



Successful Youth • Strong Leaders • Safer Communities

**MARYLAND**  
**Department of**  
**Juvenile Services**

# **POLICY**

**SUBJECT: Elective Health Care Procedures**  
**NUMBER: HC-315-18**  
**APPLICABLE TO: Somatic Health Employees**

**APPROVED:** \_\_\_\_\_ /s/ signature on original  
**Sam Abed, Secretary**  
**DATE:** \_\_\_\_\_ 2/27/18

**I. POLICY**

A qualified health care provider shall determine if elective procedures or surgery for youth are needed to correct a substantial functional deficit or if an existing pathological process threatens the health of the youth over a period.

**II. AUTHORITY**

- A. Md. Code Ann., Human Services, §9-203 and §9-204
- B. American Correctional Association (ACA) Standard 4-JCF-4C-11

**III. DIRECTIVES/POLICIES RESCINDED**

None

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

**V. STANDARD OPERATING PROCEDURES**

Standard operating procedures have been developed.

**VI. REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	2/27/18

# PROCEDURES

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**APPLICABLE TO: Somatic Health Employees**

**APPROVED:**                     /s/ signature on original                      
**Linda McWilliams, Deputy Secretary**  
**DATE:**                     2/27/18                    

**I. PURPOSE:**

The DJS Medical Director shall establish a decision-making process to govern elective procedures or surgery for youth.

**II. DEFINITIONS**

*Medical Director* is a qualified health care professional who has the responsibility of oversight for all clinical health care delivered to youth in the care and custody of DJS.

*Qualified Health Care Professional* includes physicians, physician's assistants, dentists, nurses, nurse practitioners, nurse midwife, mental health professionals and others who by virtue of their education, credentials, licensure, and experience are permitted by law to evaluate and care for youth.

**III. PROCEDURES**

1. The DJS Medical Director in collaboration with the youth and family shall make the determination about what health services are medically and surgically required. If the youth was a patient with a community health care provider prior to admission, the DJS Medical Director shall include that qualified health care provider in the consultation.
2. Authorization for cosmetic and/or elective surgery/procedures:
  - a. The DJS Medical Director may authorize cosmetic and/or elective surgery or procedures not considered medically necessary only when it is determined to be in the best interest of the youth; and
  - b. When there are clear indications that such surgery will have a major impact on the rehabilitation of the youth or when other major factors are involved, such as serious psychological impact of not having the surgery, must be approved by the DJS Medical Director.

**IV. RESPONSIBILITY**

The DJS Medical Director and Health Administrator shall ensure implementation and compliance with this procedure.

**V. INTERPRETATION**

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

**VI. LOCAL OPERATING PROCEDURES REQUIRED**

No

**VII. DIRECTIVES/POLICIES REFERENCED**

No policies referenced

**VIII. APPENDICES**

None



# DJS POLICY AND STANDARD OPERATING PROCEDURES

## Statement of Receipt and Acknowledgment of Review and Understanding

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**SUBJECT: Elective Health Care Procedures**  
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I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WORK LOCATION

***SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.***