

Medically Fragile Children

(Revised 03/16/18)

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Introduction

The Medically Fragile program includes:

- Emergency Response
- Court Intervention
- Continuing Services
- Voluntary Services.

Policy

Children identified as medically-fragile, developmentally-delayed, mentally- and/or physically-impaired per the criteria below will be considered for assignment to the Medically Fragile Specialty Unit. The Medically Fragile Specialty Unit serves children countywide from all regions.

Cases being transferred to the Medically Fragile Unit from other regional units **must be screened by the Medically Fragile PSS and the Public Health Nurse (PHN) before the case is accepted by the Medically Fragile Unit.** Regions may contact the Medically Fragile PSS or PHN for consultation prior to considering the transfer.

Medically-fragile criteria

All referrals to the Medically Fragile Specialty Unit require medical documentation (current within the last 6 months, if possible; not to exceed 12 months).

In general, the criteria for assignment to the Medically Fragile Specialty Unit are as follows:

- A child with a serious, ongoing illness or chronic condition requiring prolonged hospitalization and/or ongoing medical treatments and/or monitoring and/or requires the use of devices to compensate for the loss of bodily function.
- Any physical or medical impairment or combination of impairments requiring daily medically prescribed therapy or procedures performed by the SCP (e.g., respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, OT/PT*, medication).

NOTE: A child requiring OT/PT with no other medical issues does **not** necessitate assignment to the Medically Fragile Unit

**Medically-fragile
criteria (cont.)****Specifics:**

- Positive toxicology infants with severe medical problems (as described above)

NOTE: Positive toxicology or Fetal Alcohol Syndrome, or a child with prosthetic alone does not necessitate a medically fragile assignment. There must be other severe medical issues present.

- Premature infants (32 weeks or less gestation) with medical review (i.e., medical reports provided to Medically Fragile Unit PHN for review)

NOTE: Premature infants will be reviewed in 6-12 months to ensure that they still meet medically fragile criteria. If they do not, the case will then be sent to region for case management.

- A child with a confirmed diagnosis of AIDS or HIV positive with two or more acute CDC AIDS-defining illnesses.
- An infant with a medical diagnosis of Fetal Alcohol Syndrome with severe medical problems and symptoms that impair functioning.
- A child with a medical condition that is not being managed well, which can rapidly deteriorate and result in permanent damage or death.
- A child that has a terminal illness (e.g., cancer) who is actively being treated or eligible for hospice services.
- A child at low risk for catastrophic events but who requires special care and whose SCP must have specialized knowledge and experience because of a condition that is likely to continue indefinitely **and** the condition substantially limits one or more of the following functionalities:
 - Mobility
 - Receptive and expressive language
 - Learning
 - Self-direction
 - Capacity for independent living
 - Capacity for economic self-sufficiency, and/or
 - Self-care.

NOTE: These children generally are consumers of San Diego Regional Center (SDRC). **Not all SDRC clients will fall under Medically Fragile criteria. They must also have a medical condition that is actively being treated.** Documentation of severity and longevity of functional impairment must be shown. See Developmentally-delayed/mentally- and/or physically-impaired criteria below.

- A child with a medical diagnosis of non-organic failure-to-thrive

NOTE: Children with non-organic failure-to-thrive will be reviewed in 6-12 months to ensure that they still meet medically fragile criteria. If they do not, the case will then be sent to region for case management.
 - A child with severe injuries which are diagnosed as a result of abuse or neglect (e.g., Shaken Baby Syndrome) and will experience an ongoing chronic condition
 - A child with multiple fractures that may result in permanent impairment
 - A child with 3rd degree burns, or burns resulting in hospitalization
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**Medically-fragile
criteria (cont.)**

