



South Carolina Department of Social Services

Work Aid (5.5) – Case Manager Contacts with Children, Youth, and Young Adults

Supplemental to DSS Policy: Chapter 5 Foster Care

A. Phases of a Case Manager Contact with a Child, Youth, or Young Adult	1. A Case Manager contact with a child, youth, or young adult consists of three phases: before, during, and after. 2. Before the contact with the child, youth, or young adult, the Case Manager: a. Considers the schedules of the caregiver and the child, youth, or young adult in identifying the time the contact will occur. b. Considers the length and location of the contact to support an open and honest conversation. c. Gathers and reviews case documents, the Family Permanency Plan policy, and related data and information. d. Reviews documentation of the last contact to assess what follow-up was completed. e. Makes any collateral contacts with key individuals in the case (e.g., therapist, treatment provider, doctor, school personnel) to assess progress and concerns. f. Sets a clear purpose and agenda for the contact. g. Identifies issues and concerns to explore (with room for adaptation during the contact). h. Considers and plans for Case Manager safety. 3. During the contact with the child, youth, or young adult, the Case Manager: a. Reviews the objectives and agenda for the contact and incorporates input from the child, youth, or young adult, and the caregiver into the discussion. b. Demonstrates genuineness, empathy, and respect. c. Suspends biases and avoid judgments. d. Seeks to promote an interaction in which the child, youth, or young adult and the caregiver feels comfortable discussing challenges and needs.
--	--

	e. Talks with the caregiver and the child, youth, or young adult separately to allow for privacy in sharing concerns. Talks with the child, youth, or young adult alone. f. Communicates support and partnership and listens. g. Assesses the child, youth, or young adult's safety and risk (including identification of safety threats, vulnerabilities, and protective capacities). h. Explores the well-being of the child, youth, or young adult. i. Asks developmentally appropriate questions. j. Discusses Family Permanency Plan goals, progress toward goals since the last contact, and actions needed in language that the child, youth, or young adult can understand. k. Identifies strengths and opportunities for the child, youth, or young adult. l. Identifies concerns, changing circumstances, and challenges expressed by the child, youth, or young adult. m. Observes what is happening in the placement setting. n. Discusses what the SCDSS will do to support the family to meet identified needs and expectations for the child, youth, or young adult and the family. o. Identifies any needed changes to the Family Permanency Plan. p. Concludes the contact with a summary, next steps, and actions needed. q. Jointly schedules the next contact. 4. After the contact with the child, youth, or young adult occurs, the Case Manager: a. Documents key information, observations, and decisions in a concrete, concise, and nonjudgmental manner. b. Records information, as appropriate, following SCDSS' policies, into CAPSS c. Updates the Family Permanency Plan with the needs and strengths of the child, youth, or young adult identified during the contact and if applicable updates actions needed, the person responsible, and target dates.
--	---

B. Case Manager Contacts with a Child, Youth, or Young Adult in a Placement Setting	1. The Case Manager contacts the child or youth in the placement setting once every calendar month. 2. The Case Manager contacts the child or youth in an out-of-state congregate care placement setting once every calendar month. 3. The Case Manager makes weekly contact with a child or youth if the child or youth is in a temporary or emergency placement setting. 4. The Case Manager contacts a young adult that remains in a placement setting once every calendar month. The Case Manager makes virtual communication, such as FaceTime or Skype for monthly contact with a young adult that is enrolled in out-of-state post-secondary education. 5. The Case Manager contact with a child, youth, or young adult takes place in the placement setting unless it is in the best interests for the contact to be made elsewhere. Contact must be made in the child, youth, or young adult's placement setting at least every other month. The Case Manager documents best interests for the contact to be made elsewhere. 6. When the Case Manager is visiting multiple children, youth or young adults in one home or a sibling group placed together, the Case Manager spends time with each child, youth, or young adult alone and additional time with the children, youth, or young adults together. 7. If the child, youth, or young adult is placed in a congregate care placement setting, the Case Manager also meets with the staff member in charge of providing day-to-day care. 8. The Case Manager confirms at every contact that the child, youth, or young adult has a printed card containing a telephone number to contact the Case Manager and the Case Manager's office. The child, youth, or young adult is given a new card if he or she does not have one or if any information has changed. The Case Manager explains which number the child, youth, or young adult should use if he or she feels unsafe or has a problem the Case Manager is unable to resolve.
--	---

