South Carolina Department of Social Services

2025 – 2029 Health Care Oversight and Coordination Plan

Overview

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state Medicaid agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

The South Carolina Department of Social Services (SCDSS) has undertaken a comprehensive reform of its child welfare system with a special focus on the health care needs of children in foster care. In partnership with the South Carolina Department of Health and Human Services (DHHS), Select Health[1], other state agencies, and in consultation with various advisory groups and external stakeholders, SCDSS is redesigning the way health, behavioral health, and dental services are organized and delivered to children in foster care. SCDSS is building on opportunities present in South Carolina's Medicaid program to bring together in a holistic way the resources, capabilities, and talent needed to meet the needs of children in care.

In August of 2018 the co-monitors approved the SCDSS health plan related to commitments made in the Michelle H. v. McMaster Final Settlement Agreement (FSA). This plan included the Department's goals, system components, and activities around health care delivery to children in foster care. In February of 2019 SCDSS published an addendum to the plan related to care coordination, describing the partnership between SCDSS, SCDHHS, and Select Health to ensure that all children in foster care received required screenings, assessments, follow-up services and supports, and the integrated health care coordination framework that ensures these things will occur. Although separate, the requirements set forth in this 2025-2029 Health Care Oversight and Coordination Plan support the health plan and related addendum required and approved by the co-monitors of the Michelle H. v. McMaster FSA. The SCDSS Wellbeing Team is in the process of reviewing and making necessary updates to this plan to reflect recent efforts. To review a copy of the FSA health plans and related addendum please see appendix 1 and 2. Additionally the Healthcare Implementation Plan can be found here and the related addendum here.

As required by Section 422(b)(15)(A) of the Act the 2025-2029 Health Care Oversight and Coordination Plan outlines the below required elements:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
- How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
- How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record;
- Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
- The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
- How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

[1] The single managed care organization (MCO) serving children in foster care

- The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
- Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

SCDSS wants all children in foster care to be appropriately screened and assessed and receive the follow-up services they need. Children can come into foster care with little known or documented about their health history or medical, dental, and mental health needs, and these initial assessments and comprehensive assessments are critical to drive early identification of needs and matching services. Early coordination to track these assessments, identify needs, and procure necessary services, will assist SCDSS in placing and stabilizing children in a placement most suitable for their needs.

SCDSS has worked diligently to implement a system of health care management and coordination for children in care, consistent with the federally-approved National Committee for Quality Assurance (NCQA) and American Academy of Pediatrics (AAP)'s best practice standards. Through a contract with Select Health, early and periodic screening, diagnostic, and treatment (EPSDT) health and developmental screenings are available to children in foster care. These screenings follow the American Academy of Pediatrics periodicity schedule. Comprehensive medical, behavioral, and dental health screenings are conducted within 30 days of a child entering foster care, with the exception of children who need emergency or forensic examinations, which will occur sooner.

SCDSS has committed to the following timelines related to collecting health information, initial assessments, and comprehensive assessment.

- Within 72 hours of the child's entry into foster care the foster care case manager will gather all necessary educational and healthcare information for completion of the child's Education and Health Passport, which is to be updated at least every 3 months.
- The foster care case manager will schedule the initial medical and mental health assessments within 1 business day of a child's removal to foster care. The SCDSS Wellbeing team schedules a dental health assessment within 14 days of a child's entry into foster care.
- With assistance from the SCDSS Wellbeing team the foster care case manager facilitates completion of a comprehensive medical assessment (the well-child visit) within 30 days of the child's initial medical assessment, if a comprehensive medical assessment was not completed during the initial medical assessment

- During the initial well-child visit mental and behavioral health needs are assessed. If any initial needs are identified the Wellbeing team assists in coordinating diagnostic assessments when needed.
- If a child is under the age of 3 at the time of their removal, the Wellbeing team coordinates a referral to BabyNet, South Carolina's interagency early intervention system for infants and toddlers.
- If a child is suspected or known victim of acute physical or sexual abuse, the foster care case manager schedules a forensic exam within 24 hours.
- The initial dental assessment occurs within 30 calendar days of entering foster care. If the child is less than 1 year of age or has not had a tooth emerge, or the provider is unwilling to re-exam the child due to previous encounters within 6 months, an oral exam during the EPSDT/well-child visit is acceptable.

In 2022 SCDSS hired five healthcare quality improvement coordinators (HQICs). This team was developed to streamline and improve the process around connecting children who entered foster care with providers for well-child visits. A nightly report on children who entered foster care the day prior is utilized to identify children who need well-child exams. The HQIC team contacts each foster parent from this report to schedule these initial visits. Because this team is working immediately with the foster parents and their preferred provider, collaboration has improved, and children are being seen for these initial visits more quickly and consistently.