- A child requiring special diet (e.g., unmanaged diabetic, asthmatic diet triggers, unmanaged food allergy condition, Cystic Fibrosis, need for special formulas / additives such as PKU diet)
- A child in need of 24-hour monitoring and intense medical supervision, including one or more of the following conditions:
 - Ventilator dependent
 - Cardiac or respiratory problems including apnea
 - Head injuries
 - Seizure activity, severe and/or uncontrolled
 - Brain damage resulting in medical problems
 - Cerebral palsy, moderate to severe level
 - Gastrostomy or NG tube feedings
 - Tracheotomies
 - Colostomies
 - Ileostomies (colon)
 - Kidney dysfunction
 - Sickle Cell Anemia
 - Blindness
 - Severe skin condition
 - Hydrocephalus that produces severe disabilities (i.e. with a shunt)
 - Microcephalus that produces severe disabilities
 - Some chromosomal abnormalities, such as severe cases of Trisomy 21 (Downs Syndrome) and Trisomy 18
 - Requires a wheel chair
 - Spina bifida
 - Tumors that threaten life, vital organ or limb
 - Neurofibromatosis that produces severe disabilities
 - Hemophilia and other life-threatening blood disorders.

**Developmentally-
delayed/mentally-
and/or physically-
impaired criteria**

Children with a developmental disability may be served by the Medically Fragile Unit when they **also** have medical issues that are being **actively** treated.

These children are generally active to SDRC and/or functioning below normal limits **and have other medical diagnoses**. This includes children with:

- Autism (severe, may be non-verbal and have additional medical concerns)
- Severe visual impairment that effects functioning
- Inability to walk
- Severe physical deformity
- Down's Syndrome (with a medical condition that is actively being treated)
- Severe developmental delay.

For children who are Deaf or hard of hearing- see Deaf Criteria in the Hotline - Deaf Child or Family Members PM file.

**Closing a Medically
Fragile ER Referral**

When a SW closes a medically fragile ER investigation, the Investigative Narrative must address the status of the medically fragile issue (i.e., does this child fall under medically fragile criteria). This will assist the Hotline in identifying the assignment for any future referrals.

Case Transfers

Cases being transferred to Medically Fragile Continuing Services or Voluntary Services from other regional VS, CS or ER units **must be screened by the Medically Fragile PSS and the Public Health Nurse BEFORE the case is accepted by the Medically Fragile Unit.**

To have a case screened, the assigned SW will:

1. Review the criteria listed above
2. Send an e-mail to the Medically Fragile PSS including:
 - the child's name, DOB, case number, number of siblings, language spoken, and medical condition
 - the most recent medical report(s), current within the last 6 months (if possible) / not to exceed 12 months
3. Wait for a screening response from the Medically Fragile PSS prior to sending the case for transfer.

NOTE: If the child is active to other programs such as CCS (California Children's Services), IHSS (In Home Support Services), SSI or SDRC, medical records may be available from these agencies as well.

Review of Cases

The Medically Fragile Unit completes periodic reviews of cases to insure they continue to meet criteria because medical conditions can improve or stabilize. If a child no longer meets criteria for medically fragile status, the case will be sent back to the appropriate region for general case management.

Placement of medically fragile children

WIC 17739 requires that when placement of a medically fragile foster child is being considered, preference is to be given to a foster parent who is a nurse providing health services under the federal EPSDT program (Early & Periodic Screening, Diagnosis and Treatment). This priority does not supersede that of a relative (i.e., a relative is still the first choice, then a nurse).

WIC 17739 does not prohibit CWS or the court from placing a medically fragile foster child in a specialized foster care home with appropriate support services if deemed to be in the child's best interest.

WIC 17739 states that for purposes of placement, a medically fragile child is one who meets the definition of a "child with special health care need" as defined in WIC 17710(a)

"Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and is in the custody of [CWS] the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

Other Related PM files

Medically Fragile information can also be found in the following PM files:

- Hotline - Assignment of Referrals
 - Hotline - Medically Fragile/Developmentally/Physically Impaired Children
 - Case Transfers.
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Alignment with SET

This policy is in alignment with the following SET Values:

- SET [Value 1](#) by building shared understanding and agreement through family engagement, collaborating with the whole family to create well-being, and honoring and incorporating the voices of children and youth.
 - SET [Value 2](#) by providing opportunities for biological, kinship, and resource families to communicate and work together for the youth's best interests and utilizing shared decision making with the child/youth voice and well-being at the forefront.
 - SET [Value 3](#) by having a continual focus on children's well-being while they are in the care of CWS.
 - SET [Value 4](#) by maintaining open communication and transparency with families and community partners as well as ensuring that staff and community partners have a shared vision for safety, permanency, and well-being.
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