



State of South Carolina

Department of Social Services

Work Aid 511.1: Group Care Utilization Management Process

Supplemental to DSS Policy 511: Chapter 5 – Foster Care

A. New Entries: Request for Emergency Approval (valid for 5 days) and Provisional Approval (valid for 30 days)	1. When the case manager and team lead determine that the search for relative placements has been exhausted; and the placement coordinator has exhausted efforts to identify non-kin foster family home placement; the Investigation Team Lead and Placement Team Lead shall, at a minimum, provide the County Director or designee via email the following: a. DSS Form 37509; b. DSS Form 37507; and c. Current Universal Application. 2. Within 2 hours of receiving the Emergency Approval request packet, the County Director or designee shall decide (a) if reasonable efforts to identify a family like placement setting have been made and (b) whether emergency placement in therapeutic group care is supported. The emergency approval is valid for five days from the date approved. 3. An Initial Child Family Team Meeting (CFTM) referral must be made within 24 hours of child entering care and a meeting must be held within 1 business day of the request to focus on the following critical decisions and activities: a. Removal decision; b. Gather information to help determine Level of Care; c. Placement setting; d. Explore family support network e. Begin developing DSS Form 1561, Therapeutic Determination Plan (TDP), by the Wellbeing Team. The TDP is a plan completed by the Therapeutic Services Coordinator that reviews all the initial assessment information and provides context to the needs of the child and family within the first 35 days of the child entering foster care. Note: The information referenced above will be used by the County Director or designee in considering any request to continue therapeutic group care placement beyond five days. 4. A Joint Case Consultation, which is co-led by the Placement Team Lead and Investigation Team Lead, occurs no later than three business days from the emergency approval and will focus on the following: a. Follow-up on recommendations from the Initial CFTM
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	b. Refining and finalizing the TDP through the facilitation of the Wellbeing Team; and c. Coordinating roles and responsibilities for the Investigator and foster care case manager, placement coordinator, CFTM facilitator, and therapeutic service coordinator for action items identified in the TDP. 5. Provisional Approvals can be requested to authorize continued placement in therapeutic group care after the emergency approval is expired. The request shall be made and approved before the Emergency Group Care Placement approval expires. The Investigation Team Lead and Placement Team Lead shall, at a minimum, provide the County Director or designee the following via email (email template shown in section H): a. Updated DSS Form 37509; b. Updated DSS Form 37507; c. Current Universal Application; d. FAST; e. Educational Records; f. CFTM Summary Notes; and g. DSS Form 1561. 6. If the Provisional request is approved, it is valid for an additional 30 days.
B. In-Care: Request for 35-Day Provisional Approval – Approval by County Director	1. A Placement Child and Family Team Meeting (PCFTM) for an in-care foster child, moving to moderate or enhanced group care, must occur within 48 hours of the request and will focus on the following critical decisions: a. Level of care based on updated Child and Adolescent Needs and Strengths (CANS) tool; b. Review of Diagnostic Assessment (DA), if applicable; c. DSS Form 37509; d. Updated Universal Application e. Develop or update DSS Form 1561; f. Family connections; and g. Services needed. 2. When a PCFTM occurs, the team determines therapeutic interventions needed, and relative placements and non-kin foster family home placements have been exhausted, the foster care team lead shall, at a minimum, provide the County Director, Adoption Administrator, or designee via email the following: a. Updated DSS Form 37509; b. Updated DSS Form 37507; c. Current Universal Application; d. FAST; e. Educational Records; f. CFTM Summary Notes; and g. DSS Form 1561. 3. If the Provisional request is approved, it is valid for an additional 35 days. Note: Adoption Administrator applies when adoption services line is open.

