Fostering Health and Well Being:
Caring for Children and Youth in Foster Care in South Carolina

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Select Health of South Carolina

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American Academy of Pediatrics
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Learning Objectives

At the conclusion of this presentation, learners will be able to:

- Outline the American Academy of Pediatrics recommended well child schedule for children and youth in foster care.
- Understand the South Carolina Department of Social Services (SCDSS) psychotropic medication consent policy.
- Understand the existing resources at SCDSS and Select Health and how to access those supports when needed.

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Periodicity Schedule for Children in Foster Care

- Children in foster care should be seen **early and often.**
- An **initial comprehensive well child check** should be completed within the first 30 days of entering care (preferably within the first week of entering care).
- **99358 with UA modifier:**
  - SCDHHS provides additional reimbursement for the non direct care activities associated with an initial patient-provider visit with a child in foster care (such as record collection and coordination of care).
- The AAP recommends **more frequent preventive pediatric visits** for children and adolescent in foster care because of the multiple environmental and social issues that can adversely impact their health and development:

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The Select Health Foster Care Team would like to remind providers about the importance of well-child visits for youth in foster care.

Initial well-child visits

Youth new to foster care must have an initial comprehensive well-child visit within 30 days of entering foster care, (ideally within the first seven days of entering care).

Ongoing well-child visits

After the initial visit, all children must receive ongoing well-child visits based on their age. The visit schedule is based on the American Academy of Pediatrics guidelines for children in foster care **(https://www.aap.org/en/patient-care/foster-care/health-care-standards).**

Under 6 months old	6 months – 24 months	Over 24 months – 21 years old
Monthly	Every 3 months	Every 6 months

Claims and billing

- **Use CPT code 99358 with a modifier of "UA"** ("initial visit with a patient in foster care"). This code should be submitted along with the appropriate evaluation and management or well-visit code for the direct patient care component.
- **Use a 25 modifier** if a child comes in for a **sick visit** and is also due for a **well-child visit**. These services can be combined into one visit (on the same day).

Select Health Foster Care Team

- Our integrated care management team works with the South Carolina Department of Social Services (SCDHHS), county caseworkers, foster parents, and foster members to answer questions or direct questions to the appropriate department.
- For questions or to reach the Select Health Foster Care Team, please call First Choice Member Services at **1-888-276-2020** and press **option #3**.

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SCDSS Psychotropic Medication Consent Policy

- Who can consent to a new psychotropic medication for a child in foster care?
  - **Primary medical consenters:** SCDSS care managers, supervisors, or regional clinical specialists.
  - **Secondary medical consenters:** caregivers (foster parents / kin) or group care providers (*secondary consenters may do this in the absence of a primary medical consenter, and when there are no “red flags”).

- Only the **SCDSS Regional Clinical Specialist** consents to psychotropics when there are the following **“red flags”:**
  - Child is age 6 or under.
  - 4 or more psychotropic medications are being prescribed.
  - An antipsychotic medication is being prescribed.
  - Child is in a psychiatric residential treatment facility or acute psychiatric unit.

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PSYCHOTROPIC MEDICATION

Policy Guidelines

CONSENTERS

Who can consent to new prescription of psychotropic medications for children in care?

1 **Primary Medical Consenters who are SCDSS**
- Case Managers
- Supervisors
- Regional Clinical Specialists

2 **Designated Secondary Medical Consenters**
- Caregivers who are foster parents, relatives, pre-adoptive parents
- Professional employees of emergency shelters, and group care providers

SCDSS Designated Secondary Medical Consenters may consent to new prescriptions of psychotropic medications in the absence of the Primary Medical Consenter and when there are no psychotropic red flags.

RED FLAGS/PRTF

ONLY the RCS consents to psychotropics when:

1 **There are the following red flags:**
- Child is age 6 or under
- There is prescription of four (4) or more psychotropic medications
- Antipsychotic is being prescribed

2 **Child is in a psychiatric residential treatment facility or acute psychiatric unit**

The Designated Secondary Medical Consenter must notify the Case Manager and the Case Manager must consult the RCS for consent BEFORE the administration of a newly prescribed psychotropic medication when red flags exist.

PSYCHOTROPIC INFORMED CONSENT FORMS

Primary and Secondary Medical Consenters MUST share and sign the ***DSS 2056 Psychotropic Medication Informed Consent Form*** with medical providers to provide consent to newly prescribed Psychotropic Medications in community.

Once SCDSS Form 2056 is completed, the Secondary Medical Consenter shares the completed DSS Form 2056 with SCDSS Case Manager to inform that consent was given.

SCDSS Case manager reviews the signed SCDSS Form and uploads in CAPSS.

RCS provides consent to psychotropics on DSS Form 1214 for child/youth in PRTF/Acute care.

TRAINING REQUIREMENTS

Primary Medical Consenters are required to complete the Health Care Oversight and Psychotropic Medications Training within 90 days of hire and annually thereafter. SCDSS LMS provides Part One of this Training. After completing Part One of this training they sign up for Part Two on LMS that is conducted virtually via TEAMS.