To monitor ongoing healthcare screening needs, CAPSS reports are available. Healthcare encounters are captured in CAPSS[2] with support and monitoring by the SCDSS Health and Well Being team. CAPSS provides a report that tracks the latest medical screening visit data entered for each child in foster care and, based on the periodicity scheduled and the child's age, estimates the date for the next required visit. This report is able to provide both aggregate and child-level data to readily identify children who are overdue.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home

Upon a child's entry into foster care the foster care case manager gathers information necessary to complete the child's education and health passport, which requires updating at least every 3 months. In addition, the FAST and CANS are used to assess a child and family's needs, including several domains/items specific to health and well-being needs. The initial CANS assessment is completed with the child/youth and family and is finalized at the 25-day CFTM. The initial FAST assessment is completed during initial contact during the investigatory phase of the case. A final FAST is completed by day 15 of the investigatory phase and is updated by family preservation services if the case is indicated and transferred to the family preservation program.

When a FAST or CANS identifies a need for any of the medical items, CAPSS sends an automated medical alert. The SCDSS nursing team receives this information and reaches out to case manager to address any immediate or ongoing treatment needs. These alerts expedite the nurse's awareness of children who may have complex medical needs so the nursing team can

[2] SCDSS' SACWIS system

follow the child's case and provide support as needed. Additionally, the nursing team joins child family team meetings (CFTMs) anytime a medical or dental concern is flagged in the preparation work for the CFTM.

The South Carolina CANS assessment includes items related to trauma, including the potentially traumatic/adverse childhood experiences domain. This domain includes several items indicating particular traumas a child may have faced. Additionally, the adjustment to trauma item is included in the CANS assessment, which is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth.

As discussed in the prior section, a nightly report is generated and sent to the HQIC team, identifying children who entered foster care the day prior. This nightly report identifies children who need to have initial medical assessment completed, notifying the HQICs so they can begin coordination with the foster providers. Additionally, the SCDSS nursing team reviews EPSDT visit summaries to flag any follow up identified by the provider, creating action steps and a case manager completion due date in CAPSS.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record

A child's medical information is uploaded to the CAPSS system via the health and education passport. This passport includes the child's educational grades, school records, Medicaid card, developmental assessments, records or assessments from childcare providers, and immunization records. The foster care case manager completes this information initially, and then provides the form to the foster care provider. The provider is to take the passport to all school meetings and medical visits for the child and work with the medical provider(s) to update as needed. The foster care case manager reviews and updates the passport ongoing, at a minimum of every 3 months. A copy of the education and health passport is included in appendix 3.

SCDSS receives monthly claims data from SCDHHS for children in foster care. This data aids SCDSS in its evaluation and completeness of its CAPSS data entry. The SCDSS Health and Well Being team has developed a monthly process to review any new CAPSS records where a Medicaid number is missing to resolve any discrepancies across the 2 systems.

Following a visit with a healthcare provider, the SCDSS Healthcare Data Coordinators (with the Wellbeing team) follow up with the provider to obtain the after-visit summary. This document is then linked in CAPSS. The Wellbeing team is working to develop a training that will support the Healthcare Data Coordinators in reviewing the after-visit summaries to capture immediate treatment needs and coordinate an alert to the SCDSS nursing team.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

Although in the process of being updated, much of the FSA health plan care coordination addendum remains accurate in describing the overarching processes of care coordination. Please refer to appendix 2, which includes the February 2019 Health Plan – Care Coordination Addendum.

SCDSS works closely with SCDHHS and Select Health to coordinate health care needs for children in foster care. Select Health is the MCO that provides healthcare coverage for approximately 94% of children and youth in foster care. In partnership, this group has participated in ongoing improvement efforts including joining the Foster Care Learning Collaborative (also known as the Foster Care Affinity Group). This group is sponsored by the Centers for Medicare and Medicaid Services (CMS) in collaboration with the Administration for Children and Families (ACF) and has a goal to support Medicaid agencies' efforts to improve health outcomes for the foster care population. South Carolina is 1 of 11 states participating in this group.

Through ongoing collaboration this group has specifically sought to improve upon the completion of comprehensive health assessments. Recognizing that children and youth who enter foster care often have complex medical, mental health, developmental, oral health, and psychosocial needs SCDSS, SCDHHS, and Select Health have sought to establish processes to ensure these children are seen early and often to assess their needs, to document findings of child abuse and/or neglect, to support them and their families through the adjustment to foster care, and to ensure that all necessary referrals and services are in place. This group has identified barriers to timely care and has worked to overcome them through provider engagement and education, outreach, and improving access to records.

To continue improving the continuity of health care services SCDSS is in the process of working with the SCDHHS to establish clear roles and responsibilities across SCDSS, SCDHHS, and Select Health. The SCDHHS holds a contract with Select Health, which is currently being amended to specifically focus on the care coordination of foster care children and will further expand upon the identification of appropriate services. Additionally, the SCDSS CQI team is assisting in clarifying the processes and roles across entities.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

SCDSS has implemented a number of efforts to oversee safe and effective use of psychotropic medications that includes training, policies and procedures, an informed consent process, as well as a review of psychotropic data. SCDSS staff is provided a comprehensive training on the oversight of psychotropic medications. This training was developed to promote the safe and effective usage of these medications. Additionally, health care oversight and psychotropics training is offered to Guardian ad Litems, attorneys, foster parents, and prescribers.

