DATE: April 15, 2014

POLICY #: SSA-CW# 14-17

TO: Local Departments of Social Services Directors, Assistant Directors, Out of Home Placement Supervisors

FROM: Carnitra D. White, Executive Director Social Services Administration

RE: Oversight and Monitoring of Health Care Services

PROGRAM AFFECTED: Out-of-Home Placement

ORIGINATION OFFICE: Resource Development, Placement and Support Services

ACTION REQUIRED OF: All Local Departments of Social Services

REQUIRED ACTION: Compliance with the Policy Directive

ACTION DUE DATE: April 30, 2014

CONTACT PERSON: Anita T. Wilkins, Manager Resource Development, Placement and Support Services Social Services Administration (410) 767-7119 anita.wilkins@maryland.gov

Jacqueline C Powell, Education/Health Policy Analyst Placement and Support Services Social Services Administration (410) 767-6948 jpowell@maryland.gov
PURPOSE:
- To clarify the responsibilities of the local DSS regarding ongoing oversight and monitoring of health care services received by children and youth in foster care.
- To clarify health care services that a minor can consent for and confidentiality and/or informing obligation of the health care provider.
- To provide guidance regarding obtaining medical records and health care information for youth.
- To establish guidelines for documenting health information in MDCHESSIE and in Health Passport.

BACKGROUND:

FEDERAL LAW IN REFERENCE TO OVERSIGHT AND MONITORING OF HEALTH SERVICES FOR CHILD IN FOSTER CARE
Pursuant to Section 205 of the Fostering Connections to Success and Increasing Adoptions Act of 2008, States are required to develop a plan for the ongoing oversight and coordination of health care services for any child in foster care. The provisions of section 205 indicate the following:

1. As part of the title IV-B plan, State and Tribal child welfare agencies develop the Plan in coordination with the State Medicaid agency, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services (section 422 (b) (15) of the Social Security Act);
2. The Plan shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placement, including mental health and dental health needs; and
3. The Plan shall include an outline of:
   - A schedule for initial and follow-up health screening that meets reasonable standards of medical practice.
   - How health needs identified through screening will be monitored and treated.
   - How medical information for children in care will be updated and shared (may include implementing an electronic health record).
   - Steps to ensure continuity of health care services (may include establishing a medical home for every child in care).
   - The oversight of prescription medicines.
   - How the State actively consults with and involves physicians or other appropriate medical or non medical professionals in assessing the health and well-being of children in foster care and in determining appropriate treatment.

STATE REGULATION IN REFERENCE TO COORDINATION OF HEALTH CARE SERVICES FOR CHILDREN IN STATE-SUPERVISED CARE
Maryland Department of Health and Mental Hygiene Children in State-Supervised Care
In accordance with COMAR 10.09.65.13, Maryland Medicaid Managed Care Organizations (MCOs) shall:
• Provide or arrange to provide all Medicaid-covered services required to comply with State statutes and regulations mandating health and mental health services for children in State-supervised care;
• Ensure that continuity and coordination of care, provided locally to the extent the services are available, to an enrollee who is a child in State-supervised care;
• Expedite a change of providers within its panel upon the move of an enrollee who is a child in State-supervised care to a new geographic area served by the MCO;
• On request of the responsible State or local agency, dis-enroll a child in State-supervised care from the current MCO and enroll in an MCO serving the group facility in which the child resides, members of the foster care family, or other children in foster care placement with the child;
• Permit the self-referral of a child in State-supervised care to an initial examination, including a mental health screen and pay for all portions of the examination, except for the mental health screen, which shall be paid for by the Specialty Mental Health System; and
• Appoint a liaison to coordinate services to a child in State-supervised care with the responsible State or local agencies.

MAKING ALL THE CHILDREN HEALTHY (MATCH) PROGRAM
Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City’s foster care, which is 50% of youth in foster care statewide. MATCH provides medical care management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of cases with complex psychiatric health needs.

