




**DEPARTMENT OF HUMAN SERVICES**

Wes Moore, Governor · Aruna Miller, Lt. Governor · Rafael López, Secretary

<b>Policy Number:</b>	SSA/CW #25-07
<b>Policy Title:</b>	Candidacy for Foster Care Determination and Documentation
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<b>Approved By:</b>	Dr. Alger M. Studstill, Jr.  Executive Director Social Services Administration
<b>Revision Date(s):</b>	None
<b>Supersedes:</b>	SSA/CW #13-15
<b>Originating Office:</b>	Prevention and Child Safety
<b>Summary of Change:</b>	This policy updates the requirements for determining and documenting a child's candidacy for foster care within In-Home Services. It also revises and clarifies the definition of "candidacy" for foster care, and further differentiates between prevention candidates and traditional candidates eligible for Title IV-E funding. Finally, this policy establishes that all categories of In-Home cases must have service plans, detailing the oversight, imminent risk criteria, and documentation requirements to ensure compliance and accountability.
<b>Required Actions:</b>	Local Departments of Social Services (LDSS) must ensure candidacy determinations are made for each child and service plans are developed as required.

<b>Key Words:</b>	Candidate, Imminent Risk, Prevention, Service Plan, Evidence-Based Practice, Family First Prevention Services Act.
<b>Related Federal Law</b>	The Families First Prevention Act § <a href="#">50711</a> included in the <a href="#">Bipartisan Budget Act of 2018</a> .
<b>Related State Laws</b>	Md. Ann. Code <a href="#">Fam. Law Art. § 5-1303</a> (2007) Md. Ann. Code <a href="#">Fam. Law Art. §§ 4-401, 402, 403</a> (2024) <a href="#">Credits: Added by Acts 1984, c. 296, § 2, eff. Oct. 1, 1984. Formerly Art. 88A, § 121.</a>
<b>COMAR</b>	<a href="#">COMAR 07.02.01.09</a>
<b>State Plan Implications?</b>	Yes

### Purpose And Summary

The [Family First Prevention Services Act](#) (FFPSA) § [50711](#) included in the [Bipartisan Budget Act of 2018](#) aims to strengthen family support services to help children and youth remain safely at home with their families, reduce the reliance on congregate care, and enhance community-based resources.

This policy establishes Maryland Department of Human Services (DHS) guidelines to:

1. Comply with federal [FFPSA](#) statute, including updating the definition of candidacy to align with federal requirements and Maryland's implementation of the [FFPSA](#) under the DHS FFPSA Title IV-E Prevention Plan.
2. Share best practices for Local Departments of Social Services (LDSS) to identify, determine, and document "candidates at risk for out-of-home placement" among children and youth receiving In-Home Family Preservation Services.
3. Determine the process and documentation for foster care candidacy by providing imminent risk identification and criteria.
4. Ensure evidence-based services are appropriately documented within service plans, in the electronic system of record, and service logs.

## **Related Laws And Regulations**

Family Law Articles §§ [5-1303](#), [4-401](#), [4-402](#), and [4-403](#) require Maryland to promote family stability, preserve family unity, and help families achieve and maintain self-reliance by:

1. Responding to financial and family crisis through direct provision of family counseling and supportive services.
2. Providing referral(s) to appropriate community resources.

Maryland DHS' responsibility is to provide preventative and protective services or out-of-home placements to support children and youth and their families who may be experiencing family dissolution and breakdown.

## **Background**

Federal financial participation for administrative costs and eligible prevention services related to Title IV-E may be reimbursed through a federal-state matching program. For children and youth experiencing out-of-home care, a specific prevention services plan is developed and indicates that, without preventive services, the child's or youth's planned living arrangement is designated as out-of-home. In compliance with federal regulations, this policy determines eligibility for these services and documents the support provided.

Maryland DHS is responsible for administering and monitoring policies related to Title IV-E services. Maryland's Title IV-E Prevention Services are designed to strengthen families' protective and nurturing capacities; and to provide services before families face the devastating consequences of maltreatment and separation.

In July of 2024, the electronic system of record was updated to include a mandatory candidacy determination enhancement and documentation of evidence-based services. For In-Home Services, the electronic system of record includes the service plan and additional various assessments.