- | | |
|--|---|
| | <p>9. The Case Manager monitors whether the child or youth's caregiver is following the reasonable and prudent parent standard regarding the child or youth (refer to Section 760.3: Reasonable and Prudent Parenting).</p> <ul style="list-style-type: none"> a. The Case Manager inquires with the child or youth and the caregiver about what specific opportunities the child or youth has had in the past month to engage in age-appropriate or developmentally-appropriate activities. b. If the child or youth is placed in a foster family home (including both SCDSS-licensed and privately-licensed homes), the Case Manager inquires with the caregiver about their efforts to meet the standard for the individual child or youth. c. If the child or youth is placed in a group home, the Case Manager inquires with the official designated to apply the reasonable and prudent parent standard to decisions involving the child or youth about the official's efforts to meet the standard and the specific activities in which the child or youth has participated. d. If the foster placement expresses difficulty in determining the appropriateness of or arranging such activities, the Case Manager offers to assist the placement in doing so. e. If the Case Manager determines the caregiver is not adequately providing the child or youth with age-appropriate or developmentally-appropriate activities, the Case Manager discusses this with the caregiver. If the caregiver expresses an unwillingness or inability to provide such opportunities for the child or youth, the Case Manager informs the placement that such opportunities are required by law and a violation could constitute grounds for removal of the child or youth or revocation of the placement's license. If the Caregiver continues to object, the Case Manager consults their Supervisor and the Foster Family Licensing and Support Coordinator to determine an appropriate course of action. <p>10. All discussions with the child or youth and his or her caregivers about efforts to meet the standard and all age-appropriate or developmentally-appropriate activities in which the child or youth participated in the past month are documented into the CAPSS dictation of the monthly contact.</p> <p>11. The Case Manager reschedules a canceled monthly contact with a child, youth, or young adult within the month the contact is canceled. The Case Manager documents the reason for the canceled monthly contact and documents all attempts to reschedule. If the monthly contact is not</p> |
|--|---|

	rescheduled or feasibly cannot be rescheduled with the child, youth, or young adult, the Case Manager will document all efforts to make the contact within the calendar month into dictation. 12. By the twentieth day of the month, if there is a risk that contact with a child, youth, or young adult will not occur within the month, the Case Manager consults with their Supervisor to develop a plan to complete the contact within the calendar month.
C. Case Manager – Child or Youth Contact - ICPC	1. When a child or youth is placed out of state through the Interstate Compact on the Placement of Children (ICPC) the Case Manager: - Monitors and follows up on progress reports from the supervising state to determine if monthly face to face contacts are being made and if any additional or different services are needed. - Documents receipt of progress reports from the supervising state into the case record.
D. Case Manager Former Foster Youth and Young Adult Contact	1. The Case Manager makes correspondence, telephonic or virtual communication once every calendar month for a youth or young adult who is receiving Chafee or ETV services but is not placed in SCDSS custody nor an SCDSS placement setting. The Case Manager may make additional contacts with the youth or young adult based on the youth or young adult's safety, permanency, or well-being needs. - Each monthly correspondence, telephonic, or virtual communication consists of the Case Manager assessing the youth or young adult's current situation, submitting any Chafee or ETV needed requests, and follow-up with any Chafee or ETV services. - If there are no identified services for 6 consecutive months, then the case can be closed. The youth or young adult will be able to request the reopening of the Chafee or ETV service line before reaching the age of 26. - Correspondence, telephonic, or virtual communication with the youth or young adult is documented into CAPSS dictation within the month the communication occurred
E. Exceptions to a Case Manager Child, Youth or Young Adult Contact	1. The Case Manager contacts a child, youth, or young adult in foster care once every calendar month unless one of the following exceptions occurs: The child or youth is on runaway status during the calendar month with concerted efforts to locate the child or youth documented in the case file. There must be documentation of runaway status in the case record and all concerted efforts, including legal searches, to locate the child or youth.

