



State of South Carolina

Department of Social Services

Policies and Guidelines: Child Welfare Services

Title	Health Care Needs
Document No.	510.7
Authority	42 U.S.C.A. § 622(b)(15); 42 U.S.C.A. § 671(a)(21); U.S.C.A. § 675(1); 42 U.S.C.A. § 675(5); S.C. Code Ann. § 63-5-30; S.C. Code Ann. § 63-5-330 – 370; S.C. Code Ann. § 44-41-10 et seq.; S.C. Code Ann. § 63-7-20(13)
Standards	Guiding Principles and Standards (GPS) Practice Model
Application	All Child Welfare Services
Purpose	
To promote child well-being through comprehensive, clear, and efficient assessments, from licensed healthcare providers, to meet the physical, dental, and mental health needs of children in foster care.	
Policy Statement	
The South Carolina Department of Social Services (DSS) staff is responsible for the provision of various healthcare related assessments for children in foster care. Medical records and assessment information are retained and documented in the CAPSS Education and Health Passport, which is shared with placement providers, and children upon exiting foster care.	
Policy Administration	
The Division of Child Welfare Services' Office of Child Health and Well-Being is the owner of this policy. The Child Health and Well-Being Director, or designee, shall review this policy annually from the date published in the Child Welfare Services Policy Manual, or as needed due to changes in law or practice.	
Policy Guidelines	
A. Medical Assessments	1. The Healthcare Quality Improvement Coordinator shall schedule an initial medical assessment within one (1) business day of a child's entry into foster care. a. Case managers shall confirm comprehensive medical assessments occur within 30 days of a child's entry into foster care. 2. Case managers, or designees, shall facilitate immediate assessments from medical providers whenever there is an emergent medical need, including but not limited to: a. Altered mental status (i.e., confusion) b. Active medical emergency (e.g., seizures, asthma attack, blood sugar level below 70 or multiple readings over 240, etc.) c. Entry into care with medical complexities such as: i. A gastronomy or jejunostomy tube in place for feeding ii. Tracheostomy/ventilator dependence iii. Catheterization

Subject: Health Care Needs

	iv. Open wounds or any head trauma v. Central lines (e.g., dialysis catheter, central line for total parenteral nutrition (TPN) or medication, etc.) 3. All medical assessments shall be scheduled with a child's previous medical provider, if possible. 4. If there is an identified medical need, an in-network Medicaid provider shall be utilized. If an in-network provider is not available, case managers shall consult with the Office of Child Health and Well-Being for additional service options. 5. Case managers, or designees, shall attend initial medical assessments. 6. If a child is in foster care and is under the age of 34.5 months at the time of removal, the Regional Well-Being Data Coordinator shall immediately make a referral to BabyNet, South Carolina's interagency early intervention system for infants and toddlers. 7. Well-child visits/assessments shall routinely be scheduled following the recommended periodicity schedule from the American Academy of Pediatrics (AAP): a. Monthly for infants from birth to six (6) months. b. Every three (3) months for children aged six (6) to 24 months. c. Twice a year for children and teens between 24 months (two (2) years) and 21 years of age. 8. Case managers shall assess and address any physical health needs at entry into foster care, and on an ongoing basis every six (6) months. 9. Case managers shall confirm at every contact that a child's placement is arranging for routine medical visits as recommended by the child's medical professionals. 10. Case managers shall coordinate and arrange the completion of any ongoing services identified as necessary and may consult with the Regional Nurse Care Coordinator if assistance is needed in coordinating services. 11. Case managers shall coordinate transportation to appointments and share information with medical providers. 12. Case managers shall determine the status of ongoing health issues and consult with children, caregivers, and others (as appropriate) to determine what medication, if any, a child is prescribed, whether the medication is appropriate, and if the child is taking the medication as prescribed. a. If concerns arise, case managers must consult the Regional Nurse Care Coordinator or Regional Clinical Specialist for further guidance.
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Subject: Health Care Needs

B. Mental Health Assessments	1. If there are allegations of physical abuse, emotional abuse, sexual abuse or exploitation, neglect, or witness of violence, case managers shall schedule an initial mental health assessment with an in-network Medicaid provider. a. The initial mental health assessment shall be scheduled within three (3) business days of a child's entry into foster care. 2. If the results of a Family Advocacy and Support Tool (FAST) assessment or an external mental health screening/well-child visit recommend further assessment or the provision of mental health services, case managers shall schedule a comprehensive mental health assessment to occur within 30 days of the initial mental health assessment/screening. 3. Case managers shall request immediate consultation via an emergency room or crisis intervention services whenever imminent safety issues exist, or a child has urgent psychiatric needs. 4. If a child is a suspected or known victim of acute physical abuse or sexual abuse, case managers shall schedule a forensic exam with a local Child Advocacy Center (CAC) or specialized medical provider, within 24 hours of receiving a report, in accordance with Policy 301: Child Welfare Services Investigations. a. A forensic exam does not supplement or fulfill the requirement of all children in foster care receiving a well-child visit/early periodic screening, diagnostic, and treatment appointment. 5. All mental health assessments shall be scheduled with a child's previous mental healthcare provider, if possible. 6. If there is an identified mental or behavioral health need, an in-network Medicaid provider shall be utilized. If an in-network provider is not available, case managers shall consult with the Office of Child Health and Well-Being for additional service options. 7. Case managers, or designees, shall attend initial mental health assessments. 8. Case managers shall identify and address a child's mental and behavioral health needs in the initial mental health assessment and ongoing updates to the assessment and plan. 9. Case managers shall coordinate and arrange the provision of any services identified to address a child's mental and behavioral health needs. 10. Case managers shall coordinate transportation to appointments and share relevant information with a child's mental or behavioral healthcare provider(s).
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Subject: Health Care Needs

