



State of South Carolina

Department of Social Services

Child Welfare Services Policies and Procedures: Chapter 5:510.2.2

Subject:	Congregate Care Placements
Authority:	S.C. Code Sections 63-7-1730, 63-7-1740 and 63-7-770; SCDSS Regulations 114-550 Licensure of Family Foster Homes and Approval of Adoptive Homes for Children in Foster Care; SCDSS Regulation 114-590 through 595 Residential Group Care Facilities for Children; Fostering Connections and Increasing Adoptions Act of 2008 (P.L. 110-351) Family First Prevention Services Act (P.L. 115-123)
Standards:	GPS: Guiding Principles and Standards
Application:	All Child Welfare Services Staff and County Attorneys
Purpose:	To explain policies and procedures governing the placement of children who are in the custody of the South Carolina Department of Social Services (SCDSS) in congregate care facilities.
Policy Statement:	When a child cannot safely remain in the home of a parent or guardian and the child needs foster care placement, case managers must make concerted efforts to place the child in kin foster family home, in the custody or guardianship of kin, or in a non-kin foster family home. Case managers must give priority to placing children who need foster care with kinship caregivers. Case managers may place a child in a congregate care facility only when, based upon a functional assessment of the child's strengths and needs, congregate care placement is necessary to meet the individualized needs of the child. Note: The term, "child" includes minor children from infancy to age 12 and includes youth aged 13 to 18. Note: The congregate care placement requirements and limitations described in this policy apply to initial congregate care placements and placement changes between congregate care facilities after October 1, 2021.
Policy Administration:	The Office of Permanency Management is the owner of this policy. The Director of Permanency Management, or Director's designee, will review this policy within one year of publication in the Child Welfare Manual and will make any necessary amendments to improve its effectiveness.

Original Effective Date: 10/22/21
Current Effective Date: 5/27/22

Definitions:

Child and Family Team Meeting (CFTM): a family-centered, culturally responsive, goal-orientated, problem-solving process that brings together the child and family team to make decisions about the safety, permanency, and well-being of their children, youth, or young adults in the development of an individualized Family Permanency Plan.

Childcare Institution: a private childcare institution, or a public childcare institution which accommodates no more than twenty-five children, that is licensed by the department. Childcare institution does not include wilderness camps or training schools, nor does it include any facility that exists primarily for the detention or correction of children.

Family Permanency Plan (Formerly Treatment Plan/Placement Plan/Case Plan): the sole plan for a family that is developed collaboratively with the child or youth and family team to describe the reasons for agency involvement, the actions, and services required to change behaviors and reduce safety concerns and risks, and promote the safety, permanency, and well-being of the child or youth and family.

Foster Family Home: the home of an individual or family that is licensed by SCDSS; in which a child in foster care has been placed in the care of an individual who resides with the child and who provides 24 hour substitute care for the child; that SCDSS deems the individual capable of adhering to the Reasonable and Prudent Parent Standard; and, that provides foster care for no more than 5 children, subject to the following exceptions:

- a. to keep a sibling group together;
- b. to keep a child in the child's home community;
- c. to return a child to a home in which the child was previously placed;
- d. to comply with a court order; or,
- e. if it is in the best interests of the child as determined by the court.

Congregate Care (AKA Group Home): means a residential organization including residential institutions and child care institutions, licensed by SCDSS to provide temporary or long-term residential care for children on a year-round basis. The term also includes emergency shelters. Boarding schools that do not operate year-round nor offer services beyond those associated with school programs are not congregate care facilities. SCDSS further categorizes congregate care facilities into non-specified congregate care settings and specified congregate care settings.

Kinship Caregiver: a caretaker, protector, and nurturer of a child, youth, or young adult who is temporarily unable to live with their parent. Includes an adult who is related to a child or youth by blood, marriage, or adoption, as well as an adult who is not related by blood, marriage, or adoption, but who has a relationship with the child, youth, or young adult, or their family (fictive kin).

Non-Specified Congregate Care setting: a congregate care setting licensed by SCDSS which is not treatment-oriented, therefore placements are limited to fourteen (14) days. These placements are organized into three levels (group care 1, 2, and 3).