	b. The child, youth, or young adult is traveling out-of-state or country with the caregiver for the entirety of the calendar month with documented approval by the SCDSS. c. The child, youth, or young adult is living out-of-state for the entirety of the calendar month. There must be documentation that SCDSS made concerted efforts to make correspondence, telephonic or virtual communication with the child, youth, or young adult, caregiver, or a representative of the out-of-state agency responsible for monitoring the child, youth, or young adult's status. 2. The Case Manager or their Supervisor documents in CAPSS dictation all concerted efforts to make monthly contact with a child, youth, or young adult when a monthly contact is not conducted with the action code "Face to Face Contact Child/Youth Attempted" 3. The Case Manager completes the DSS Form 30207, the Foster Care Oversight Report to capture the exception or missed monthly Case Manager contact. The Case Manager documents the exception into CAPSS dictation using action code "Exception Report Completed" and links the form into the Case record. 4. The DSS Form 30207, the Foster Care Oversight Report must be sent to the County Director or the Program Director, and the Regional Director.
F. Documentation of Case Manager Contacts with a Child, Youth, or Young Adult	1. The Case Manager documents case happenings as appropriate and in accordance with agency policies and records key information, observations, and decisions in a concrete, concise, and nonjudgmental manner. 2. Within the documentation of the Case Manager contact with the child, youth, or young adult, the Case Manager: a. Documents contact participant relationships. Describes relationships of the participants of the contact to the child. Noting participants that were present and are not a recipient of the case. b. Quotes language and summarizes conversations of the contact participant as is relevant to the case and appropriate. Summarizing any conversation in which specific details do not provide any greater understanding of the contact, family dynamics, or parental progress. c. Strives for pronoun clarity by clearly identifying which documented participant is being referenced by the pronoun. Minimizing the use of pronouns to reduce confusion.

- | | |
|--|--|
| | <ul style="list-style-type: none"> d. Uses paragraphs by breaking sentences up into paragraphs when subject changes. e. Avoids duplication and does not copy, paste or repeat information from last dictation of a Case Manager contact. Only addresses information that has changed or note that there has been no change. Additionally, the Case Manager does not document information that is already documented elsewhere in CAPSS. If needed, the Case Manager references the information and where it can be found in CAPSS. f. Only uses acronyms or abbreviations that are approved by SCDSS and do so after the phrase has been spelled out in the initial reference. g. Documents what happened at that contact on that day. The Case Manager understands that some topics may not be covered at every visit, such as foster parent discipline. <ul style="list-style-type: none"> 3. Documentation of a required monthly contact with a child, youth, or young adult is entered into CAPSS dictation before the end of the calendar month in which the contact occurred. The Case Manager uses narrative format, avoids use of templates and copying/pasting documentation from previous Case Manager contacts with a child, youth, or young adult. The Case Manager documents what happened during the contact, describing conversations, interactions, decisions made, and observations. The Case Manager focuses on items that were discussed, addressed, or observed during the contact. 4. The Case Manager documents the required monthly contact with a child, youth, or young adult in CAPSS dictation with the action code "Face to Face with Child/Youth". 5. The Case Manager documents the location where the required monthly contact with a child, youth, or young adult took place in CAPSS dictation with the appropriate action code. <ul style="list-style-type: none"> a. For a contact made in the home or place of residence the Case Manager uses action code "Location - Home/Facility Visit". b. For a contact made in the SCDSS office, the Case Manager uses action code "Location – Office Visit" c. For a contact made in any place other than the home or current place of residence, or the SCDSS office, the Case Manager uses action code "Location – Other" |
|--|--|

