



State of South Carolina

Department of Social Services

Child Welfare Policies and Procedures: Foster Care Health Care Policy

Subject:	510.7.000 Ongoing Health Care
Authority:	42 U.S.C.A. § 622(b) (15); 42 U.S.C.A. § 671(a) (21); 42 U.S.C.A. § 675(1); 42 U.S.C.A. § 675(5)
Standards:	South Carolina Practice Model: Guiding Principles and Standards (GPS)
Application:	Foster Care, Kinship Care, Adoptions
Policy Statement:	
To meet the health, dental, behavioral health care, and developmental needs of children in foster care.	
Policy Purpose:	
SCDSS promotes child well-being through comprehensive, clear and efficient procedures for meeting medical, dental, behavioral, and developmental needs of children in foster care. The purpose of this policy to set guidelines for ensuring the ongoing health care needs for children and youth in legal custody of the department. This policy should be read and understood alongside the DSS Medical Consent for Children in Foster Care policy. (Refer to DSS Manual - Chapter 5 - Foster Care).	
Policy Administration	
Office of Child Health and Well Being is the policy owner. This policy is reviewed at least annually or as needed dependent on feedback from stakeholders and changes to best practices by state or federal entities.	

Definitions:

After-Visit Summary: A document provided by a health care provider summarizing the components of the well child, sick child, dental, behavioral health, or follow up visit. After-visit summaries have important information such as the reason for the visit, immunizations given during the visit, medications prescribed, the time and date of the next appointment, other appointments and tests that need to be scheduled, and any other follow up care needed.

Note: In dental care, this form is known as the Dental Treatment Plan.

Appointment: An appointment is a medical, dental, vision, behavioral health, or specialty event that occurs between the child or youth and health care provider.

Encounter: An interaction between a child or youth and a health care provider for the purpose of providing health care service or assessing the health status of a child or youth.

Follow Up Treatment Needs: Follow up needs identified by a health care provider that require:

1. A follow-up with that provider within specified time frame. For example, follow up visits and medication prescribed after a diagnosis of a sexually transmitted infection.
2. A referral to another provider such as a specialist, behavioral health, or dental provider.
3. A first-time referral to a service that will continue on a regular basis, such as counseling, psychotherapy, occupational therapy, speech therapy, or physical therapy.
4. Follow Up Treatment Care DOES NOT include:
 - a) The next scheduled well child visit,
 - b) Recurring scheduled appointments to manage chronic conditions
 - c) Medication management appointments
 - d) Specialist appointments for children and youth with medical complexities.
 - e) Baby Net referrals

Ongoing Visit: Ongoing visits occur at regular intervals depending the the age of the child. This schedule is based on the American Academy of Pediatrics guidelines for children in Foster Care. These visits help the primary care physician provide proper referrals and follow-up on the child's health care needs.

1. Up until the age of six months, a child will receive monthly well child visits.
2. From six months until two years of age, a child will receive well child visits every three months.
3. After two years of age, a child will receive well child checks every six months.

Procedures:	
A. Ongoing Well Child Visit	1. The Case Manager is responsible for scheduling or confirming scheduling of ongoing well-child visits are occurring according to the child's age, as determined by the American Academy of Pediatrics guideline. 2. Case Manager is responsible for confirming that the child attends well child visits.
B. Ongoing Dental Visits	1. After the initial dental visit, the Case Manager is responsible for scheduling or confirming scheduling of ongoing dental visits According to the American Academy of Pediatric Dentistry guidelines for children up to 20 years old children in foster care must receive routine dental check-up visits every six months. 2. Case Manager is responsible for confirming that the child attends dental visits.
C. Comprehensive Behavioral Health	1. If indicated in a behavioral health screening, Case Manager coordinates a comprehensive behavioral health assessment within thirty calendar days of a child or youth entering foster care. 2. Case Manager documents ongoing behavioral health Encounters in the Encounters tab of the Person Screen in CAPSS.
Forms:	DSS Form 30260: Dental/Medical Encounter Form DSS Form 30245: Education and Health Passport
Resources:	DSS Flyer 37151 Health Care Issues for Children and Adolescents in Foster Care and Kinship Care Section 510.7 et al. – Medical Consents for Children in Foster Care
Related Management Reports:	SF700: Ongoing Well Child Visits SF500: Appointments FR100: Follow Up Visits