



South Carolina Department of Social Services

Work Aid (5.6) Foster Care Policy Work Aid: Case Manager Contacts with a Caregiver

Supplemental to DSS Policy: Chapter 5: Foster Care

A. Phases of a Case Manager Contact with a Caregiver	1. A Case Manager contact with a Caregiver consists of three phases: before, during, and after. 2. Before contact with a Caregiver occurs, the Case Manager: a. Considers the Caregiver's schedule in determining the time the contact will occur. b. Considers the length and location of the contact to support an open and honest conversation. c. Gathers and reviews case documents, the Family Permanency Plan, and related data and case information. d. Reviews documentation of the last contact to assess what follow-up was completed. e. Makes any collateral contacts with key individuals in the case (e.g., therapist, treatment provider, doctor, school personnel) to assess progress and concerns. f. Sets a clear purpose and agenda for the contact. g. Identifies issues and concerns to explore (with room for adaptation during the contact). h. Considers and plans for the Case Manager's safety. 3. During contact with a Caregiver, the Case Manager: a. Reviews the objectives and agenda for the contact and incorporates input from the Caregiver into the discussion. b. Demonstrates genuineness, empathy, and respect. c. Suspends biases and avoids judgments. d. Seeks to promote an interaction in which the Caregiver feels comfortable discussing challenges and needs. e. Seeks to make sure the Caregiver feels comfortable discussing challenges and needs. f. Communicates support and partnership and listens.
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	g. Assesses child, youth, or young adult's safety and risk (including identification of safety threats, vulnerabilities, and protective capacities). h. Discusses the Family Permanency Plan's goals, progress since the last contact, and the actions needed in language that the Caregiver can understand. i. Identifies strengths and opportunities for the Caregiver as it relates to the safety, permanency, and well-being of the child, youth, or young adult. j. Identifies concerns, changing circumstances, and challenges expressed by the Caregiver. k. Observes what is happening in the home or residence. l. Discusses what the agency will do to support the Caregiver to meet identified needs and expectations. m. Concludes the contact with a summary, next steps, and actions needed. n. Jointly schedules the next contact. 4. After the contact with the Caregiver occurs, the Case Manager: a. Documents key information, observations, and decisions in a concrete, concise, and nonjudgmental manner. b. Records information into the case record, as appropriate, following SCDSS policies. c. Updates the Family Permanency Plan with the needs and strengths of the Caregiver identified during the contact and updates actions needed, the person responsible, and target dates.
B. Case Manager Caregiver Contact	1. No less than one time per month the Case Manager makes contact, correspondence, telephonic or virtual communication with the Caregiver. Note: Best practice is for this interaction to occur no more than 30 calendar days since the last Case Manager contact, correspondence, telephonic, or virtual communication with the Caregiver. 2. Correspondence, telephonic or virtual communication can be made with a Caregiver in place of a contact for the calendar month, however the following month the Case Manager contacts the Caregiver in the placement setting. 3. The Case Manager contact, correspondence, telephonic or virtual communication with the Caregiver consists of the Case Manager discussing:

	a. The Caregiver's ability to provide appropriate care for the child, youth, or young adult. Assess for any needs that the Caregiver may have to continue to provide care for the child, youth, or young adult. b. The child, youth, or young adult's strengths and needs as well as social, emotional, and developmental progress while in the placement setting with the Caregiver. c. Medical treatment that may have been requested related to a child, youth, or young adult's illness, incident, or medical condition. d. Child, youth, or young adult's progress in the educational setting (i.e. daycare, school, homebound services, etc.) and addressing any identified problems. 4. The Case Manager reviews the Education and Health Passport to obtain copies of recent medical or education documents to file in the permanent record (refer to Section 510.6: Educational Needs and Section 510.7: Health Needs & Medical Consent). 5. The Case Manager assesses if the Caregiver is aware of the current visitation plan for the child, youth, or young adult. The Case Manager provides the Caregiver with a printed copy of the most current visitation plan at every contact. - o The Case Manager prints the visitation plan from the visitation tab in CAPSS. 6. The Case Manager keeps the Caregiver aware of the Family Permanency Plan and any newly acquired information regarding the child, youth, or young adult. 7. The Case Manager shares and documents information of unusual injuries, incidents, or illnesses of the child, youth, or young adult with the Licensing Case Manager and other agency personnel who have an interest in the placement setting and takes action to promote the safety of the child, youth, or young adult including removal from the placement setting, if appropriate (refer to Section 510.8: Allegations of Abuse or Neglect & Child Deaths). The Case Manager will complete a critical incident report according to policy (see Critical Incident Reporting Policy). 8. The Case Manager discusses Caregiver's participation in legal proceedings (refer to Foster Care Policy Section 540 et seq.)
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| | <p>9. The Case Manager monitors whether the child, youth, or young adult's Caregiver is following the reasonable and prudent parent standard concerning the child, youth, or young adult. (refer to Section 760.3: Reasonable and Prudent Parenting).</p> <ul style="list-style-type: none"> a. The Case Manager inquires with the child, youth, or young adult and the Caregiver about what specific opportunities the child, youth, or young adult has had in the past month to engage in age appropriate and developmentally-appropriate activities. b. If the child, youth, or young adult is placed in a foster family home (including both SCDSS-licensed and privately-licensed homes), the Case Manager inquires with the Caregiver about their efforts to meet the standard for the individual child, youth, or young adult. c. If the child, youth, or young adult is placed in a group home, the Case Manager inquires with the official designated to apply the reasonable and prudent parent standard to decisions involving the child, youth, or young adult about the official's efforts to meet the standard and the specific activities in which the child, youth, or young adult has participated. d. If the foster placement expresses difficulty in determining the appropriateness of or arranging such activities, the Case Manager offers to assist the placement in doing so. e. If the Case Manager determines the Caregiver is not adequately providing the child, youth, or young adult with age-appropriate and developmentally-appropriate activities, the Case Manager discusses this with the Caregiver. If the Caregiver expresses an unwillingness or inability to provide such opportunities for the child, youth, or young adult, the Case Manager informs the placement such opportunities are required by law and a violation could constitute grounds for removal of the child, youth, or young adult and the possible revocation of the placement's license. If the Caregiver continues to object, the Case Manager consults their Supervisor and the Foster Family Licensing and Support Coordinator to determine an appropriate course of action. <p>10. The Case Manager assesses the continuing capacity of foster family homes and group home providers to utilize the knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child, youth, or young adult in age or developmentally-appropriate activities.</p> <p>11. The Case Manager assesses all other adults residing in a non-congregate care placement setting as it relates to the safety, permanency, and well-being of the child, youth, or young adult.</p> <ul style="list-style-type: none"> a. This assessment of other adults residing in the placement setting may be conducted with the Caregiver or separately at the discretion of the SCDSS. |
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	b. The Case Manager follows all procedures for the clearance of other adults residing in a non-congregate care placement setting. 12. The Case Manager interviews the Caregiver or other adults in the home more frequently when conditions in the placement setting, circumstances of the child, youth, or young adult, or other reasons suggest that increased oversight or Case Manager support is appropriate. 13. The Case Manager reschedules a canceled monthly contact with a Caregiver the month the contact is canceled. The Case Manager documents the reason for the canceled monthly contact and documents all attempts to reschedule. If the monthly contact is not rescheduled or feasibly cannot be rescheduled with the Caregiver, the Case Manager will document all efforts to make the contact within the calendar month into dictation.
C. Case Manager Caregiver Contact ICPC	1. When a child, youth, or young adult is placed with a Caregiver out of state through the Interstate Compact on the Placement of Children (ICPC), the Case Manager - Monitors and follows up on progress reports from the supervising state to determine if monthly face to face contacts are being made and if any additional or different services are needed, and - Documents receipt of progress reports from the supervising state into the case record.
D. Documentation of Case Manager Contact with a Caregiver	- The Case Manager documents case happenings as appropriate and in accordance with agency policies and records key information, observations, and decisions in a concrete, concise, and nonjudgmental manner. - Within the documentation of the Case Manager contact with the parent, non-custodial parent, or guardian, the Case Manager: - Documents contact participant relationships. Describes relationships of the participants of the contact to the child. Noting participants that were present and are not a recipient of the case. - Quotes language and summarizes conversations of the contact participant as is relevant to the case and appropriate. Summarizing any conversation in which specific details do not provide any greater understanding of the contact, family dynamics, or parental progress. - Strives for pronoun clarity by clearly identifying which documented participant is being referenced by the pronoun. Minimizing the use of pronouns to reduce confusion.

- d. Uses paragraphs by breaking sentences up into paragraphs when subject changes.
 - e. Avoids duplication and does not copy, paste or repeat information from last dictation of a Case Manager contact. Only addresses information that has changed or note that there has been no change. Additionally, the Case Manager does not document information that is already documented elsewhere in CAPSS. If needed, the Case Manager references the information and where it can be found in CAPSS.
 - f. Only uses acronyms or abbreviations that are approved by SCDSS and do so after the phrase has been spelled out in the initial reference.
 - g. Documents what happened at that contact on that day. The Case Manager understands that some topics may not be covered at every contact.
3. Documentation of a contact, correspondence, telephonic or virtual communication with the caregiver is entered into CAPSS dictation before the end of the calendar month in which the contact occurred. The Case Manager uses narrative format, avoids use of templates and copying/pasting documentation from previous Case Manager contacts with the caregiver (if applicable). The Case Manager documents what happened during the contact, describing conversations, interactions, decisions made, and observations. The Case Manager focuses on items that were discussed, addressed, or observed during the contact.
 4. The Case Manager follows the documentation guidelines of a monthly Case Manager Contact with a Child, Youth or Young Adult, when the monthly contact with the caregiver occurs simultaneously. See [Work Aid 5.5 – Case Manager Contacts with Children, Youth, and Young Adults](#). The Case Manager selects the action code “CM Face to Face Contact – Caregiver” in addition to selecting “CM Face to Face with Child/Youth” when documenting a contact with a child, youth, or young adult in CAPSS dictation.
 5. The Case Manager documents the location the contact with a Caregiver took place in CAPSS dictation with the appropriate action code. The best practice is for a required monthly contact with a Caregiver to occur in the child, youth, or young adult’s home or place of residence:
 - a. For a contact made in the home or place of residence, the Case Manager uses action code “Location - Home/Facility Visit”.