C. Request for Initial Determination Approval by Regional Leadership and Placement Services Team Coordinator	1. Prior to Initial Approval request being made, the Placement Team Lead and Foster Care Team Lead conduct a Joint Case Consultation no later than five business days from the previous approval's expiration date and will focus on the following: a. Follow-up on recommendations from 25-day CFTM b. Group Care plan of care c. CANS d. Review all family-like setting searches 2. If a family-like setting has not been identified, the Foster Care Team Lead submits a request to the County Director within five business days prior to previous approval's expiration. 3. The County Director/Adoption Administrator will determine if the below documents support the need for escalation to the Regional Director and Placement Team Coordinator to request a 45-day Initial Approval. The following must be included and sent via email: a. Initial and 25-Day CFTMs have been completed b. Completed CANS that indicates level of care c. Developed DSS Form 1561 with recommendations of therapeutic services d. Updated Universal Application e. Educational Records f. Joint Case Consultation notes g. Therapeutic interventions are needed; and h. Efforts to identify relative placements and non-kin foster family placements have been exhausted or DSS Form 2632 has been completed and linked in CAPSS. 4. If the Regional Director and Placement Team Coordinator authorize the Initial Approval for group care placement, the approval is valid for an additional 45 days.
D. Request for Continued Stay in Therapeutic Level Group Care Approval Beyond 90 Days by State Office Leadership	1. Prior to all Continued Stay Requests, a joint consultation with internal and external providers must occur to determine if therapeutic services in a group care setting continue to support the therapeutic needs of the child. 2. Foster Care Team Leaders will email request packet for continued stay approvals based on the CFTM summary notes, joint case consultation recommendations, DSS Form 1561, CANS, and the team determines: a. Continued need for therapeutic interventions; and b. Efforts to identify relative placements and non-kin foster family home placements have been exhausted; or c. Therapeutic interventions cannot be provided at home, in relative placements, or in non-kin foster family home placements. 3. The Regional Director and Placement Team Coordinator shall be provided with, at a minimum: a. The child's updated Universal Application; b. Completed CANS Tool c. DSS Form 37507;

	d. CFTM notes; e. DSS Form 37509; f. Treatment plan from provider; and g. Transition (Discharge) Plan to a family-like setting. 4. For continued stays in group care after 90 days, a request is made to the County Director/Adoption Administrator who will determine if appropriate for escalation to the Regional Director and Team Coordinator Placement Services who will then determine if it is appropriate to escalate to the Assistant Regional Operations Director, Lead Clinical Specialist of Health and Wellbeing, and the Placement Team Director for an approval. 5. For group care stays exceeding 135 days, a request is made to the County Director who will determine if it is appropriate for the escalation to the Regional Director and Team Coordinator Placement Services who will then determine if it is appropriate to escalate to the Directors of Child Welfare Services Operations, Health and Wellbeing, and Permanency for an approval. 6. If approved, each approval is valid for 45 days and may be extended one time by the Director of Operations and the Director of the Office of Child Health and Wellbeing. Subsequent requests must be escalated to the Deputy State Director of CWS or the Senior Director of CWS. 7. All continued stay approval requests beyond 180 days <u>must</u> be reviewed by the Deputy State Director of Child Welfare Services or Senior Child Welfare Services Director. The Deputy State Director of CWS or Senior CWS Director may request a consultation for additional information. 8. All children who remain in group care placement beyond 90 days <u>must</u> have a Certified facilitator led CFTM every 90 days to ensure the current placement supports the child's therapeutic needs.
E. Approval of Therapeutic Level of Service in Moderate or Enhanced Group Care Beyond 180 Days	1. Requests for placement in therapeutic group care settings beyond 180 days must be made to the Deputy State Director of Child Welfare Services or the Senior Child Welfare Services Director. 2. The County Director/Adoption Administrator shall review the request and decide whether it is appropriate to send it to the Regional Director and Placement Team Coordinator for Continued Utilization Authorization via email. A meeting will be convened, if needed. 3. The Regional Director and Placement Team Coordinator will then determine whether the request is appropriate to escalate to the Child Welfare Services Directors of Operations and Child Health and Wellbeing. The request will be sent via email and requires an administrative review meeting, facilitated by the Child Welfare Services Operations Director, and includes the Director of Child Health and Wellbeing or designee, and a representative of the regional team making the request. The