Secondary Medical Consenters must complete the Health Care Oversight and Psychotropic Medications Training developed by SCDSS BEFORE they can be designated to consent to new prescription of psychotropics. This training is required initially to be designated as Secondary Medical Consenter, and then annually thereafter. This training can be accessed on SCFPA LMS at following link: https://www.scfpalms.com/

DSS SOUTH CAROLINA DEPARTMENT of SOCIAL SERVICES

QUESTIONS? Email us at: childhealth@dss.sc.gov or call the Office of Child Health and Well-Being at (803) 898-7788. We are here to help.

Psychotropic Medication Policy Guidelines. February 2023

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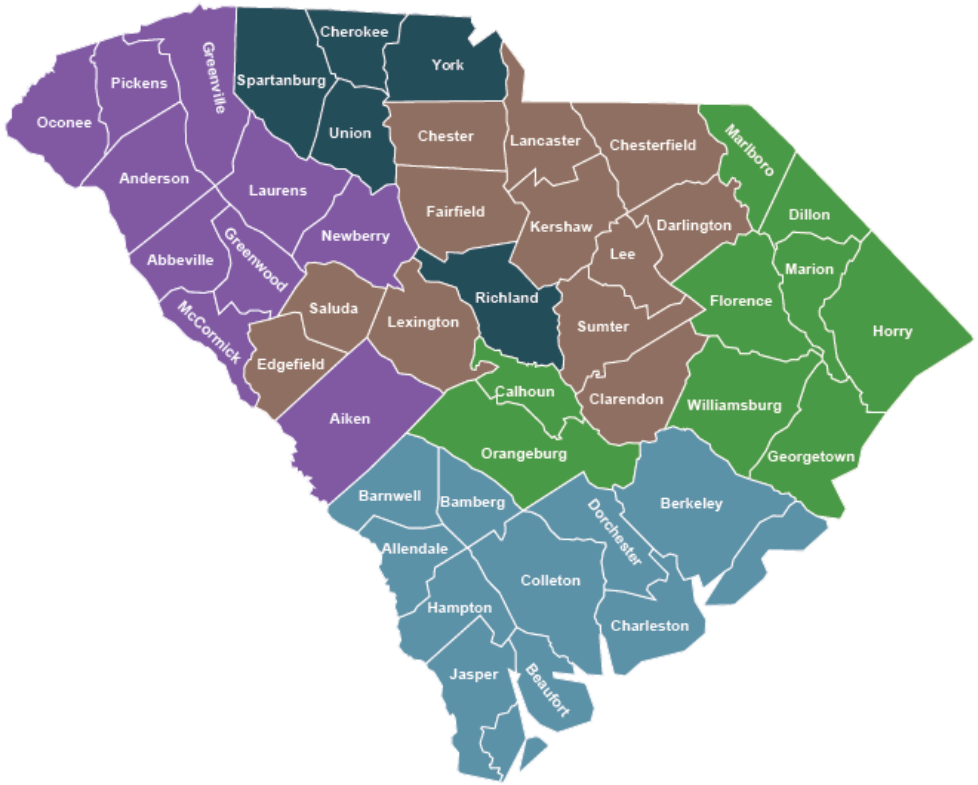
SCDSS Points of Contact

Nurses Contact	Counties	
Vickie Price, RN *PeeDee* vickie.price@dss.sc.gov 843-610-5067	Horry Marion Williamsburg Florence Dillon	Adoptions Florence Georgetown Marlboro Calhoun Orangeburg
Dana Turner-Nipper, RN *Upstate* dana.turner-nipper@dss.sc.gov 864-282-4172	Spartanburg Cherokee Union Adoptions Rock Hill	York Richland
Leisa Jones, RN *Upstate* leisa.jones@dss.sc.gov 864-467-3369	Adoptions Greenville Oconee Greenville Laurens Pickens	Newberry Greenwood Anderson Abbeville McCormick Aiken
Allison Patterson, RN *Upstate/Midlands/Lowcountry* alison.patterson@dss.sc.gov 864-965-9319	Beaufort Jasper Colleton Dorchester Hampton Charleston	Adoptions Charleston Berkeley Allendale Barnwell Bamberg
Michele Clark, RN *Midlands/PeeDee* michele.clark@dss.sc.gov 803-898-7537	Chesterfield Sumter Chester Darlington Lee Edgefield Saluda	Adoptions Columbia Kershaw Lancaster Clarendon Fairfield Lexington
Rita Melton, DMD, RN rita.melton@dss.sc.gov 803-898-4227	Group Home/Congregate Care Dentistry Needs	
Anna Bleasdale, RN anna.bleasdale@dss.sc.gov 803-898-7891	*Nurse Manager*	



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DSS Resource 555 (OCT 24)

Select Health Points of Contact

Resource Coordinator	Kelsey Austin-BA	843.414.5151	kaustin@selecthealthofsc.com
Resource Coordinator	Julie Neidigh-BS	843.569.4865	jneidigh@amerihealthcaritas.com
Resource Coordinator	Terrez Henderson-BS	843.414.8441	Thenderson2@selecthealthofsc.com
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Supervisor	Carrie Landsdale-BSN, RN	253.753.5797	clandsdale@selecthealthofsc.com
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Q & A

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THANK YOU!