## **Definitions**

Child Specific Prevention Plan – A subset of a family's service plan that details specific services and interventions to address the individual needs and goals of the identified child or youth.

Evidence-Based Program (EBP) – An intervention that is supported by rigorous scientific research and has demonstrated effectiveness in achieving specific outcomes and designed to address the specific needs of a target population. FFPSA EBPs are reviewed and rated by the [Title IV-E Clearinghouse](#).

Imminent Risk – A situation in which a child or youth faces an immediate and substantial threat of serious harm, including but not limited to, abuse, neglect, or exploitation. This designation necessitates intervention to ensure the child or youth's safety and well-being.

Prevention Candidate – A child or youth who is a candidate for out-of-home care and is at imminent risk of entering or reentering out-of-home care. The youth is able to remain safely in the home or live with kin as long as the approved Title IV-E Prevention Services are intended to be provided. (e.g. mental health, substance use disorder, or In-Home parenting skill-based programs).

Traditional Candidate – A child or youth who meets one of the imminent risk criteria and needs general preventive services to mitigate risk factors to prevent entering or reentering out-of-home care.

## **Procedures And Timeframes**

### **1. Imminent Risk Eligibility and Determination of Candidacy**

- 1.1. Imminent risk may originate from the overall familial circumstances or from specific characteristics of parents, children, or kinship caregivers that impact their capacity to provide safe and nurturing care.
- 1.2. A child or youth shall be designated as either a traditional or prevention candidate for services if they meet the specified imminent risk criteria outlined in Table A: Imminent Risk Identification (below).
- 1.3. To determine eligibility, caseworkers are required to utilize, in conjunction with intake information, established risk and safety assessment tools, including but not limited to:
  - 1.3.1. Structured Decision Making (SDM);
  - 1.3.2. [Safety Assessment For Every Child](#) (SAFE-C);
  - 1.3.3. [Maryland Family Initial Risk Assessment](#) (MFIRA); or
  - 1.3.4. [Child and Adolescent Needs and Strengths](#) – Family Version (CANS-F) assessment.
- 1.4. The identification of family strengths and needs, inform and support co-creation of the child and youth specific prevention plan and selection of the most appropriate EBP.
- 1.5. Utilizing risk and safety findings along with child and youth and/or family engagement result in authentic partnership.

### **2. Pregnant and Parenting Youth**

- 2.1. Pregnant and Parenting Youth (PPY) are eligible for Title IV-E Prevention Services. To qualify, PPY must:

- 2.1.1. Be experiencing an out-of-home living arrangement,
- 2.1.2. Be pregnant or parenting,
- 2.1.3. Meet at least one of the criteria in Table A: Imminent Risk Determination and Criteria, and
- 2.1.4. Have a determination that Title IV-E Prevention Services are the appropriate intervention for the youth.

### **3. Two Candidacy Pathways: Traditional or Prevention Candidacy**

#### **3.1. Traditional Candidacy Criteria**

- 3.1.1. In-Home Family Preservation services are the appropriate course of action for this child or youth or their family; **and**
- 3.1.2. Child or youth should meet at least one of the Table A: Imminent Risk Determination and Criteria; **and**
- 3.1.3. The child or youth is not within the target population **or** there is no demonstrated need for a specific evidence-based service.

#### **3.2. Prevention Candidacy Criteria**

- 3.2.1. Title IV-E Prevention Services (e.g., mental health, substance use disorder, or In-Home parenting skill-based programs) are the appropriate course of action for this child **or** youth or their family and they are within the target population for a specific evidence-based service; **and**
- 3.2.2. The child or youth should meet at least one of the Table A: Imminent Risk Determination and Criteria; **and**
- 3.2.3. There is a moderate to high risk level as documented by the assessment tools (see 1.3.).

### **4. Supervisory and Caseworker Review and Approval**

- 4.1. The supervisor and caseworker must determine if Title IV-E Prevention Services are appropriate and will mitigate the family's identified risk. To determine these services, the supervisor and caseworker will:
  - 4.1.1. Utilize risk and safety findings from various assessment tools (see 1.1. and 1.4.), and
  - 4.1.2. Document the safety findings in the electronic system of record and service logs.
- 4.2. In addition, supervisors are responsible for:
  - 4.2.1. Reviewing and approving service plans, and
  - 4.2.2. Verifying the plan appropriately supports the need and justification for Title IV-E Prevention Services.