- b. For a contact made in the SCDSS office, the Case Manager uses action code “Location – Office Visit”.
 - c. For a contact made in any place other than the home or current place of residence, or the SCDSS office, the Case Manager uses dictation code “Location – Other”.
6. Documentation of a monthly Case Manager contact with a child, youth or young adult includes an assessment of the child’ safety, risk and well-being. Documentation of this assessment of safety and risk should also include an assessment of the caregiver’s functioning, relationship with the child, and how the caregiver disciplines the child.
- a. An assessment of the caregiver’s functioning may include descriptions or details of:
 - i. How the caregivers and other adults within the household function
 - ii. Issues with or strengths of the caregiver in the past if relevant to the current situation (attitude toward the child, commitment to the child, empathy for the child, ability to meet the child’s needs, level of interaction, supports and services provided, decision making in parenting the child, protectiveness, attachment, appropriateness of expectations of the child,)
 - iii. How the caregiver demonstrates their ability to protect the child
 - iv. How the caregiver demonstrates their understanding of the child’s developmental level and needs
 - v. How the caregiver provides for the basic needs of the child.
 - vi. Any stressors or complicating factors that may be present in the placement
 - vii. Any statements that the caregiver made about the child’s safety and well-being.
 - viii. Any changes in the family dynamics that may impact the child or placement
 - b. An assessment of the caregiver’s relationship with the child may include descriptions or details of:
 - i. The interactions between the caregiver and the child
 - ii. The caregiver’s understanding of their role as a caregiver
 - iii. The caregiver’s ability to meet the child’s needs
 - iv. The caregiver’s bond with the child including how the caregiver shows love, empathy, and sensitivity to the child.
 - c. An assessment of how the caregiver disciplines the child will include descriptions or details of:
 - i. The disciplinary methods utilized.
 - ii. Effectiveness of disciplinary methods on the child’s behavior according to the caregiver and based on the Case Manager’s observation.

	d. If safety concerns or risks are identified in relation to the caregiver's functioning, relationship with the child, and how the caregiver disciplines the child, the Case Manager details what actions were taken and plans to address the concerns or risks identified. See Foster Family and Licensing Support resources. 7. The Case Manager documents a correspondence, telephonic, or virtual communication with a Caregiver in CAPSS dictation with the appropriate action code by type: - Communication Type- Video Conference, - Communication Type- Email, - Communication Type- Text, or - Communication Type- Telephone. 8. The Case Manager documents any additional Contacts, Correspondence, Telephonic or Virtual Communication with a Caregiver that occur within the month in CAPSS dictation with action code: - Communication Type- Video Conference - Communication Type- Email, - Communication Type- Text, or - Communication Type- Telephone. 9. The Case Manager documents in-person interactions with a Caregiver made in addition to the required monthly contact with the action code "CM Face-to-Face Contact Caregiver". 10. The Case Manager or their Supervisor documents in CAPSS all diligent efforts to make monthly contact with a Caregiver when a monthly contact, correspondence, telephonic or virtual communication is not conducted.
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E. Supervisor Case Consultation	1. The Supervisor provides support to the Case Manager through monthly case consultations, coaching, and skill-building. 2. By the 20th day of the month, if there is a risk that a contact, correspondence, telephonic or virtual communication with a Caregiver will not occur within the month, the Supervisor consults with the Case Manager to develop a plan to complete the contact within the calendar month. 3. If a Case Manager is absent, the Supervisor is responsible for confirming contact, correspondence, telephonic, or virtual communication with a Caregiver occurs during the Case Manager's absence. 4. Contact, correspondence, telephonic or virtual communication with a Caregiver must be performed by a Case Manager or Supervisor. 5. If a case is transferred out of county or to another unit within the county, the Supervisor of the sending unit will ensure all contacts, correspondence, telephonic or virtual communication with a Caregiver for the month of transfer are complete before the transfer. 6. The Supervisor reviews documentation of Case Manager contact, correspondence, telephonic or virtual communication with a Caregiver. The Supervisor evaluates the quality of the documentation and provides feedback. 7. The Supervisor provides support and coaching to the Case Manager to address any barriers or issues related to the contact, correspondence, telephonic or virtual communication with the Caregiver. 8. The Supervisor reviews weekly data reports for the occurrence of Case Manager contact, correspondence, telephonic, or virtual communication with a Caregiver within the calendar month.
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