Note: Title IV-E restrictions limit reimbursement for non-specified congregate care settings placements to fourteen (14) days.

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Qualified Residential Treatment Program: means a group home that has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and is able to implement the treatment identified for the child/youth in the required 30 day assessment of the appropriateness of the QRTP placement:

- a. has registered or licensed nursing staff and other licensed clinical staff who: provide care within the scope of their practice as defined by state law; are on-site according to the treatment model referred to in subitem (a); and, are available twenty-four hours a day and seven days a week;
- b. to the extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program;
- c. facilitates outreach to the family members of the child, including siblings; documents how the outreach is made, including contact information; and maintains contact information for any known biological family and fictive kin of the child;
- d. documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;
- e. provides discharge planning and family-based aftercare support for at least six months post-discharge; and
- f. is licensed by SCDSS and accredited by an approved independent, not-for-profit organization.

Note: A Psychiatric Residential Treatment Facility is not a Qualified Residential Treatment Program.

Qualified Individual: a trained professional or licensed clinician. The person may be an employee of the department or affiliated with the placement setting, but the individual must maintain objectivity in determining the appropriate placement for the child. At SCDSS, this includes, but is not limited to, members of our Child Health and Well-Being clinical team.

Specified Congregate Care Setting: a treatment-oriented congregate care setting, licensed by SCDSS, which provides services and programming to meet the individual needs of children,

Note: Title IV-E allows SCDSS to claim reimbursement for foster care board payments for specified congregate care setting. Although SCDSS does not currently claim Title IV-E reimbursements for foster care board payments for young adults aged 18-21, SCDSS treats supervised independent living for this population as specified congregate care settings.

Victim of Child Trafficking: a minor who is under 18 years old who is sex trafficked or labor trafficked as defined in S.C Code Section 16-3-1210.

Procedures:	
A. General Placement Requirements and Limitations Applicable to all Congregate Care Placements (Non-Specified Congregate Care Settings, Specified Congregate Care Settings, and QRTPs)	1. When the placement coordinator cannot identify a kinship caregiver or non-kin foster family for placement, the placement coordinator sends by email DSS Form 37509: Diligent Efforts to Provide Foster Home Placement, the child's completed Universal Application, and DSS Form 37508 Placement Exception to the regional director. 2. Within one (1) hour, the regional director will review DSS Form 37509: Diligent Efforts to Provide Foster Home Placement, the child's completed Universal Application, and DSS Form 37508 Placement Exception and make determination if all efforts to identify a family like placement setting has been made. The determination (approval or non-approval) will be emailed or texted to the placement coordinator or placement unit. Note: A child's placement in a local SCDSS office, hotel, motel, or other commercial location is prohibited. 3. The placement coordinator completes DSS Form 37509: Diligent Efforts to Provide Foster Home Placement and uploads it to the child's case in CAPSS linked files. 4. If the child is placed in a non-specified congregate care setting, the case manager completes DSS Form 37168 Service Tracking Form for Specialized Funding Sources and emails the form to the regional well-being data coordinator within 48 hours of the placement occurring. 5. The case manager documents all efforts to identify kin or fictive kin and activities to place a child in a kin or non-kin foster family home in CAPSS dictation. 6. The case manager provides the congregate care placement with all contact information for those involved with the child, i.e.: parent, kin, fictive kin, and therapist. 7. Prior to placing in congregate care and at the time of placement, the case manager must provide all known and reasonably known information that is necessary to provide adequate care and supervision of the child and to protect the health and safety of the child and of other children residing in and personnel working in the congregate care placement. At a minimum, the case manager provides the following information: a. medical and mental health conditions and history of the child