- | | |
|--|--|
| | <p>6. The Case Manager details the following in their documentation of a contact with a child, youth, or young adult in CAPSS dictation:</p> <ul style="list-style-type: none">a. Participants<ul style="list-style-type: none">i. The Case Manager lists everyone present during contact and the relationship to the child, youth, or young adult.b. Date and location<ul style="list-style-type: none">i. The Case Manager inputs the date the contact occurred when initiating the dictation in CAPSS.ii. In addition to selecting the appropriate location action code in CAPSS (“Home/Facility”, “DSS Office”, “Other”), the Case Manager will further detail the location in relation to the child, parent, and case.c. Account of what happened at the visit<ul style="list-style-type: none">i. The Case Manager documents an account of what was observed and witnessed during the contact with the child, youth, or young adult. This account should include conversations, interactions, actions taken by contact participants, and decisions made regarding services.d. Assessment of safety and risk<ul style="list-style-type: none">i. The Case Manager documents whether the child was interviewed alone. If the child was not interviewed alone, the Case Manager will detail why the child was not interviewed alone.ii. The Case Manager documents an assessment of the child, youth, or young adult’s safety and risk to include an assessment of the child, youth, or young adult’s functioning. This assessment may include descriptions or details of:<ul style="list-style-type: none">1. Conversations with the child on how the child feels about the home, the child’s descriptions of safety, and how the child feels physically including any physical ailments.2. The child’s physical appearance.3. The child’s sleeping arrangements and sleeping habits.4. The child’s diet and eating habits.5. The child’s clothing needs.6. The child’s demeanor and emotions as observed by the Case Manager.7. Any worries or fears voiced by the child and if the child discloses anyone the child is afraid of or is hurting the child.8. The child in relation to the physical environment. |
|--|--|

	9. The child's progress or lack thereof (emotional, developmental, physical, intellectual, relational, behavioral, etc.) 10. The caregiver's description of the child's functioning 11. The child's relationship with caregivers, other household members, peers, siblings, parents, etc. 12. The child's emergency contact or in whom the child confides if the child has concerns. iii. When assessing the safety and risk of child that is non-verbal this assessment must include descriptions or details of: 1. Direct observations of the child's physical appearance 2. The child's body language and facial expressions, and 3. Observations of the child and caregiver interaction 4. Environmental safety and availability of necessary equipment and services, and sleeping arrangements 5. Daily routines 6. Changes in the child's physical appearance, developmental, physical capabilities, self-care, emotional, social, educational, progress, current provider reports and/or records iv. If safety concerns or risks are identified, the Case Manager details what actions were taken and plans to address those identified concerns. e. Observations of the home environment, physical appearance, and interactions i. The Case Manager documents their observations of the physical environment in which the contact took place. This may include descriptions of: 1. the inside and outside of the home and the community 2. cleanliness of the home/facility 3. amount of food, 4. the designated room for the child, 5. how the environment is set up to accommodate and support the child ii. If safety concerns or risks are identified in relation to the physical environment, the Case Manager details what actions were taken and plans to address those identified concerns. f. Assessment of well-being i. The Case Manager documents an assessment of the child, youth, or young adult's well-being in relation to their health, mental health, development, behavior, education, social activities, and relationships. (NOTE: Items should only be addressed if they were discussed during the
--	---

