orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments</li> <li>• If discharged, summary report including diagnoses, treatments, and prognosis by the person responsible for providing care, and any instructions and referrals for continuity of care</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Services</b> <span style="float: right;">Compliance plan needed for this item? <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">Exhibit B, (6, 8, 9)</span></p>			
<p>The contractor shall provide the following as needed:</p> <ul style="list-style-type: none"> <li>• Skilled health care, physical therapy, or other forms of therapy as needed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• An individualized treatment plan suited to the unique medical and other needs of each child in care</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Care by physicians, including surgeons, general and family practitioners, and specialists in the child’s particular diagnosis on either a referral, consultative, or ongoing treatment basis</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Sufficient nursing staff to meet the nursing care needs of the children, including at least one (1) registered nurse licensed with the state of Washington</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Regular nursing consultation that includes at least one (1) weekly on-site visit by a registered nurse, who shall initially assess each child and update the assessment as needed on subsequent visits. These weekly visits, assessments, and updates shall be documented and maintained in the child’s file</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• The Contractor’s nursing consultant shall advise the Contractor on the infant care program, if appropriate. The consultant shall also advise and assist non-medical staff at the Contractor’s facility on maintaining child health records, meeting daily health needs, and caring for children with minor illnesses and injuries.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> <li>The nurse's name and telephone number shall be posted or otherwise available in the foster home or the Contractor's facility</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>If the Contractor cares for four (4) or more infants, the Contractor shall arrange for monthly on-site visits with a registered nurse who is trained or experienced in the care of young children</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>If the Contractor cares for children with intellectual and developmental disabilities requiring nursing services, the Contractor shall have a registered nurse on staff or under contract.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>If the contractor wants to stop serving a child under this Medically Fragile Youth Services Contract, the contractor shall provide written notice to the DCYF case worker and BRS regional program manager thirty (30) days prior to stopping service delivery unless there is a prior written agreement between the regional BRS program manager and the Contractor that an immediate stoppage must occur.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>The Contractor shall provide transitional services which include, but are not limited to: <ul style="list-style-type: none"> <li>a) Skill building and training with identified caregiver to safely care for a medically intensive child;</li> <li>b) Additional supports to meet the child's and caregiver's needs; and</li> <li>c) An alternative care plan for the child, if needed, to include an emergency care plan.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>The Contractor shall provide or arrange for the provision of an Individual Educational Plan (IEP) suited to the unique needs of each youth in care, if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Interpretation and Translation</b>		<b>Compliance plan needed for this item?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Exhibit C, (20)</b>
LEP and ILS plans (if appropriate). Provide Limited English Proficient (LEP) clients with certified or qualified interpreters and translated documents and shall provide deaf, deaf-blind, or hard of hearing clients with the services of a certified sign language interpreter		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Health and Safety of DCYF Clients</b>		<b>Compliance plan needed for this item?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Exhibit C, (16)</b>
Was there additional health and safety concerns, suspected substance abuse, or other presenting problems, which were not stated in the referral?		<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• If so, did the contractor immediately report this information to the DCYF case worker and, if appropriate to CPS Intake?</li> <li>• Was verbal notifications followed up with written notification within 24 hours to the DCYF case worker and/or CPS Intake?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	
Were there any suspected child abuse or neglect allegations of the youth?		<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• If so, was CPS intake and DCYF case worker immediately notified?</li> <li>• Was written follow up down within 24 hours?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Notifications</b>		<b>Compliance plan needed for this item?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Exhibit B, (15)</b>
Is there documentation of notifications to DCYF per the contract requirements?		<input type="checkbox"/>	<input type="checkbox"/>	
<p>Immediate notification to DCYF requires the Contractor to:</p> <ul style="list-style-type: none"> <li>• During Business hours speak with a live person, the child's assigned DCYF Social Service Specialist, a supervisor, or a local DCYF intake person. If outside of normal business hours (after 5pm, weekends, holidays) contact Central Intake (1-800-562-5624);</li> <li>• Leave a voice message for the assigned DCYF Social Service Specialist; and</li> <li>• Provide written documentation of inform of an incident report of concerns to the child's assigned DCYF Social Service Specialist within 24 hours of the incident occurrence.</li> </ul>				