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	b. the nature of the abuse or neglect to which the child experienced c. behavioral strengths and challenges d. and matters related to the child's educational needs 8. On an ongoing basis, the case manager must provide information relevant to congregate care for the child to congregate care staff immediately, but no later than five (5) business days, after information becomes known to the case manager. 9. SCDSS cannot place a child age twelve (12) or younger in a congregate setting unless the Regional Director has given prior approval and one of the following exceptions are met: a. The child requires a degree of clinical or medical support that can only be provided in congregate care and the placement is a facility that has the capacity and specialized treatment to meet the child's needs. The determination of clinical need must be based upon a decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and not an employee of SCDSS. A determination of medical need must be made by a physician. b. The child is the son or daughter of another child placed in congregate care (applicable to children ages 0-6 only) c. The child is a member of a sibling group of four (4) or larger and all efforts to secure a foster family home or therapeutic foster family home have failed. The congregate care facility must be able to accommodate the placement of the sibling group and maintain daily contact between the siblings. The agency will only approve this exception for 90 days, with time-limited extensions being granted if such extension is in the best interest of the child and the agency has documented intensive and ongoing efforts to secure a family-like placement for the siblings. d. The child has been removed (voluntarily or involuntarily) and is in the legal custody of SCDSS and is placed with a parent who is not in our care, but who is temporarily in a residential group setting for treatment. e. The Regional Director must provide notification to the Child Welfare Director of Operations within one business day.
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B. Placement in Specified Congregate Care Settings	1. The case manager must conduct monthly face-to-face visits with the child. 2. The case manager reviews the child's progress within the congregate care placement, and address concern related to child safety and well-being, including, but not limited to, medical, dental, mental health, and educational needs. 3. The case manager accurately and completely documents the child's file in CAPSS each month.
C. Placement in a QRTP Setting	1. Whenever the case manager places a child in a QRTP, the following additional requirements apply: a. Within one (1) business day of placement, the case manager must notify the county managing attorney that a child is placed in a QRTP. b. The case manager must organize a Child and Family Team Meeting within four (4) days of the child's placement in a QRTP consisting of the following team members: i. parents, child, kin, fictive kin; ii. appropriate professionals who are a resource to the child's family, i.e., teachers, medical or mental health providers who have treated the child, and clergy; iii. in the case of a child who has attained age fourteen, the team shall include members of the permanency team selected by the child. c. Within four (4) days of a child's placement in a QRTP, a Qualified Individual, as defined in this policy, must assess the strengths and needs of the child using the Child and Adolescent Strengths and Needs assessment (CANS) i. The Qualified Individual must work in conjunction with the child and family team while conducting and making the assessment; ii. The Qualified Individual must determine whether the child's needs can be met with family members or through placement in a Foster Family Home or, if not, which placement setting would provide the most

	effective and appropriate level of care for the child in the least restrictive environment; iii. If the Qualified Individual determines the child's needs cannot be met by the family of the child or in a Foster Family Home, the Qualified must explain the reasons. A shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home. iv. The Qualified Individual must develop a list of child-specific short- and long-term mental and behavioral health goals; v. The Qualified Individual must specify why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment, and how that placement in a QRTP is consistent with the short- and long-term goals for the child, as specified in the child's permanency plan. vi. Within fourteen (14) days of the child's placement in a QRTP, the Qualified Individual's assessment must be completed, and the case manager must forward a summary of the Qualified Individual's written assessment, determination and documentation to the county managing attorney. d. Within fourteen (14) days of the child's placement in a QRTP, the case manager must also properly document the child's QRTP placement in the <u>Family Permanency Plan</u> and must provide the county managing attorney with a copy of the Family Permanency Plan QRTP documentation. e. The county managing attorney forwards the summary of the Qualified Individual's assessment and determination and the case manager's Family Permanency Plan documentation regarding the child's placement in a QRTP to the family court and to the child's parents and guardian ad litem. f. The county managing attorney files all supporting documentation with the family court and serves the child's parents and guardian ad litem within five (5) days of receiving the documentation from the case manager. g. The child's parents and guardian ad litem must request a hearing if desired, otherwise the family court decides whether to approve or disapprove the placement in a QRTP on the basis of the supporting documentation the county managing attorney filed with the court and served upon the child's parents and guardian ad litem.
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	h. The family court reviews the assessment, determination and documentation supporting QRTP placement and issues an order approving or disapproving the child's placement within sixty (60) days of the child's placement. i. The county managing attorney provides a copy of the family court's order to the case manager within seven (7) days of the filing of the order. j. For as long a child remains in a QRTP, the child's placement must be reviewed, and the case manager must update the <u>Family Permanency Plan</u>. i. The Foster Care Review Board must review the QRTP placement during regularly scheduled Administrative Case Reviews. Refer to <u>Foster Care Review Board policy</u>. ii. The Family Court must review the QRTP placement during regularly scheduled Permanency Planning Hearings. Refer to Permanency Planning Hearing policy. k. No child under the age of 13 may remain in a QRTP for more than six (6) consecutive or nonconsecutive months unless the State Director provides written approval for the placement. l. No child 13 or older may remain in a QRTP T for more than twelve (12) consecutive months or eighteen (18) nonconsecutive months unless the State Director provides written approval for the placement.
D. Placement in a Contracted Non-Specified Congregate Care Setting	1. Within four (4) days of placing a child in a non-specified congregate care setting, the case manager must organize a Child and Family Team Meeting to review the placement decision and determine whether the needs of the child can be better served in another placement setting, including, but not limited to, reunification with a parent or guardian, placement in a kin foster family home, custody or guardianship of a kinship caregiver, or placement in a non-kin foster family home. The Child and Family Team Meeting must include: a. parents, child (if age and developmentally appropriate), kin, fictive kin; b. appropriate professionals who are a resource to the child's family, i.e., teachers, medical or mental health providers who have treated the child, and clergy; c. in the case of a child who has attained age fourteen, the team shall include members of the permanency team selected by the child; d. a member of the regional foster home licensing and support placement unit; and