	contact. Other notes and information about the child's health and education will go into the health and education passport or a separate dictation). ii. An assessment of the child's health, mental health, development, and behavior may include descriptions or details of: 1. Changes to health since the last Case Manager contact; 2. Medical or mental health visits currently scheduled, or visits that have taken place since the last Case Manager contact. (NOTE: The Case Manager documents these encounters in the child's Person screen in CAPSS and makes reference to the person screen in dictation instead of reentering the information here, unless there is additional information that needs to be documented) 3. Concerns related to the child's health, mental health, development or behavior identified by the Case Manager, parent of the child, caregiver, other professionals, the school, the caregiver or the child. 4. Formal assessments performed including the type of assessment and results 5. Actions taken to address health, mental health, developmental or behavioral concerns and plans for follow-up regarding these concerns to include scheduling of physician appointments and referrals for assessment 6. Monitoring of medication including how often the child has taken or takes the medication, the child's response to the medication, any side effects, any follow-ups needed regarding medication iii. An assessment of education may include descriptions or details of: 1. Progress in the educational setting including any changes in grades, behavior, services, etc. since the last Case Manager contact 2. Any school meetings scheduled, or the outcome of school meetings taken place since last Case Manager contact. These meetings include but are not limited to IEP or 504 meetings. 3. Concerns related to education identified by the Case Manager, parent, caregiver, other professionals, the educational setting, and the child. 4. Educational assessments completed including the type of assessment and results 5. Services provided by the educational setting or in relation to the child's education. This includes tutoring, summer school, educational programs, and accommodations in the educational setting.
--	---

- | | |
|--|---|
| | <ul style="list-style-type: none"> 6. Plans for follow-up on progress in the educational setting, school meetings, educational assessments and educational concerns including the scheduling of school meetings and referrals for assessment iv. An assessment of normalcy may include descriptions or details of: <ul style="list-style-type: none"> 1. The child's current interests, talents, and what is important to the child including what the child's interests prior to entry into foster care. 2. Upcoming activities, events or visits the child plans to attend and descriptions of activities, events or visits that have taken place since the last contact. 3. How parent, sibling, relative, fictive kin or other adult connections are being maintained for the child and any concerns or feedback the child has about maintaining parent, sibling, relative, fictive kin or other adult connections 4. How the social needs and interests of the child are being met and how those activities help maintain connections to the child's family and community of origin 5. Cultural activities provided to the child and how those activities help maintain connections to the child's family and community of origin (community activities, religious activities, family traditions, foods, music, dance, arts, rituals, etc.) 6. Extracurricular activities the child has or currently is participating in, or extracurricular activities the child has expressed interest participating in. This may include recreational sports, school or community clubs, and school events such as dances or athletic games. 7. Plans for follow-up related to normalcy and any concerns related to normalcy for the child to include maintaining connections and participation in cultural and extracurricular activities. v. An assessment of relationships may include descriptions or details of: <ul style="list-style-type: none"> 1. Interactions observed during the contact. 2. Strengths identified in relationships by the Case Manager or functional assessments 3. Strains or concerns about relationships with people inside and outside of the home voiced by the child and observed by the Case Manager 4. New connections or reconnections made with individuals significant to the child 5. Plans for follow-up related to relationships and any concerns related to relationships. vi. Assessment of Independent Living may include descriptions or details of: <ul style="list-style-type: none"> 1. Assessment of Independent Living skills 2. Youth's plans, needs, services, concerns and supports post-secondary education and living arrangements after leaving foster care |
|--|---|

	3. Progress, needs, supports for education and career goals 4. Progress toward goals set for careers and living arrangements and supports after leaving foster care g. Cultural considerations i. The Case Manager describes efforts made to and the ability to maintain the child, youth, or young adult's culture of origin (community activities, religious activities, family traditions, foods, music, dance, arts, rituals, etc.) and any plans to follow up on concerns identified in relation to the child, youth, or young adult's cultural considerations. h. Progress toward permanency and updates to the Family Permanency Plan i. The Case Manager details a developmentally appropriate conversation with the child, youth, or young adult about the Family Permanency Plan and progress made. Details of this conversation may include: 1. Who the child wants to live with 2. Who the child wants to visit or contact 3. What was told to the child about the Family Permanency Plan 4. Any feedback from the child regarding the Family Permanency Plan 5. Any concerns the child has about the Family Permanency Plan. 6. What the child discloses about family visitation 7. Description of tools used to communicate the Family Permanency Plan to the child or understand the child's perspective on the Family Permanency Plan or family dynamics i. Needs and concerns expressed by the child, youth, young adult or caregiver i. The Case Manager documents any concerns or needs raised by the child or caregiver during the Case Manager contact. The Case Manager must capture all necessary details of the concern or issue, how it is impacting the child, and the Case Manager's plan to follow-up. j. Service needs i. The Case Manager documents observed needs for any additional services in addition to services established by the Family Permanency Plan. See the Family Permanency Plan policy. k. Follow-up activities and priorities i. The Case Manager summarizes all follow-up activities at the end of the documentation. The Case Manager will detail who is responsible for the follow up activities and order of priority for each activity.
--	--