	administrative review will result in a decision to escalate or deny the request. 4. If the Child Welfare Services Operations Director and the Director of Health and Wellbeing determine the request is warranted, the request will be escalated to the Deputy State Director of Child Welfare Services or the Senior Child Welfare Services Director. An administrative review is required and will include the Deputy State Director of Child Welfare Services or the Senior Child Welfare Services Director, the Child Welfare Services Operations and Health and Wellbeing Directors, and the regional team. 5. If approved, this authorization is valid for no more than a period of 45 days from the date it is approved.
F. Denial of Continued Utilization of Therapeutic Level of Service in a Moderate Care Setting	1. If the request for continued stay in moderate or enhanced group care is denied: - The decision maker may ask for additional information. - The decision maker may reply with recommendations for the case manager and placement coordinator regarding in-home services, kinship placement, and non-kin foster care placement. - The decision maker may require an action plan to be developed in 3 business days, including any requirement to move the child from the group care setting within the designated timeframe. 2. Once a decision is made (approval or denial), the Group Care Utilization Management Coordinator (GCUM) updates the GCUM tracker and the requestor documents the decision in CAPSS. If an action plan was developed, the case manager enters the action plan in CAPSS. If request is denied, the county can request a meeting within 24 hours to appeal denial.
G. Request and Response Routing Process	1. Emergency and Provisional approval requests to County Director - Emergency requests may initially be made verbally but <u>must</u> be followed by an email with the required documentation and information. The decision maker's signature is required. - For Provisional approvals, the Team Lead emails the Provisional Group Care request packet to the County Director. - Provisional approval requests <u>must</u> be sent 3 business days prior to the last approvals expiration date. - County Director or designee <u>must</u> respond within 2 hours; if not, the requester will follow up with a phone call. 2. Initial Group Care approval requests for Regional Director and Placement Team Coordinator - Team Lead emails the Group Care request packet to the County Director to determine if the request is appropriate for escalation. - If appropriate, the County Director emails the request to Regional Director and Placement Team Coordinator within 5 business days and before the expiration of the prior approval.