	11. Case managers shall discuss the following information during all contacts with children, caregivers, and others (as appropriate): - The progress of counseling or therapy for the child, if applicable - Any prescribed mental/behavioral health medication(s) - Any non-residential and/or residential services the child may need - The child's development of needed skills identified by their mental health provider, such as enrollment in activities aimed to improve social skills or boost self-esteem 12. For children eligible to be, or that are placed, in a therapeutic level of care, case managers shall participate in a clinical consultation regarding identified mental health needs with the Regional Clinical Specialist on an ongoing basis, no less frequently than once every six (6) months.
C. Dental Assessments	- The Healthcare Quality Improvement Coordinator shall schedule an initial dental assessment within 14 days of a child's entry into foster care. - The American Academy of Pediatric Dentistry (AAPD) recommends the first dental examination should occur at the time of the eruption of the first tooth and no later than 12 months of age. - Ongoing assessments shall occur every six (6) months or as indicated by a child's individual needs or risk status/susceptibility to disease. - All dental assessments shall be scheduled with a child's previous dental provider, if possible. - If there is an identified dental need, an in-network Medicaid (DentaQuest) provider should be utilized. If an in-network provider is unavailable, case managers shall consult with the Office of Child Health and Well-Being for additional service options. - Case managers, or designees, shall attend the initial dental assessment. - Case managers shall request an immediate assessment from a dental provider whenever children experience active pain, oral swelling, bleeding, or another dental emergency, such as an avulsed (knocked-out) tooth. - Case managers shall confirm at every contact that a child's placement provider is arranging for routine dental visits as recommended by the child's dental professionals. - Case managers shall coordinate and arrange completion of any ongoing services identified as needed and consult with the Regional Nurse Care Coordinator if assistance is needed in coordinating services.

Subject: Health Care Needs

	8. Case managers shall coordinate transportation to appointments and share information with a child's dental provider.
D. Medical Consent	1. A child's parent or guardian shall retain the authority to consent to medical treatment and the right to access the child's medical records unless rights have been terminated or a court order otherwise gives the agency such authority. If a parent or guardian places their child in foster care by signing a Voluntary Placement Agreement, the parent or guardian shall retain the authority to consent to medical treatment. 2. The agency shall involve birth parents, other kin, caregivers, and the child in routine medical care, unless doing so is not in the best interests of the child (even in circumstances in which the agency has authority to consent to treatment). Other organizational partners and stakeholders serving the child shall be consulted when appropriate and possible. Note: <i>The process for obtaining consent for healthcare services are outlined in the policies related to consent in Chapter 5 of the Child Welfare Services Policy Manual.</i>
E. Documentation	1. Foster care case managers shall enter the following information in the Person Screen in CAPSS: a. Demographics b. Medicaid ID c. Medications d. Diagnoses e. Durable medical equipment f. Scheduled appointments/provider information Note: <i>This information creates the Education and Health Passport located under the Forms and Letters tab in the CAPSS Person Screen.</i> 2. Case managers shall document children's history or current use of prescription or over-the-counter medications, any side effects or responses to such medications, and any known medication allergies, as outlined in Policy 501: Medication Administration, Storage, Transport, and Disposal for Children Under Direct Care and Supervision of DSS Staff. 3. Case managers shall document all issues regarding medical, dental, and mental and behavioral health in a child's Family Permanency Plan (FPP) and CAPSS dictation. 4. Case managers shall provide a copy of the Education and Health Passport (CAPSS Forms and Letters) to all foster care placements, who shall update the document as needed. The Education and Health Passport shall include, but not be limited to the following: a. Names and addresses of educational and healthcare and providers b. Grade level performance

Subject: Health Care Needs

	c. School records d. Immunization records e. Medical and mental health conditions f. Any medication and response(s) to such medication g. Any other relevant education and health and information concerning the child determined to be appropriate by the agency 5. Foster care case managers shall review and update the CAPSS Person Screen to reflect any new information and, at a minimum, shall complete this review every three (3) months. 6. Case managers shall update the CAPSS Person Screen within five (5) business days of any changes in medical, dental, mental or behavioral health, or education (e.g., a new medicine is prescribed, an allergy is identified, a new provider is consulted, etc.). 7. Case managers shall verify that an updated copy of the Education and Health Passport moves with a child from placement to placement. 8. When youth aged 18 or older or youth in foster care, for more than six (6) months, leaves foster care, case managers shall provide the youth with an up-to-date copy of their passport, along with other important documents. Note: Refer to <u>Policy 560: Termination of Foster Care Services</u> for additional guidance.
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Forms and Related Documents	<u>DSS Form 30245: Education and Health Passport</u>
Related Management Reports	N/A

Glossary
N/A