ACTION:

RESPONSIBILITIES OF THE LOCAL DEPARTMENT OF SOCIAL SERVICES REGARDING HEALTH CARE OVERSIGHT AND MONITORING
Health Care Requirements Upon Entry into Out-Of-Home Placement (OHP)
In accordance with Section 12 of the August 2010 edition of the Maryland Department of Human Resources Out-of-Home Placement Manual, Local Departments of Social Services shall:

• Obtain the signature of a parent or legal guardian on the Consent to Health Care and Release of Records (DHR 631-F.) See Appendix I
• Enroll the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after initial placement. Enrollment in MD-MA establishes the medical home for the youth and a primary care physician is selected.
• Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program preferably prior to or within 24 hours of removal, but no later than 5 days from removal.
• Ensure each child has a completed comprehensive health assessment within 60 calendar days of entering out-of-home placement.
• Ensure children in the care of a local department shall have an annual well-child examination.
• Ensure that appropriate follow-up appointments are made, that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs.
• Ensure that all children in OHP follow the EPSDT schedule of preventive health care.
• Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.
• Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.
• Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.
• Schedule a vision exam once a year in addition to any vision screening performed as part of EPSDT exam.
• Maintain the child's Health Passport which contains historical and current medical information needed by the caretaker and physician or clinic to ensure that the child's health needs have been identified and are being addressed.
• Enter all health documentation into MDCHESSIE.

Note: If workers have difficulty with providers completing the initial health care screening that is to be done within the first 5 days, due to the provider’s concern about payment reimbursement, the worker can remind the provider of modifier 32 as outlined in the Department of Health and Mental Hygiene’s (DHMH) Maryland Medical Assistance Program memorandum dated September 14, 2010. SEE APPENDIX II

CONSENT FOR MEDICAL TREATMENT AND HEALTH CARE SERVICES
Upon entry into out-of-home placement the local department of social services shall obtain the signature of a parent or legal guardian on the Consent to Health Care and Release of Records, (DHR 631-F). If it is not possible to obtain such consent, the local department shall petition the court for limited medical guardianship. No consent is required, if the parents’ rights have been terminated. Unless otherwise specified, youth that are in out-of-home placements that are age 18 and older are considered competent to consent for medical treatment and health care services when required.
Minors (persons under the age of 18) May Consent for Health Care Services

In Maryland there are certain health care services that minors, (persons under the age of 18) have the same capacity as an adult to consent to treatment. When a minor is consenting for health care services the local department shall support the minor with the following:

- Providing and reviewing information about the consented health care services with the minor.
- Ensuring that the minor has transportation to all appointments, including follow-up appointments.
- Ensuring that an adult accompanies the minor on appointments.
- If prescriptions are given, ensuring that all prescriptions are filled and that the minor understands the importance of adhering to regimen.
- If the minor’s recovery requires them to be absent from school, ensure that the minor’s school is notified so that the absence will be considered an excused absence.

Please see Appendix III- Health Care Services that a Minor (i.e. person under age 18) Can Give Consent

Obtaining Medical Records and Health Care Information

In accordance with Maryland law (Md. Code Ann., Health-Gen. I §4-303 (a) (b)(1)-(5)) a health care provider shall disclose a medical record on the authorization of a person in interest. An authorization shall:

- Be in writing, dated, and signed by the person of interest;
- State the name of the health care provider;
- Identify to whom the information is to be disclosed;
- State the period of time that the authorization is valid; which may not exceed 1 year, except:
  - In cases of criminal justice referrals, in which case the authorization shall be valid until 30 days following final disposition; or
  - In cases where the patient on who the medical record is kept is a resident of a nursing home, in which case the authorization shall be valid until revoked, or for anytime period specified in the authorization; and
- Apply only to a medical record developed by the health care provider unless in writing:
  - The authorization specifies disclosure of a medical record that the health care provider has received from another provider; and
  - The other provider has not prohibited re-disclosure.

As provided in § 4-303 (e)(2)-(3) of the Md. Code Ann., Health Gen article, except in cases of criminal justice referrals, a person of interest may revoke an authorization in writing. A revocation of an authorization becomes effective on the date of receipt by the health care provider. A disclosure made before the effective date of a revocation is not affected by the revocation.
In accordance with Maryland law (Md. Code Ann., Health-Gen. I § 4-301(k)(4)-(5)), the following qualify as a "Person in interest" who may access the medical records of minors:
- A minor, if the medical record concerns treatment to which the minor has the right to consent and has consented.
- A parent, guardian, custodian, or a representatives of the minor designated by a court, in the discretion of the attending who provided the treatment to the minor, as provided in §20-102 or § 20-104 of the Md. Code Ann., Health-Gen Article.
- A parent of the minor, except if the parent’s authority to consent to health care for the minor has been specifically limited by a court order or valid separation agreement entered into by the parents of the minor.
- A person authorized to consent to health care for the minor consistent with the authority granted.
- An attorney appointed in writing by an authorized person as listed above.

