

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES (DSS)**  
**FSA HEALTHCARE OUTCOMES**

**Initial Medical Screens**

At least 90% of Class Members will receive an **initial medical screen**<sup>1</sup> prior to initial placement or within 48 hours of entering care.

**Initial Comprehensive Assessments**

At least 85% of Class Members will receive a **comprehensive medical assessment**<sup>2</sup> within 30 days of entering care; at least 95% will receive a comprehensive medical assessment within 60 days of entering care.

At least 85% of Class Members ages three and above for whom a mental health need is identified during the comprehensive medical assessment will receive a **comprehensive mental health assessment**<sup>3</sup> within 30 days of the comprehensive medical assessment; at least 95% will receive a comprehensive mental health assessment within 60 days of the comprehensive medical assessment.

At least 90% of Class Members under 36 months of age will be referred to the state entity responsible for **developmental assessments** within 30 days of entering care; at least 95% shall be referred within 45 days.

At least 60% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a **dental examination** within 60 days of entering care; at least 90% will receive a dental examination within 90 days of entering care.

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<sup>1</sup> The purpose, components and staff requirements for the **initial medical screen** will be established and approved by the Co-Monitors after DSS proposes, and the Co-Monitors approve, the health care case management and care coordination model referenced below.

<sup>2</sup> The **comprehensive medical assessment** is done for the purpose of “reviewing all available data and medical history about the child or adolescent;” identifying medical conditions and developmental and mental health conditions requiring immediate attention and “to develop an individualized treatment plan” (*Fostering Health*, p. 22). It is to be performed by a licensed pediatric nurse practitioner or physician and in accordance with *Fostering Health* guidelines. (See *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2d. ed (16-17). American Academy of Pediatrics (2003)).

<sup>3</sup> The **comprehensive mental health assessment** is done for the purpose of “identify[ing] any and all developmental and mental health conditions or disorders,” and a foster caregiver’s ability to support developmentally appropriate care of the child or adolescent; developing “diagnostic formulation and treatment plans,” and “shared understanding of core concerns” with child welfare staff, foster caregivers and, when possible, birth parents” (*Fostering Health*, p. 49). It is to be performed by a qualified mental health professional and in accordance with *Fostering Health* guidelines.

### **Periodic Preventative Care**

At least 90% of Class Members under the age of six months in care for one month or more will receive a **periodic preventative visit**<sup>4</sup> monthly.

At least 90% of Class Members between the ages of six months and 36 months in care for one month or more will receive a **periodic preventative visit** in accordance with current *American Academy of Pediatrics* periodicity guidelines;<sup>5</sup> at least 98% will receive a periodic preventative visit semi-annually.

At least 90% of Class Members ages three and older in care for six months or more will receive a **periodic preventative visit** semi-annually; at least 98% will receive a periodic preventative visit annually.

At least 75% of Class Members ages two and older in care for six months or longer will receive a **dental examination** semi-annually; at least 90% will receive a dental examination annually.

### **Follow-Up Care**

At least 90% of Class Members will receive timely accessible and appropriate **follow-up care and treatment** to meet their health needs.

### **Health Care Case Management and Care Coordination**

By March 1, 2019, DSS must submit to the Co-Monitors a proposed **care coordination model**, subject to Co-Monitor approval. Related outcome measures will be included at that time.

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<sup>4</sup> The **periodic preventative visit** is done for the purpose of “promoting] overall wellness by fostering healthy growth and development;” “identify[ing] significant medical, behavioral, emotional, developmental and school problems through periodic history, physical exams, and screenings; assessing for “success of foster care placement,” “monitor[ing] for signs and symptoms of abuse or neglect;” and “provid[ing] age appropriate anticipatory guidance on a regular basis to children and adolescents in foster care and foster and birth parents” (*Fostering Health*, p. 30). It is to be performed by a qualified medical professional and in accordance with *Fostering Health* guidelines.

<sup>5</sup> See *American Academy of Pediatrics (AAP) Recommendations for Preventative Pediatric Health Care*, which can be found at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)