- | | |
|--|--|
| | <ol style="list-style-type: none">7. The Case Manager documents all communication with a child, youth, or young adult that occurs in addition to the required monthly contact into CAPSS dictation. The Case Manager makes any references to how those communications addressed issues from a previous contact or were a follow-up to that contact.8. The Case Manager documents all communication with a child, youth, or young adult that is in addition to the required monthly Contact into CAPSS dictation with the appropriate action code by type:<ol style="list-style-type: none">a. "Communication Type- Video Conference",b. "Communication Type- Email",c. "Communication Type- Text", andd. "Communication Type- Telephone"9. The Case Manager documents in-person interactions with a child, youth, or young adult made in addition to the required monthly contact with action code "Face to Face Contact Child/Youth".10. The Supervisor provides support to the Case Manager through monthly case consultations, coaching, and skill-building.11. By the twentieth day of the month, the Case Manager consults with their Supervisor if there is a risk that contact with a child, youth, or young adult will not occur according to policy.12. If a Case Manager is expectedly or unexpectedly absent, the Supervisor is responsible for ensuring a quality contact with a child, youth or young adult occurs during the Case Manager's absence.13. If a case is transferred out of county or to another unit within the county, the Supervisor of the sending unit will ensure all contacts with a child, youth, or young adult for the month of transfer are completed before the transfer.14. The Supervisor reviews documentation of Case Manager contacts with a child, youth, or young adult. The Supervisor evaluates the quality of the documentation. |
|--|--|

	15. The Supervisor provides support and coaching to the Case Manager to address any barriers or issues related to contacts with a child, youth, or young adult. 16. The Supervisor reviews weekly data reports for the occurrence of Case Manager contacts with a child, youth, or young adult within the calendar month. 17. The Supervisor will monitor exemption reports data for missed Case Manager contacts with a child, youth, or young adult within the calendar month. a. The Supervisor will assess the exemption reports for missed Case Manager contacts with a child, youth, or young adult for any anomalies.
G. Supervisor Case Consultation and Monitoring	1. The Supervisor provides support to the Case Manager through monthly case consultations, coaching, and skill-building. 2. By the twentieth day of the month, the Case Manager consults with their Supervisor if there is a risk that contact with a child, youth, or young adult will not occur according to policy. 3. If a Case Manager is expectedly or unexpectedly absent, the Supervisor is responsible for ensuring a quality contact with a child, youth or young adult occurs during the Case Manager's absence. 4. If a case is transferred out of county or to another unit within the county, the Supervisor of the sending unit will ensure all contacts with a child, youth, or young adult for the month of transfer are completed before the transfer. 5. The Supervisor reviews documentation of Case Manager contacts with a child, youth, or young adult. The Supervisor evaluates the quality of the documentation. 6. The Supervisor provides support and coaching to the Case Manager to address any barriers or issues related to contacts with a child, youth, or young adult. 7. The Supervisor reviews weekly data reports for the occurrence of Case Manager contacts with a child, youth, or young adult within the calendar month.

	8. The Supervisor will monitor exemption reports data for missed Case Manager contacts with a child, youth, or young adult within the calendar month. a. The Supervisor will assess the exemption reports for missed Case Manager contacts with a child, youth, or young adult for any anomalies.
--	---