DOCUMENTATION AND SHARING OF HEALTH CARE INFORMATION (HEALTH PASSPORT and MDCHESSIE)

Health Passport (DHR/SSA 631-A-C series, See Appendix III)
The passport shall be given to the caregiver at the time of placement and is required to be taken to every appointment. The original of the forms remains in the Health Passport. Copies of the forms are placed in the child’s case record. The Health Passport shall be returned to the local department of social services at the time the child leaves the placement. The passport is given to the adoptive parents at placement, to birth parents when the child returns home, or to the young adult when they reach the age 18, as appropriate, and at no cost.

The Health Passport performs the following functions:
- The passport contains historical and current medical information needed by the caretaker and physicians or clinic to ensure that the child’s health needs have been identified and are being addressed.
- The health forms serve as the caseworker’s documentation for compliance purposes.
- The health passport also serves as a record that provides health care documentation for children who are adopted or who are permanently separated from their families.

MDCHESSIE Health Care Screens (MediAlert, Health History, and Development Functioning)
Pursuant to Title VI- of the Social Security Act child welfare agencies are required to maintain health care records on children and youth in out-of-home placement. Youth between the ages of 18-20 that are still in out-of-home placement and consenting for their health care treatment, shall provide documentation of health care services to the local department of social services for the purpose of maintaining their health record in MDCHESSIE. MDCHESSIE is the official case plan file for each youth in out-of-home placement. MDCHESSIE has a Health folder which maintains the health record for children and youth in out-of-home placement. Within the health folder there are three additional health folders, they include the MediAlert Folder, Health History Folder, and Development Functioning Folder. To ensure proper oversight and monitoring of health care services, the local department of social services shall ensure that each of the folders
in the health folder is fully completed with current and accurate health care information on each youth in out-of-home placement.

**MediAlert Folder**
The following health care information is monitored and maintained in the MediAlert Tab:
- Examination Information,
- Chronic Health Information,
- Allergies/Special Needs/Hygiene/Phobias Information,
- Medications, and
- Health Insurance.

Below is an example of a completed MDCHESSIE MediAlert Examination, Medication, and Insurance Tabs.

**Examination Information**

![Examination Information Screenshot](image-url)
Medication Information

Medication Details:
- **Medication Name**: Latis
- **Date/Time**: 7/9/2012
- **Frequency**: 2X a day
- **Date Started**: 2012-07-09
- **Date to Stop**: 00:00/0000
- **Date Stopped**: 00:00/0000

**Reason/Purpose:** Prescribed for because Kristin was diagnosed with high blood pressure. Medication help to maintain a normal blood pressure.

**Physician Information:**
- **Physician Name**: Dr. Jasmin Block
- **Affiliation/Organization**: Physician One Inc.
- **Address**: 2312 King Street, Floor 302, Windsor Mill, MD 21244
- **Work**: 410-332-4589
- **Fax**: 410-332-4561

**Pharmacy Information:**
- **Pharmacy Name**: Giant
- **Pharmacy Phone**: 410-332-3463

**Comments:** Medication is being monitored by Dr. Block and should be taken as prescribed.
Health History Folder
The following health care information is monitored and maintained in the Health History Folder:

- Under 5 Health Care Information,
- Birth Information,
- Sexual Information,
- Hospitalization Information,
- Immunization Information, and
- Family Medical History Information.
Below is an example of a completed MDCHESSIE Health History Hospitalization and Immunization Information Tabs.

Hospitalization Information

Kaitlin injured her right eye while participating in Physical Education in school. She was taken to the hospital and received ten stitches and was kept overnight for observation.

Kaitlin had a full recovery. There was no other damage to her right eye.
Development Status Folder
The following health care information is monitored and maintained in the Development Status Folder:

- Mobility/Speech,
- Feeding,
- Sleeping, and
- Elimination.
Below is an example of a completed MDCHESSIE Development Status Mobility Tab.
Appendix I

Health Passport
CONSENT TO HEALTH CARE AND RELEASE OF RECORDS

I. ___________________________ (Full Name - Print clearly)
   a parent or legal guardian of
   ___________________________ (Child's Full Name - Print clearly)
   ___________________________ (Jurisdiction)
   authorize the Director of the
   Department of Social Services, or her/his designee:

1. To consent to routine, evaluative, or emergency health care for my child. The term health includes medical, mental health, vision, and dental care.

