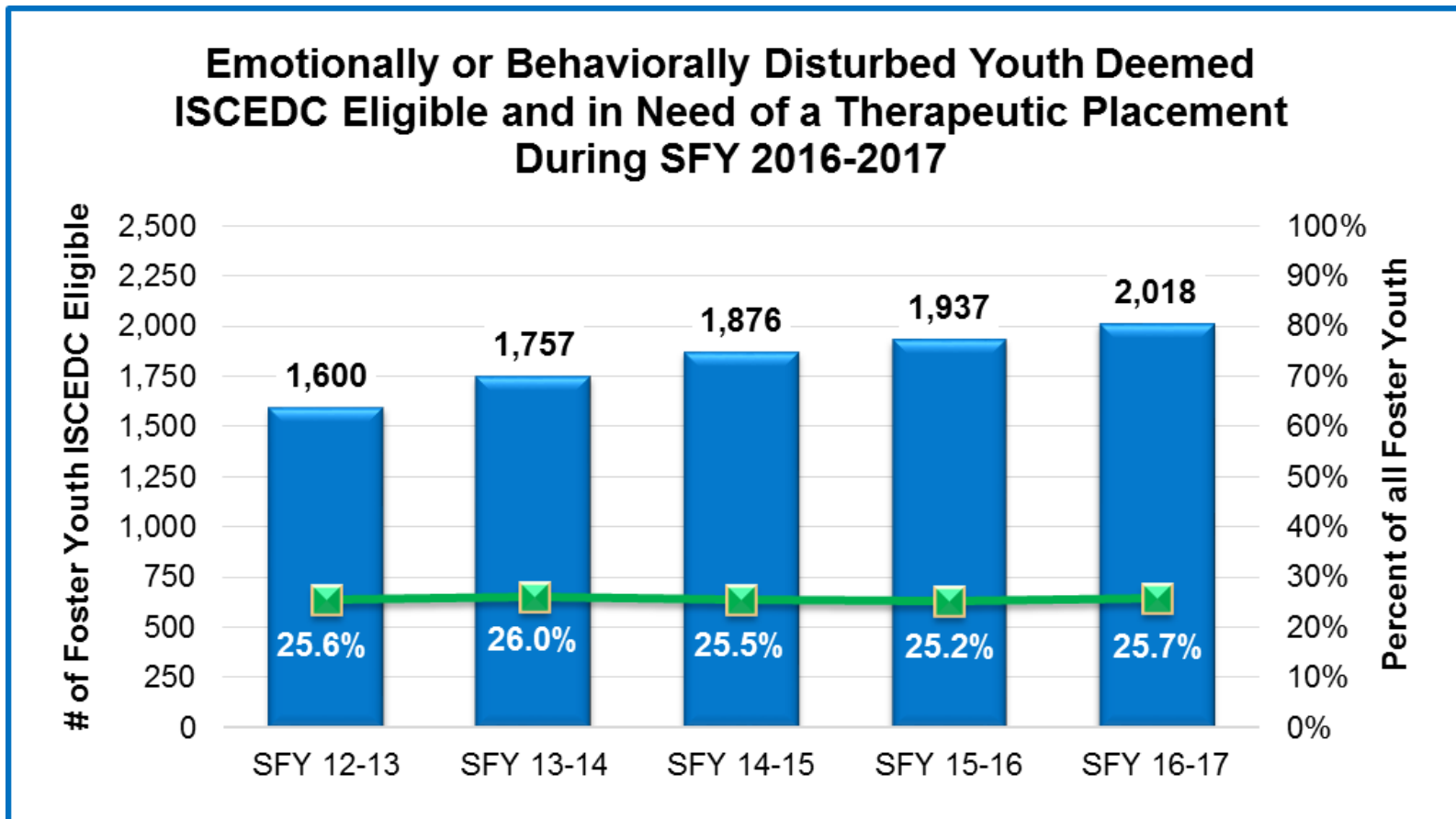


Local interagency staffing teams identify the foster children who have significant **emotional or behavioral issues**, causing them to need a therapeutic placement and special services paid with **ISCEDC funds** (funds provided from several state agencies). In addition to the ISCEDC Eligible youth reported below, the SCDSS Intensive Foster Care and Clinical Services Office (IFCCS) also provided managed treatment services for additional youth requiring special services, paid through “Special Needs” funds (explanation of each category provided on the following page):