### **5. Redetermination of Candidacy**

- 5.1. Redetermination of candidacy should occur at regular intervals, such as every three months, or as circumstances change.

Caseworkers must:

- 5.1.1. Review the family's progress through ongoing case management. The review will assess the following:
  - 5.1.1.1. Whether the child remains at risk of requiring an out-of-home living arrangement, and
  - 5.1.1.2. Evaluation of the effectiveness of services provided.
- 5.1.2. If the original risk factors designating the child or youth as a prevention candidate persist, prevention services are to be extended.
- 5.1.3. If the familial situation stabilizes, and the risk diminishes, the child or youth may no longer meet the criteria to continue to be a candidate and receive prevention services.

## **6. Child Specific Prevention Plan Inclusion of EBP**

- 6.1. Prevention candidates and PPY must have a child or youth-specific prevention plan.
- 6.2. In Maryland, child or youth-specific prevention plans are a subset of a service plan.
- 6.3. To ensure success of the interventions, the service plan includes details on prevention strategies and services to be provided.
- 6.4. Caseworkers must ensure the prevention plan includes the following components:
  - 6.4.1. The type of intervention,
  - 6.4.2. The prevention candidate's name,
  - 6.4.3. A clear action statement specifying the child's participation,
  - 6.4.4. The duration, and
  - 6.4.5. The purpose of the EBP.
  - 6.4.6. Indicate the child or youth receiving EBP services will benefit.
- 6.5. The following examples provide the required language for documenting services based on the selected EBPs:
  - 6.5.1. **Example 1: Functional Family Therapy (FFT):** "[Child's or youth's name] will participate in FFT for three to five months to address mental health needs."
  - 6.5.2. **Example 2: Parent-Child Interaction Therapy (PCIT):** "[Child's or youth's name] will participate in PCIT for up to one year to reduce behavioral challenges."
- 6.6. All prevention plans must align with these standardized language guidelines to ensure consistency, clarity, and compliance with policy expectations.

## **7. Alignment of Prevention Plan Dates with EBP Duration**

- 7.1. Caseworkers must verify and document that the family's prevention plan dates fully coincide with the family's involvement

with the EBP provider where possible:

- 7.1.1. The start date of the service plan must be on or before the family's **first** date of participation in the EBP.
- 7.1.2. The end date of the service plan must be on or after the family's **last** date of participation in the EBP.
- 7.2. In the event, where services began prior to the start date of the prevention plan, the caseworker will document the circumstances in the electronic health record.

## **8. Service Logs Documentation**

- 8.1. Caseworkers must document the **start** date and **end** date of all EBPs provided to the child or youth or their family while receiving Family Preservation services in the service log.
- 8.2. To assist federal claiming and reimbursement efforts, documentation should align with and support the delivery of the selected EBP. The prevention service categories are:
  - 8.2.1. Mental health programs,
  - 8.2.2. Substance prevention,
  - 8.2.3. Kinship navigation services, and
  - 8.2.4. In-Home parenting skill-based programs.
- 8.3. DHS may provide Title IV-E prevention services as specified in the child specific prevention plan for up to 12 months beginning on the date the state identifies the child as being a candidate.
- 8.4. Prevention plans, documentation in the system of record, and logs must adhere to these guidelines.
- 8.5. Please refer to [CJAMS How To Guides](#) for further guidance.