2. To give, as necessary, authorization to the approved foster care home, child placement agency or institution, where my child has been placed, to consent to routine and evaluative health care.

Further, with this consent I authorize:

1. The release of all my child's health and educational records to the Director of the local Department of Social Services or his/her designee.

2. The release, as necessary, of any/all of my child's health and educational records, by the Director of the local Department of Social Services or his/her designee to:
   a) the child's health care providers while in foster care; and/or
   b) staff of the child's school(s), as appropriate; and/or
   c) the child's foster care provider(s), through the Health Passport.

This consent remains in effect while my child remains in the custody of the local Department of Social Services, unless I revoke the consent by notifying the Director or his/her designee in writing. I understand that I may do so at any time.

The Director or his/her designee will keep me informed of my child's health and evaluative care.

_________________________________________ (Date) ___________________________ (Parent or legal guardian's signature)

☐ I could not obtain a parent or legal guardian's consent. I will petition the court for medical guardianship.

☐ The client is at least 18 years of age and is competent to sign consents when required.

☐ Parental rights have been terminated and/or medical guardianship has been awarded by the juvenile court.
   (Copy of court order can be found in section 3 - LEGAL of the case record.)

_________________________________________ (Worker's Signature) ___________________________________________ (Date)

DHE/SSA Caseman 631-F (Revised 1/99) All previous editions may be used.

WHITE - Health Passport Copy
YELLOW - Case Record Copy
Appendix II

MARYLAND MEDICAL ASSISTANCE PROGRAM
EPSDT Transmittal No. 32
September 14, 2010

TO: EPSDT Providers

FROM: Susan J. Tucker, Executive Director
       Office of Health Services

RE: Procedure Change – Modifier Required for Initial Medical Exam of Child in
     State-Supervised Care

NOTE: Please ensure that the appropriate staff members in your Organizations are
      informed of the content of this transmittal.

Effective October 1, 2010, the Department will require EPSDT providers to use modifier “32”
(Mandated Services) for initial examination visits, and any other procedures provided during this
visit, of a child entering State-supervised care. When this modifier is used, MCOs will be
obligated to pay for all portions of the EPSDT examination as described in the Healthy Kids
Manual. Using this modifier will allow the MCO to identify this service as self-referred so that a
non-participating provider can receive payment.

Prior to rendering well child care to a child in State-supervised care, a provider must receive
EPSDT certification from the Department of Health and Mental Hygiene. Eligible providers
should bill the child’s MCO utilizing the age-appropriate preventative CPT code (see code list
below) in conjunction with modifier “32” (Mandated Services). Providers should only use
modifier “32” for the initial examination visit, and any other procedures provided during this
visit, of a child entering State-supervised care. Modifier “32” should not be used for subsequent
visits. Eligible providers will be reimbursed by MCOs at the current Medicaid Fee for Service
rate.

Comprehensive Preventive Medicine (New Patient)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381</td>
<td>32</td>
<td>Infant (age under 1 year)</td>
</tr>
<tr>
<td>99382</td>
<td>32</td>
<td>Early Childhood (age 1 through 4 years)</td>
</tr>
<tr>
<td>99383</td>
<td>32</td>
<td>Late Childhood (age 5 through 11 years)</td>
</tr>
<tr>
<td>99384</td>
<td>32</td>
<td>Adolescent 9 (age 12 through 17 years)</td>
</tr>
</tbody>
</table>

or

Toll Free: 1-877-4MD-DHMH • TTY for Disabled: Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us
Periodic Comprehensive Preventive Services (Established Patient)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99391</td>
<td>32</td>
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<td>99392</td>
<td>32</td>
<td>Early Childhood (age 1 through 4 years)</td>
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<tr>
<td>99393</td>
<td>32</td>
<td>Late Childhood (age 5 through 11 years)</td>
</tr>
<tr>
<td>99394</td>
<td>32</td>
<td>Adolescent 9 (age 12 through 17 years)</td>
</tr>
</tbody>
</table>

For current fee schedule, see the Medicaid Provider Fee Manual online at: [http://www.dhmh.state.md.us/mma/providerinfo/](http://www.dhmh.state.md.us/mma/providerinfo/)