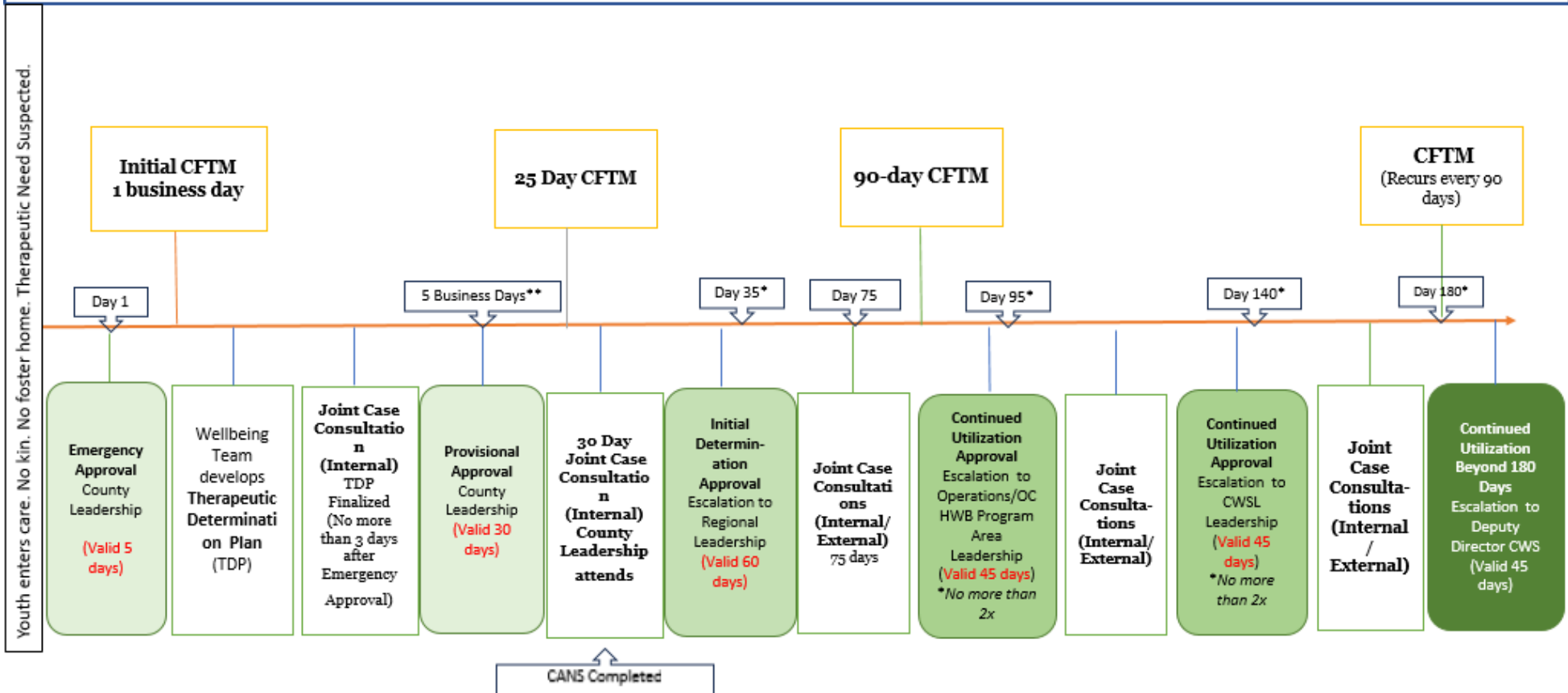
	c. The Regional Director and Placement Team Coordinator will determine who will respond. A response, approving, denying, or requesting further information, <u>must</u> be sent within 2 hours; if not provided, follow up with a phone call. 3. Continued Stay Approvals beyond 90 days a. All approval requests begin at the county level and the County Director, Regional Director, and Placement Team Coordinator determine whether a request should be escalated to State Office. (See timeline) b. If appropriate, the Regional Director sends an email to designated State Office Leadership (refer to timeline) within 5 business days and before the expiration of the prior approval. c. A response is required within 2 hours; if not provided, follow up with a phone call. 4. The decision maker or designee shall respond “received” to ensure request is being reviewed. 5. Designated decision maker can also request additional information or a meeting to assist with making a decision.
H. Email Template for all Approval Requests	Requests for group care approval shall only be sent when a therapeutic need has been identified and no family-like placement is available. 1. The Team Lead sends requests for group care placements to the County Director via DSS Form 1563. 2. If a request is approved or appropriate for escalation, the County Director includes, at minimum, the following recipients in the email request: a. Designated decision maker (if escalated request), b. Placement Team Lead c. Program Area Team Lead d. Therapeutic Service Coordinator e. GCUM Program Coordinator f. CFTM Regional email g. Placement Regional email 3. The subject of the email shall read: GCUM Request for Age/Sex/First and Last Name of Child (<i>County</i>) and the body of email shall read: (Greeting), Please see attached documentation regarding placement of (<i>Age/Sex, Name, Date of Birth</i>). We have exhausted the search for a family-like setting at this time. Through a concurrent search, (<i>Name of Group Home, a Moderate/Enhanced facility</i>), has accepted placement. Please review and let us know if we may have permission to utilize group care while we continue our search for a family-like setting. Enclosed: List all attached documentation to help distinguish if the request is for a new entry into group care or a ‘step up’ into group care. 4. Attach the following documents, at minimum, for review: a. Universal Application;

	b. CANS Assessment Tool c. DSS Form 37507; d. CFTM summary notes; e. DSS Form 37509; and f. DSS Form 1561. 5. Documentation for all requests shall be entered in CAPSS in accordance with the following: a. The Placement Division must enter dictation of group care approval request, barriers to identifying foster family home placement, and next steps for diligent effort. b. Case Manager documents all family search and engagement activities. c. CFTM Facilitator must complete Section III on the FPP in CAPSS and dictation of CFTM summary notes d. Team Lead documents the approval request, response, and recommendations (if applicable). e. The GCUM Program Coordinator must be included on all emails. 6. Each county or adoption office must have a designated staff to track and keep updated all group care requests and decisions.
I. 90-Day Re-Occurring CFTMs	1. A CFTM is required every 90 days following the first Continued Utilization Approval and will consider the following: a. What are the presenting needs of the child? b. Are therapeutic interventions adequately supporting the presenting needs of the child? c. What is the plan to transition the child to kin or non-related family-based placement with appropriate supports and services? d. If so, what assessments and evaluations are needed to determine ongoing therapeutic supports. e. If not, what non-therapeutic interventions are needed to support the child. 2. All 90-day CFTMs must be facilitated by a certified facilitator from the Placement division. 3. The facilitator must document every CFTM in Section III of the Family Permanency Plan. 4. The following attendees are required for CFTMs when a child is placed in a moderate or enhanced group care setting, whenever it is possible and to the extent it is in the child's best interests: a. Parents/legal guardian b. Children, if age (13 and older required) and developmentally appropriate c. Case Manager and/or Team Lead (Investigations and Foster Care) d. Family Team members (i.e., family relatives, fictive kin, friends, church, and identified supports) at the family's request e. GAL, Legal rep, etc. f. Placement Providers (Group Home, Foster Parents or Provider Representative)

	g. Other social supports (optional, at family's discretion) h. Well-Being Team (Therapeutic Services Coordinator must attend Initial and 25-day CFTM) i. Placement Coordinator
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Appendix A