In 2022 SCDSS updated a policy for psychotropic medication informed consent. Informed consent promotes safe, appropriate, and effective use of psychotropic medication for children in foster care through shared medical decision making. A medical consenter is the initial contact with the prescribing physician whenever a medication is prescribed. Therefore, a system of informed consent is critical for the oversight of psychotropic medication. This policy requires DSS Form 2056 (Psychotropic Medication Informed Consent) be completed for any child who is to be administered a psychotropic medication. The specific condition, symptom, or diagnosis is to be documented, including the benefit of the medication, noting any alternate medication or non-medication options available. If alternate treatments are available it must be documented why the psychotropic medication is being selected as the treatment. Additionally, risks of taking and not taking the medication are documented. For more information, please review the policy which is attached as appendix 4.

To provide additional oversight and review of psychotropic data, SCDSS receives Medicaid data for children/youth in foster care having one or more red flags for psychotropics. For children under the age of six with three or more red flags and/or who are on antipsychotic mediations the SCDSS Well Being team holds regional staffings to review the reasons the child is on these medications. The staffing team looks at the reasons for the red flags and considers if other interventions could be used. Additionally, the Well Being team participates in CFTMs to discuss red flags and identify related needs. The SCDSS Well Being team includes a psychiatrist who assists in the oversight of psychotropic medication usage.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children

The South Carolina MCO contract, held by DHHS, specifies the responsibilities of the Select Health's care management system, staffing, and processes. These responsibilities include:

- The assessment of a member's physical health, behavioral health, and social support service and assistance needs,
- The identification of physical health services, behavioral health services, and other social support services and assistance necessary to meet identified needs, and
- The assurance of timely access to and provision, coordination, and monitoring of the identified services associate with physical health, behavioral health, and social support service and assistance to help the member maintain or improve his or her health status.

The MCO contract requires Select Health to have a care management and coordination system that: identifies members with complex conditions and refers them for care management services; and determines the need for enhanced services that may be necessary for the member.

Although most children in foster care are enrolled in the Select Health MCO program, there are some who are ineligible. To ensure access to care, the SCDSS nursing team follows these children to ensure assessments are completed and any necessary follow-up care is delivered. This includes connecting with the case manager to support them and the foster parent in any healthcare needs, reviewing the child's immunization status, sending the foster parent information on how to submit health care bills for payment, assisting the foster parent in scheduling medical/behavioral assessments and visits, and reviewing findings from EPSDT visits, creating action items as a result of those visits if necessary.

The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses

SCDSS promotes safety and well-being by placing children in the least restrictive, most appropriate, and most stable placements available. The CANS assessment is used to assist in identifying the child's needs, which inform the level of care for that child. The assessment and placement process considers diagnoses, history with the child welfare system, behavioral health, physical health, and other factors which may impact placement needs.

When a mental health item identifies a need through the assessment, a notification is sent to the SCDSS Well-Being team who is able to assist in identifying and offering appropriate supports for that child. This helps to ensure children's mental health needs are being appropriately identified and needs met.

In 2023 SCDSS published policy for placement in a qualified residential treatment program (QRTP). If a CANS recommends group care or QRTP placement as the appropriate level of care for a child, the policy outlines the comprehensive and collaborative approach to ensuring this placement type is most appropriate for the individual child's needs. QRTP placement is determined through comprehensive and collaborative assessment, including the case manager, team leader, assessment and planning coordinator, qualified individual (therapeutic service coordinator), and the SCDSS well-being team. A special call child and family team meeting (CFTM) is held to further engage the child and family team. Following this CFTM the qualified individual completes a full assessment to include the following:

- Review of information on the child, scheduling interviews with the child and family.
- Review of the CANS and coordination with the case manager with any conflicting information regarding the child following the interviews.
- Completion of the Qualified Individual Assessment (see appendix 5), sending the completed assessment to the case manager, team leader, and placement team.
- Documentation in the SCDSS CAPSS system of the assessment
- Discussion of the findings and results of the assessment with the youth, if appropriate, and their family.

To review the full SCDSS QRTP policy see appendix 6.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The Chafee/ETV program, administered by SCDSS, coordinates efforts with Select Health to provide former foster youth with information and access to resources. Foster care youth begin participating in transition planning, beginning at age 14. The transition plan addresses many independent living skills and needs, including health and wellbeing needs of the youth. The Chafee/ETV program works with youth to ensure they have access to essential identifying documentation, such as their birth certificates and social security card. Additionally, the program educates youth and young adults, so they are aware of their eligibility access to Medicaid and have the appropriate contact information for the Medicaid office. The program stresses the importance of providing current contact information and the renewal of eligibility every year to young adults. The program discusses with youth and young adults now to navigate this process, including identifying a provider closest to them, understanding co-pays, needed communication skills to make appointments, and the commitment to attend the appointment. Youth and young adults are encouraged to ask questions regarding the process and their care, including discussing and asking questions to feel comfortable with medications prescribed.