We appreciate your providing this critical service to this vulnerable population and hope this new billing procedure will help you receive more accurate, timely reimbursement. Please contact the Provider Hotline for additional information, billing questions and/or to report MCO reimbursement difficulties at (800) 766-8692.
### Appendix III

#### Health Care Services that a Minor (i.e. person under age 18) Can Give Consent

<table>
<thead>
<tr>
<th>Health Care Service</th>
<th>Law</th>
<th>Confidentiality and/or Informing Obligation of the Health Care Provider</th>
</tr>
</thead>
</table>
| **General Medical or Dental Treatment** | A minor (*i.e. person under the age of 18*) has the same capacity as an adult to consent to medical or dental treatment if the minor:  
  1) Is married;  
  2) Is parent of a child;  
  3) i. Is living separate & apart from minor’s parents, or guardian, whether with or without consent of minor’s parent, parents, or guardian; and  
     ii. Is self-supporting, regardless of source of minor’s income.  
  [Md. Code Ann., Health-Gen II §20-102(a)] | Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion  
  [Md. Code Ann., Health-Gen II § 20-102(f)] |
| **Pregnancy** | A minor (*i.e. person under the age of 18*) has the capacity as an adult to consent to treatment for or advice about pregnancy other than sterilization.  
  [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)] | Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion  
  [Md. Code Ann., Health-Gen II § 20-102(f)] |
| **Contraception** | A minor (*i.e. person under the age of 18*) has the capacity as an adult to consent to treatment for or advice about contraception other than sterilization.  
  [Md. Code Ann., Health-Gen. II §20-102(c) (1)-(5)] | Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion  
  [Md. Code Ann., Health-Gen II § 20-102(f)] |
<table>
<thead>
<tr>
<th>Diagnosis and/or Treatment For Sexually Transmitted Disease</th>
<th>A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]</th>
<th>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV Testing and Treatment</td>
<td>A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]</td>
<td>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]</td>
</tr>
</tbody>
</table>
| Abortion | A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to “incomplete notice” and “waiver of notice”. [Md. Code Ann., Health-Gen. II § 20-103(a)] | Waiver of Notice- No notice required, if, in the professional judgment of the physician:
1. Notice to the parent or guardian may lead to physical or emotional abuse of the minor;
2. The minor is mature and capable of giving informed consent to an abortion; or
3. Notification would not be in the best interest of the minor.
Incomplete Notice- No notice required if:
1. The minor does not live with a parent or guardian; and |

| Emergency Medical Services | A minor (i.e. a person under the age of 18) has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual. [Md. Code Ann., Health-Gen. II § 20-102(b)] | The health care provider shall inform the minor's parent or guardian. The health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent. [Md. Code Ann., Health-Gen. II § 5-607] |
| Drug and Alcohol Abuse Treatment | A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to treatment for advice about drug abuse and alcoholism [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)&(5)]

*Psychological treatment for drug abuse or alcoholism*
A minor has the capacity to consent to psychological treatment. | Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the
| **Outpatient Mental Health Services** | A minor who is 16 years old or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, or a clinic [Md. Code Ann., Health-Gen. II § 20-104(a)] The capacity of a minor to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic does not include the capacity to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent. |
| **Sexual Assault and Rape Services** | A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to:  
  - Physical examination and treatment of injuries  
  - Physical examination to obtain evidence from an alleged rape or sexual offense.  
  [Md. Code Ann., Health-Gen. II § 20-102 (c)(6)-(7)] Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]. |
| **Admission to Detention Center** | A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to:  
  - Initial medical screening and physical examination on and after admission into a detention center  
  [Md. Code Ann., Health-Gen. II § 20-102 (c)(8)] Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]. |
### Appendix IV

#### Health Passport MEDI-ALERT

<table>
<thead>
<tr>
<th>Form 631-A</th>
<th>Health Passport MEDI-ALERT</th>
</tr>
</thead>
</table>

#### I. Child's Current Health Care Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Specialty</th>
<th>Telephone</th>
</tr>
</thead>
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#### II. Placement Information

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<tr>
<th>Date of Placement</th>
<th>Type</th>
<th>Inpatient</th>
<th>Date of Report</th>
<th>Date of Report Attached</th>
<th>Date Form Completed</th>
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#### III. Chronic Health Problems