- 12 Youth receiving “ISCEDC Step-Down Services”
- 78 Youth receiving “Post-Legal Adoption Services”
- 151 “Medically Fragile” Children
- 151 Additional youth with various special needs



*Data: SCDSS - IFCCS Administrative Office (effective June 2017)  
Design: SCDSS - Accountability, Data, and Research Division*

**During SFY 2017 Additional Youth (Who Were Not ISCDEC Eligible)**  
**Received Specialized Care through “Special Needs” Funding and Managed Treatment Services through IFCCS Offices**

*“Special Needs” funding provides managed treatment services through IFCCS Case Management for youth who are not ISCDEC eligible but still have unique circumstance requiring more than routine foster care, service coordination, and/or provider training in order to help the youth achieve their highest level of functionality. Many times the special treatment services needed and provided by the therapeutic foster parent(s) are not Medicaid reimbursable; in such situations, the agency pays higher per diem rates to “pay” for the treatment provided by the family.*

**12 Youth receiving “ISCEDC Step-Down Services”**

An “ISCEDC Step-Down” youth is a former ISCEDC client who is no longer ISCEDC eligible due to improvement in or correction of behavioral issues. Although no longer eligible for ISCEDC funding, some youth are still case managed by IFCCS because the client had forged a bonded relationship with their therapeutic foster families and it was mutually agreed that the clients would remain with the same families, but at a reduced board rate since they were no longer deemed ISCEDC eligible.

Treatment foster parents are specially recruited and trained in medical or personal care interventions designed to meet the individual needs of the youth. Although the preference is for these clinical treatment services to be provided within a structured and supportive foster home setting, at times these youth may require hospitalization or placement in a treatment facility for extended periods of time.

**78 Youth receiving “Post-Legal Adoption Services”**

Post-Legal Adoption Services are available for any youth adopted through DSS who has recurring behavioral problems, to the point of requiring intensive case management and service coordination. Historically most of the Post-Legal youth have been former foster youth served under the ISCEDC umbrella. However, former foster youth who never were approved for ISCEDC services and/or were served in one of the “Special Needs” populations may also qualify for Post-Legal Adoption Services.

**151 Additional Youth Receiving Special Services**

These youth are between the ISCEDC world and medically fragile, i.e. they don’t meet criteria for either, but cannot live in a regular foster home because they need many supports to function daily. This category includes, but is not limited to, youth with

- Severe developmental delays, but without a behavioral health diagnosis (thus not ISCDEC eligible) and without a complex medical diagnosis (thus not “Medically Fragile”).
- Autism, which is classified as a developmental disorder; unless the youth has other substantial health issues for which there is no cure, he does not meet the “Medically Fragile” criteria, and unless there is a separate diagnosed mental health or behavioral issue, he does not meet the ISCDEC criteria.
- Other intellectual disabilities, but without an accompanying behavioral health diagnosis (thus not ISCDEC eligible) and without a complex medical diagnosis (thus not “Medically Fragile”).
- Behavioral/mental health issues above the norm (but not severe enough to be ISCEDC approved), who are approved for “Difficulty of Care” increased board payments to compensate the foster parents for the extra investment required in raising the youth.

**151 “Medically Fragile” Youth**

“Medically Fragile” youth have moderate to severe medical or physical problems. Medical Treatment Foster Home Services (MTFHS) are provided for these medically complex children through either long-term individualized care or for shorter placements. Although MTFHS are primarily medical in orientation, they may include related treatment and personal care services for youth who also have moderate to severe physical or developmental disabilities.