	e. a member of the Office of Child Health and Well-Being clinical team if the child has therapeutic needs. 2. Within one (1) business day of the Child and Family Team Meeting, the case manager must upload the completed DSS Form 37402 Placement Staffing into the child's CAPSS file in linked files. 3. Within seven (7) days of the child's placement in a non-specified congregate care setting, the case manager must inform the county director of the child's placement. 4. The case manager's supervisor reviews concerted efforts to place a child in a less restrictive environment, including, but not limited to, return to a parent or guardian, placement in a kin foster family home, placement in the custody or guardianship of a kin caregiver, or placement in a non-kin foster family home. 5. If the child has behavioral health needs, the Office of Child Health and Well-Being clinical staff must review the child's progress in the non-specified congregate care setting. 6. If the Child and Family Team Meeting results in a determination that the child's needs can be met in a foster family home, the regional foster home licensing and support placement unit must conduct placement searches for a foster family home daily. The case manager must continue to make concerted efforts to identify a kinship caregiver for kinship foster care placement or custody or guardianship, if deemed appropriate. 7. Upon a showing of good cause, the regional director or regional director's designee may approve the child's placement in a non-specified congregate care setting for more than fourteen (14) days. The case manager must document the regional director's decision to approve or disapprove placement in a non-specified congregate care setting in CAPSS. 8. After an initial approval for a child to remain in a non-specified congregate care setting for more than fourteen (14) days, the case manager must organize a Child and Family Team to review the child's placement and to determine whether the needs of the child can be better served in a less restrictive placement setting, including, but not limited to, being reunified with a parent or guardian, placement in a kin foster family home, custody or guardianship with a kinship caregiver, or placement in a non-kin foster family home. The case manager must organize a Child and Family Team Meeting as described in this section every thirty (30) days until the child exits the non-
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	specified congregate care setting to the parent or guardian or other placement in a family-like setting. The case manager must document all Child and Family Team Meetings conducted in the CAPSS.
E. Emergency Placement in Non-Specified Congregate Care Settings	1. Emergency placements in non-specified congregate care settings are limited to fourteen (14) days. 2. The placement coordinator may request emergency placement in a congregate care setting which is contracted to provide emergency placements under the following circumstances: a. Despite concerted efforts to secure a placement that can meet the child's long – and short-term goals, treatment needs, and permanency goals, the case manager is unable to secure a long-term placement b. The case manager has made and documented concerted efforts to place the child in a foster family home c. The child must be 13 years or older. d. The Director of Permanency Management or Director of Child Welfare Licensing has approved emergency placement e. The emergency placement level of care is the same as the recommended level of care for the child
Forms:	DSS Form 37509: Diligent Efforts to Provide Foster Home Placement DSS Form 37508 Placement Exception Universal Application DSS Form 37168 Service Tracking for Specialized Funding Sources DSS Form 37402 Placement Staffing