<table>
<thead>
<tr>
<th>A. Physical</th>
<th>B. Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Depression</td>
</tr>
<tr>
<td>Asthma/Allergies</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Bedwetting</td>
<td>Tooth Decay</td>
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<tr>
<td>Constipation</td>
<td>Urinary Tract Infection</td>
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<tr>
<td>Congenital Deformities</td>
<td>Kidney Infection</td>
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<tr>
<td>Diabetes (Type)</td>
<td>Vaginal Exchanges Infection</td>
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<tr>
<td>Diabetes (Type)</td>
<td>Hypertension</td>
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<tr>
<td>Diarrhea</td>
<td>Head banging</td>
</tr>
<tr>
<td>Ear Infection</td>
<td>Hyperactivity/A.D.D.</td>
</tr>
<tr>
<td>Eczema Rashes</td>
<td>Lethargy</td>
</tr>
<tr>
<td>Epilepsy/Epilepsy</td>
<td>Self-Injury</td>
</tr>
<tr>
<td>Hearing Loss</td>
<td>Sexual Activity</td>
</tr>
<tr>
<td>Smoking/Gum Disease</td>
<td>Stealing</td>
</tr>
<tr>
<td>None</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### IV. Present Medication

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose</th>
<th>Dose/Frequency</th>
<th>Date Started</th>
<th>Date Stop</th>
<th>Prescribing Physician (Name and Location)</th>
</tr>
</thead>
</table>

#### V. Allergies/Adverse Reactions

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Specify Each</td>
</tr>
<tr>
<td>Insect Bites</td>
<td>Unknown</td>
</tr>
<tr>
<td>Metals</td>
<td></td>
</tr>
</tbody>
</table>

#### VI. Special Needs

<table>
<thead>
<tr>
<th>A. Mobility</th>
<th>B. Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance Monitor</td>
<td>Deafness</td>
</tr>
<tr>
<td>Care Safety Seat</td>
<td>Soft Spoken</td>
</tr>
<tr>
<td>Crutches/Walker</td>
<td>Can't Read</td>
</tr>
<tr>
<td>English Not Primary Language</td>
<td>Special Education</td>
</tr>
<tr>
<td>Glasses</td>
<td>Wheelchair</td>
</tr>
</tbody>
</table>

#### VII. Personal Hygiene

<table>
<thead>
<tr>
<th>A. Dressing</th>
<th>B. Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>Drink Water</td>
</tr>
<tr>
<td>Dressing Self</td>
<td>Handle Flatware</td>
</tr>
<tr>
<td>Feeding Self</td>
<td>Special Diet (Specify)</td>
</tr>
<tr>
<td>D. Unknown</td>
<td></td>
</tr>
</tbody>
</table>

#### VIII. Fears/Phobias

<table>
<thead>
<tr>
<th>A. Animals</th>
<th>B. Loud Noises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darkness</td>
<td>Smells</td>
</tr>
<tr>
<td>Loud Noises</td>
<td>Special Ed.</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Not In School</td>
</tr>
<tr>
<td>D. Unknown</td>
<td>Grade</td>
</tr>
</tbody>
</table>

#### IX. Information on the Above Section Was Provided By:

<table>
<thead>
<tr>
<th>A. Mother</th>
<th>B. Father</th>
<th>C. Other (Specify)</th>
</tr>
</thead>
</table>

#### XI. Comments:

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
</table>

---

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WHITE - Health Passport Copy
YELLOW - Case Record Copy
INSTRUCTIONS (631-A)

MARK "X" IN THE APPROPRIATE BOX IN ALL SECTIONS.

WHEN TO COMPLETE: At intake, when a child is removed and placed out of the home of the parent OR legal guardian or at replacement with another caretaker.

WHO COMPLETES: The worker who initiates the removal from the home of the parent or legal guardian for placement OR replaces the child.

This form MUST be completed whenever a child is placed OR when a child is replaced. All information MUST be transferred to a new form at replacement if a new form is required. (Exception: if the existing form contains complete and current information, the existing form can be continued. Verify this on the Receipt of Health Passport form (DHR/SSA 631 G) at the time of placement.)

Case Identifying Information:

4. If no medical assistance or health insurance number exists, this information must be added as soon as possible. A number can be identified even before a card is issued.

I. Current Health Care Providers:

A/B. Identify the name and address of the primary health care providers (pediatrician, HMO, etc.)