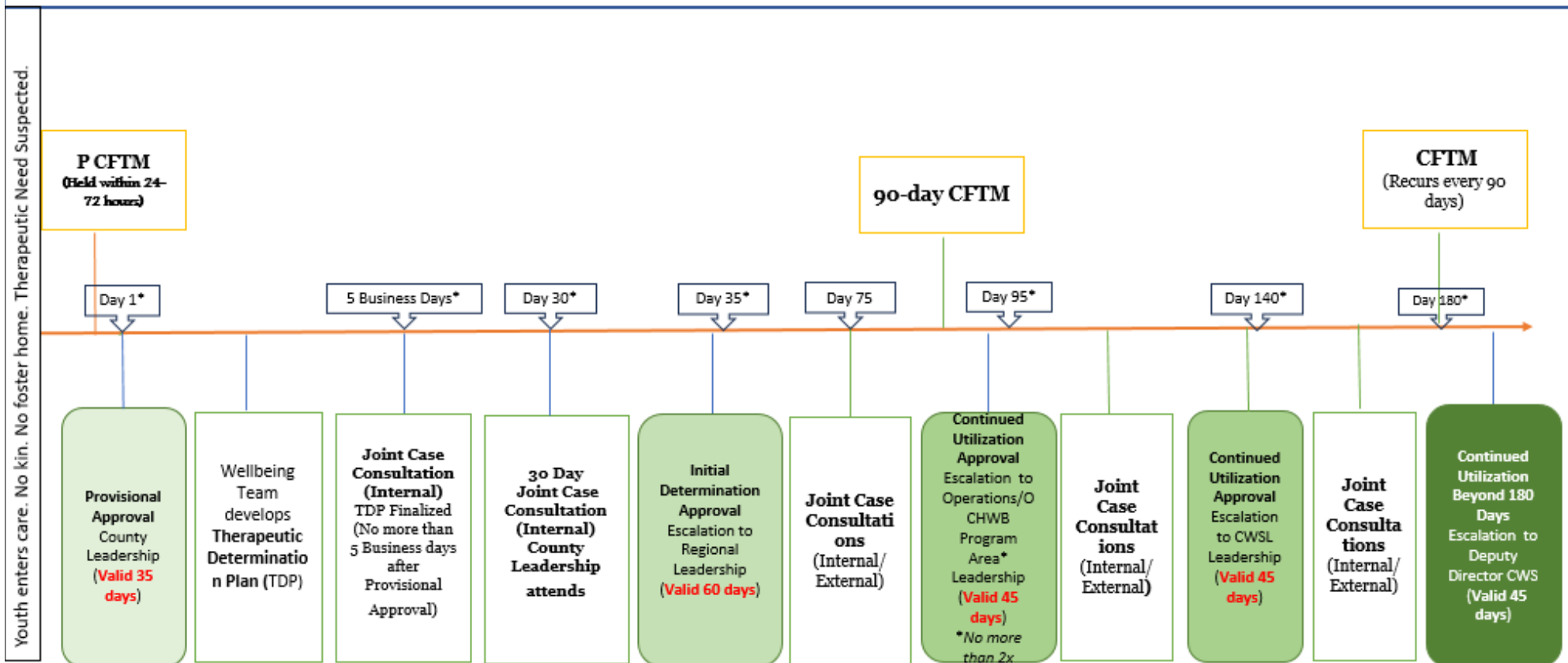
New Entries – Initial Placement in Moderate/Enhanced



* Days calculated from Day 1 – Date of Placement

Appendix B

In Care – Placement in Moderate/Enhanced



*Days calculated from Day 1 – Date of Group Care Placement