

Information for Foster Parents and Group Care Staff

South Carolina Department of Social Services issued new Policies as to Medical Consent for Children in Foster Care. The purpose of these policies is to foster timely medical care and improve psychotropic medication oversight.

510.7.100: Routine Medical Care

For children in foster care, SCDSS typically has authority to consent to Routine Medical Care by court order.

Consent to Routine Medical Care can be given by

- Primary Medical Consenters or
- SCDSS Designated Secondary Medical Consenters

SCDSS Designated Secondary Medical Consenters may consent to routine medical care in the absence of the Primary Medical Consenter.

Consent, when given, must be voluntary and without undue influence. Furthermore, the DSS Case Manager or other consenter need to consult with and involve birth parents, the child or youth, and other kin in making health care decisions, unless doing so is not in the best interest of the child or youth.

Who gives Consent to Routine Medical Care?

Primary Medical Consenters who are Child Welfare Services

- Case Managers
- Supervisors, or
- Regional Clinical Specialist

The SCDSS Designated Secondary Medical Consenters who typically are child or youth's

- Caregivers such as foster parents, relatives, pre-adoptive parents,
- Professional employees of emergency shelters, and group care providers.

Designated Secondary Medical Consenters must complete the **“Health Care Oversight and Psychotropic Medications”** training developed by SCDSS before they can be designated to consent by SCDSS Licensing. This training is required initially to be designated as Secondary Medical Consenter, and then annually thereafter.

The Designated Secondary Medical Consenter does NOT have the authority to consent to the Major Medical Care.



“Health Care Oversight and Psychotropic Medications” training can be accessed via the following step by step instructions:

1. Follow this link on SCFPA LMS
<https://www.scfpalms.com/>
2. Go to “Mandatory Courses”
3. Then click on “Health Care Oversight and Psychotropic Medications 2021”. You may need to Create New User Account if not already in system to access this course. South Carolina Foster Parent Association may also offer this training virtually or in person.

Once the course is successfully completed you would be given certificate of completion. SCFPA also sends list of attendees who completed this training to SCDSS Licensing who then can issue **SCDSS Form 2055, Designation of Secondary Medical Consenter**. This Form is to be shared by Secondary Medical Consenter with any medical providers to inform that you are the SCDSS Designated Secondary Medical Consenter for Routine Medical Care.

What is Routine Medical Care?

Regular care from a medical provider at routine visits outside of urgent or emergent needs:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Well-child exams.
- Laboratory testing and X-ray examination as determined by the physician.
- Dental exam and procedures including cleaning, filling, and braces.
- Age-appropriate screening, testing, and immunizations.
- Vision and hearing tests.
- Developmental assessment and trauma screening.
- Allied health care services such as physical, speech, occupational therapy, and dietetic services.
- Mental health assessment and treatment such as therapy, psychological assessments, and psychotropic medication treatment.

510.7.102 Major Medical Consent for Children in Foster Care

Unless otherwise stated in a court order, the parent or guardian retains the right and duty to authorize Major Medical Care and surgery for a child or youth who is in the legal custody of the department.

510.7.102 Major Medical Care- Emergency Policy

In an emergency, the parent or guardian decides whether to provide Informed Consent to Major Medical Treatment, unless:

- The parent is unavailable Or
- It is not in a child or youth's best interests for the parent or guardian to consent.

If the parent or guardian is unavailable or it is otherwise in the child or youth's best interests:

A County Director or Regional Adoptions Administrator has the authority to provide Informed Consent.

510.7.103 Withholding or Withdrawal of Life Sustaining Procedures Policy

SCDSS does not, under any circumstances:

- Authorize the withdrawal or withholding of life sustaining procedures.
- Change a child or youth's code status to "Do Not Resuscitate" when parental rights have not been terminated.

When parental rights have been terminated, there is an approval process

What is Major Medical Care?

- Extraordinary, non-routine care, including surgical procedures, invasive diagnostic procedures, anesthesia.
- Any treatment the child or youth's physician considers dangerous, any treatment that may be threatening to the child or youth's life or long-term health.
- The voluntary admission of a child or youth to a facility for inpatient mental health or substance use treatment.
- Chronic opioid analgesia.
- End of life decisions or medical procedures such as withholding or withdrawal of life sustaining procedures ("Do Not Resuscitate" code status) and associated hospice or palliative care, organ donation.
- Abortion.
- Electroconvulsive therapy, aversion therapy.
- Any experimental treatment or clinical trial.

510.7.200 Psychotropic Informed Consent Policy

SCDSS Primary Medical Consenters and SCDSS Designated Secondary Medical Consenters can consent to Psychotropic Medications on SCDSS Form 2056, Psychotropic Medication Informed Consent Form **EXCEPT** when:

- Child is age six or younger,
- There is prescription of four or more psychotropics,
- When an antipsychotic is being prescribed and
- When Child or youth is in PRTF or Psychiatric Residential Treatment Facility or Acute Psychiatric Hospital Unit

Only SCDSS Regional Clinical Specialist RCS Consents to Psychotropics when

1. Child is age 6 or under
2. There is prescription of four (4) or more psychotropic medications
3. Antipsychotic is being prescribed
4. Child or youth is in 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 **Regional Clinical Specialist** for consent before the administration of a newly prescribed psychotropic medications when there are above noted red flags or child/youth is in PRTF/Acute care as that requires higher level of consent.

The Primary and Secondary Medical Consenter must share **SCDSS Form 2056, Psychotropic Medication Informed Consent Form** with medical providers to consent to any new Psychotropic Medications in community.

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

Any After Visit summaries from medical providers are also to be shared with SCDSS Case Managers and uploaded in CAIP Portal.