II. Placement Information:

C. This Health Visit Report must document child's condition at the initial placement. A new Health Visit and Report is recommended at every replacement which is longer than one month from last visit.

III. Chronic Health Problems:

Mark all that apply. If "Other" specify. Completion is based on the best knowledge of the provider of the information.

IV. Present Medication:

Any medication the child is taking at the time of placement MUST BE listed.

Dose/Frequency: Include actual AM or PM time; before or after meals, with food, etc.

VI. Special Needs:

May be determined by worker observation or information from caretaker.

VII. Personal Hygiene:

Attention should be given to age and abilities of child.

XI. Comments:

use this area for any additional or unusual information related to items above or conditions not covered by form.
### Form 631-C
#### Health Passport

### Developmental Status (Ages 0-4 or child with disability)
(See instructions on reverse)

1. **Child's Name**
2. **Date Form Completed**
3. **Birthdate**
4. **Worker Completing Form & ID**
5. **Worker Telephone**
6. **Job**

### A. Mobility / Speech

<table>
<thead>
<tr>
<th><strong>Mobility / Speech</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age Child:</td>
<td></td>
</tr>
<tr>
<td>2. Speech:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mobility (check all that apply):</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Feeding

<table>
<thead>
<tr>
<th><strong>Feeding</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liquids:</td>
<td></td>
</tr>
<tr>
<td>2. Solid Food</td>
<td></td>
</tr>
<tr>
<td>3. Type of Diet</td>
<td></td>
</tr>
<tr>
<td>4. Bottle Feeding Only</td>
<td></td>
</tr>
</tbody>
</table>

### C. Sleeping

<table>
<thead>
<tr>
<th><strong>Sleeping</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Environment</td>
<td></td>
</tr>
<tr>
<td>2. Schedule</td>
<td></td>
</tr>
<tr>
<td>3. Sleeping Position</td>
<td></td>
</tr>
<tr>
<td>4. Problems</td>
<td></td>
</tr>
</tbody>
</table>

### D. Elimination (Bowal Movement/Urination)

<table>
<thead>
<tr>
<th><strong>Elimination</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Status</td>
<td></td>
</tr>
<tr>
<td>2. Toilet Training Only</td>
<td></td>
</tr>
</tbody>
</table>

### E. Special Consideration (Fears, Favorite toys, etc.)

### F. The Above Information Was Obtained From:

- **Mother**
- **Father**
- **Other, specify**
Appendix V

DEFINITIONS

Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services.

EPSDT-certified provider means a physician or nurse practitioner who is certified by the Department of Health and Mental Hygiene’s (DHMH) EPSDT program to provide comprehensive well-child services according to DHMH periodicity schedule and program standards to enrollees younger than 21 years old.

EPSDT comprehensive well-child services means (a) all the screening services provided by an EPSDT certified provider that are required or recommended on the EPSDT periodicity schedule; and (b) health care services to diagnose, treat, or refer problems or conditions discovered during the comprehensive well-child service.

EPSDT partial or inter-periodic well-child service means (a) a well-child service provided at times different than those outlined in the EPSDT periodicity schedule; or (b) any encounter by a health care practitioner necessary to diagnose or identify a condition and recommend a course of treatment.

EPSDT periodicity schedule means the Department of Health and Mental Hygiene’s approved list of required or recommended preventive health care services which are to be performed at specified ages.

Patient Centered Medical Home means a primary care practice organized to provide a first, coordinated, ongoing, and comprehensive source of care to patients to: (1) Foster a partnership with a child in out-of-home placement; (2) Coordinate health care services for a child in out-of-home placement; and (3) Exchange medical information with carriers, other providers, and children in out-of-home placement.

Managed Care Organization (MCO) means (a) a certified health maintenance organization that is authorized to receive medical assistance prepaid capitation payments; or (b) a corporation that: (i) Is a managed care system that is authorized to receive medical assistance prepaid capitation payments; (ii) enrolls only program recipients or individuals or families served under the Maryland Children’s Health Program; and (iii) is subject to the requirements of §15-102.4 of the Health-General Article.

Primary Care Physician (PCP) means a practitioner who is the primary coordinator of care for the enrollee, and whose responsibility it is to provide accessible, continuous, comprehensive, and coordinated health care services covering the full range of benefits required by the Maryland Medicaid Managed Care Program as specified in COMAR 10.09.67.