**Table A: Imminent Risk Identification and Criteria**

<b>Category</b>	<b><i>Children and/or youth who:</i></b>	<b><i>Families experiencing the following:</i></b>
<b><i>Current or Prior Exposure to Risk/Harm</i></b>	<ol style="list-style-type: none"> <li>1. Are (or have been) victims of maltreatment, including abuse or neglect;</li> <li>2. Are (or have been) victims of trafficking (e.g., human, labor, or sex);</li> <li>3. Exit foster care before turning age 21;</li> <li>4. Have prior child welfare involvement, including those children/youth who exited foster care through reunification, guardianship, or adoption;</li> <li>5. Have experienced a prior child fatality or serious child injury; or</li> <li>6. Have a history of a termination of parental rights.</li> </ol>	<ol style="list-style-type: none"> <li>1. Infants born exposed to substances;</li> <li>2. Substance misuse or addiction;</li> <li>3. Living in unsafe conditions, such as domestic/intimate partner violence, a sex offender in the home, etc.;</li> <li>4. Receiving In-Home family preservation child welfare services; or</li> <li>5. Two or more reports to the child protection services hotline within a 12-month period.</li> </ol>
<b><i>Complex Needs</i></b>	<ol style="list-style-type: none"> <li>1. Are involved in or at risk of involvement with the Department of Juvenile Services (DJS), or who are served in the community; or</li> <li>2. Have previous involvement with DJS.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complex medical needs;</li> <li>2. Complex psychological and/or behavioral needs, including child/youth substance abuse; or</li> <li>3. Children/youth with intellectual or developmental disabilities.</li> </ol>
<b><i>One or More Significant Family Stressors</i></b>	<ol style="list-style-type: none"> <li>1. Remaining in the home, whose siblings are experiencing foster care;</li> <li>2. Whose parent had previously experienced foster care;</li> <li>3. Who have chronic absences from preschool or truancy from school; or</li> <li>4. Whose parent(s) is a person who is incarcerated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Housing insecurity or homelessness;</li> <li>2. Insufficient parenting skills to address their child's or youth's needs; or</li> <li>3. Informal kinship living arrangements.</li> </ol>
<b><i>Court Oversight</i></b>	<ol style="list-style-type: none"> <li>1. A Judge/Magistrate issues a direct court order to a relative and the court case remains open.</li> <li>2. Families with a current or former Voluntary Placement Agreement (VPA) for children or youth who have a documented developmental disability or mental illness.</li> </ol>	



## **Alignment With Practice Model And Desired Outcomes**

[Maryland's Integrated Practice Model](#) (IPM) was designed with the goal of achieving better outcomes for children, families, and vulnerable adults. The IPM's practice principles include: family-centered; culturally & linguistically responsive; outcomes-driven; individualized and strength-based; safe, engaged and well-prepared professional workforce; community-focused, and trauma responsive. These practice principles guide the design, development, and execution of [FFPSA](#) prevention services and day-to-day practice. Embedding these principles into practice ensures services are tailored to meet a family's unique needs, drive measurable outcomes, support an equipped and engaged workforce, and empower families.

### **DOCUMENTATION**

1. Creating service plans for both traditional and prevention candidates with documentation should:
  - 1.1. Ensure the child or youth and their family receive necessary interventions,
  - 1.2. Safely keep the child or youth at home and prevent foster care placement,
  - 1.3. Be developed with participation from family members to identify the goals and objectives, focus on family successes,
  - 1.4. Describe how the caseworker supports and assists the family in completing the goals and objectives, and
  - 1.5. Focus on where the family should be functioning at the point of case closure.

### **Documentation for Traditional Candidates Receiving Family Preservation Services:**

1. Documentation must include:
  - 1.1. A service plan includes goals, interventions, services, responsibilities and timelines addressing concerns documented in the electronic system of record.
  - 1.2. Timeline: All workers must document candidacy information in the electronic system of record at the following points in the life of a case:
    - 1.1.1. Within 45 days of case opening, during the development of the initial service plan;
    - 1.1.2. Every time the service plan is re-negotiated; and
    - 1.1.3. If there is a need and the family is willing to continue services beyond the initial 12 months of service.

## **Documentation for Prevention Candidates Receiving Family Preservation Services:**

1. Documentation must include:
  - 1.1. Justification of the prevention candidacy determination must be recorded and dated within the child or youth-specific prevention plan in the electronic system of record.
  - 1.2. Timeline: All workers must document candidacy information in the electronic system of record at the following points in the life of a case:
    - 1.2.1. Within 45 days of case opening, during the development of the initial prevention plan;
    - 1.2.2. Every time the prevention plan is re-negotiated; and
    - 1.2.3. If there is a need and the family is willing to continue services beyond the initial 12 months of service.
2. A subset child or youth-specific prevention plan to support the child's or youth's ability to remain safely at home. Please refer to the CJAMS "[How To Guide for Service Plans](#)" on documenting the child or youth-specific prevention plan.

### **FORMS AND ATTACHMENTS**

[CJAMS "How To" Guide : Service Planning and Candidacy Determination](#)

[CJAMS How to Service Log](#)

[SSA-CW Guidance-Tips for Talking with Families about Prevention](#)