<p><b>Were there Medical / Safety Concerns that needed to be reported?</b></p> <p>If so, is there documentation of immediate reporting?</p> <p>The Contractor must provide <u>immediate</u> notification to CA when the Contractor becomes aware of:</p> <ul style="list-style-type: none"><li>• Any change that necessitates serious medical attention or hospitalization;</li><li>• An unexpected serious adverse reaction to medication, food, etc.;</li><li>• An allegation of child abuse or neglect toward the DCYF child;</li><li>• Any safety concern regarding the parents during visitations which may place the child at risk for abuse and neglect; or</li><li>• A safety plan violation which may place the child at risk for abuse and neglect</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Were there other incidents that required immediate notification to DCYF per the MF contract?</b></p> <p>If so, is there documentation of immediate reporting?</p> <p>Examples include, but not limited to:</p> <ul style="list-style-type: none"><li>• Self-harm or suicidal ideation;</li><li>• Physical assaults of others;</li><li>• Severe behavioral incident(s) unlike the child's ordinary behavior;</li><li>• Sexual assaults or sexual behaviors that are age inappropriate;</li><li>• A child's caregiver, or person incorporated into the child's safety plan, is injured or dies;</li><li>• Child Commits a probation or parole violation resulting in detention stay; or</li><li>• Any high profile incidents or criminal behavior occurring in the community.</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Were notifications with 24 hours required due to any of the following situations:</b></p> <p>The Contractor shall notify the child's assigned DCYF Social Service Specialist in writing by fax within twenty-four (24) hours for the following situations:</p> <ul style="list-style-type: none"> <li>• Non-emergent health concerns for the child;</li> <li>• Child changes placement;</li> <li>• Child is suspended or expelled from school;</li> <li>• Child changes schools;</li> <li>• Parent misses visits; or</li> <li>• Child violates probation or parole not resulting in detention stay.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Was the death of any DCYF client receiving services from the Contractor, <u>immediately</u> reported to the referring DCYF case worker?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Client File</b>		<b>Exhibit B, (11, 12, 14), Exhibit C (10)</b>	
<p>Did the contractor participate in CPT meetings, prognostic staffings, fatality reviews, or other formalized staffings as requested, subject to availability.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Is there documentation that the contractor provided the following:</p> <ul style="list-style-type: none"> <li>• Youth shall be provided a place of residence, food, replacement clothing (a minimum of \$40 a month for clothing), and essentials for life in addition to other services provided by the Contractor.</li> <li>• Regarding the youth's dietary needs, the Contractor shall: <ul style="list-style-type: none"> <li>○ Follow the dietary plan for each child as prescribed by the child's physician;</li> <li>○ Use the services of a dietitian who meets current registration requirements of the American dietetic association if offering modified diets; and</li> <li>○ Document in the child's file that staff are following the physician's order.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Did the contractor assist youth with learning opportunities about their medical condition, as appropriate, in order to gain knowledge and skills needed for living independently? This should include any family or caregivers that will be assisting the youth gain the necessary skills to support the next, less restrictive, living situation.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Did the Contractor maintain individual client records and promptly submit to DCYF a copy of such records upon request?	<input type="checkbox"/>	<input type="checkbox"/>	
<p>At a minimum, did the individual client records include the following applicable documentation:</p> <ul style="list-style-type: none"> <li>• All DCYF written referrals authorizing services;</li> <li>• Current legal authorization for the child to be in placement (e.g. current court order);</li> <li>• Case planning documents from CA such as the Court Report or Comprehensive Family Evaluation;</li> <li>• Initial and subsequent Multi-Disciplinary Plans, or other child specific service plans. These should include information about the child's progress and/or family's compliance with those items;</li> <li>• Medical records to include: immunization record, medication management logs, Well-Child /EPSDT medical exam reports, and those from other medical appointments, assessments, and care provided or received. Also information on medical coordination activities;</li> <li>• Education records including report cards, test scores, attendance and discipline reports, and IEP related documents;</li> <li>• Incident reports on this child;</li> <li>• Independent living skills assessments and plans, if youth is age fifteen (15) or older;</li> <li>• Information related to services specific to the family's culture or limited English proficiency;</li> <li>• Clinical consultation log; and</li> <li>• Assessment of potential conflict of interest, when a child is placed in an out-of-home placement.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**General Comments (Strengths / Concerns)**

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Satisfactory     Compliance Agreement Needed

REVIEWER'S SIGNATURE

DATE