



State of South Carolina

Department of Social Services

Policies and Procedures: Child Welfare Services

Subject:	512 Medically Therapeutic Foster Home Services
Authority:	N/A
Standards:	Guiding Principles and Standards (GPS) Practice Model
Application:	All Child Welfare Services Staff
Purpose:	
To provide case managers with policies guidelines that support highly supportive, individualized, and flexible placements to meet the ongoing needs of medically fragile children.	
Policy Statement:	
The South Carolina Department of Social Services (DSS) will authorize and pay an enhanced rate, known as Medically Therapeutic Foster Home Services (MTFHS), to a therapeutic foster home caring for a child with complex medical needs.	
Policy Administration:	
The Office of Child Health and Well-Being is the owner of this policy. The Director, or the Director's designee, shall review this policy at least annually from the date published in the Child Welfare Manual, or as needed due to changes in law or practice.	
Procedures:	
A. Eligibility	1. A child in foster care who has a serious, ongoing illness or a chronic condition that has lasted or is anticipated to last at least 12 or more months, and, at a minimum, one of the following: a. Has required at least three weeks of hospitalization within the past six months; b. Requires daily, ongoing medical treatments and monitoring by appropriately trained personnel which may include foster parents; c. Requires the routine use of medical devices/assistive technology needed to participate in activities of daily living; d. Lives with ongoing threat to their continued well-being; or e. Is covered under the Medically Complex Children's Waiver (MCCW) or receives Supplemental Security Income (SSI). 2. The following must be reviewed by the DSS Nurse Care Coordinator, as applicable, prior to determining eligibility: a. All available hospitalization records within the past six months; b. Available outpatient medical records including occupational, physical, and speech therapies; c. Any licensed healthcare professional(s) recommendations for ongoing treatment; d. Prescriptions for medical devices/assistive technology;

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	e. Documentation of Early Intervention or BabyNet services; f. Any Individualized Education Plan (IEP) or 504 documents; and g. Any other applicable documentation of medical needs and supporting services. 3. The above records shall be reviewed in the following four categories to determine eligibility: a. Medical qualifiers; b. Anticipated appointments; c. Anticipated transportation by foster parent(s) to appointments related to the child's condition(s); and d. Anticipated caregiver duties. 4. The child's identified therapeutic needs dictate the level of care recommended as indicated by the documentation reviewed to determine eligibility. The levels of care range between Level 1 to Level 3, with Level 3 representing the most complex medical needs. Note: Please refer to Work Aid 512.1: Medically Therapeutic Foster Home Services (MTFHS) Determination for additional practice guidance.
B. Referrals	1. Case managers shall identify children with advanced medical needs on their caseload and apply through the CAPSS Specialized Funding Tab for Medically Therapeutic Foster Home Services. 2. CAPSS sends an automatic notification of the application submission to the following: a. Case Manager; b. Team Leader; c. Nurse Care Coordinators; d. Regional Well-Being Manager; e. Therapeutic Services Coordinator; f. Regional Clinical Specialists; g. Regional Placement Services Units; and h. Regional Contract Administrators. 3. The DSS Nurse Care Coordinator shall reply, within two hours, to the above notification email requesting the case manager forwards records outlined in Section A(2) if not received. 4. The case manager shall forward the records listed in Section A(2), within ten business days, to the DSS Nurse Care Coordinator for the applicable county to review and determine eligibility.
C. Approval	1. DSS Nurse Care Coordinators, upon receipt of qualifying documentation, shall determine eligibility and level of care within two business days.

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	2. If the requested records have not been received within 30 calendar days, the application will be denied. 3. Once a determination has been made, the DSS Nurse Care Coordinator shall reply all on the initial notification email chain to inform of the determination decision and the approved level of MTFHS to the following: a. Case Manager; b. Team Leader; c. Regional Nurse Care Coordinators; d. Regional Well-Being Manager; e. Therapeutic Services Coordinator; f. Regional Clinical Specialists; g. Regional Placement Services Division; and h. Regional Contract Administrators. 4. Once a child is approved for a medically therapeutic foster home placement, the case manager and team leader shall verify appropriate legal authority to consent to all medical treatment per the court order.
D. Level of Care Determination	1. To qualify for any medically therapeutic foster home level of care, a child must meet the requirements referenced in Work Aid 512.1: MTFHS Eligibility Determination. 2. There are three levels of medically therapeutic care, Level 1, 2, and 3, with Level 3 representing the most advanced medical needs. Note: Refer to Work Aid 512.1: MTFHS Eligibility Determination for additional practice guidance.
E. Placement	1. The Placement Services Division (PSD) receives notification of the approved level of care as referenced above. 2. The case manager or team leader shall update the Universal Application (UA) to reflect the approved level of care and forwards the UA to the PSD. 3. Upon receipt, the PSD begins their concerted efforts to locate the appropriate placement.

Forms:	N/A
Related Management Reports:	N/A

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Glossary:
Child: a person under the age of 18