




Maryland

Department of Human Services
SOCIAL SERVICES ADMINISTRATION

ONE-ON-ONE SERVICES POLICY

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Policy Title:	One-on-One Services Policy
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Approved By:	Dr. Alger M. Studstill, Jr.  Executive Director Social Services Administration
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Originating Office:	Office of Child and Family Well-Being Remonte Green, Deputy Executive Director
Summary of Change:	This policy updates the standards for One-on-One Support Services to ensure they are utilized as a temporary, intensive intervention for youth in crisis. It clarifies the clinical indicators for eligibility, mandates the use of approved providers to ensure consistent quality of care, establishes strict prohibitions against the use of physical restraint by support staff, and implements a thirty-day review process to ensure services remain focused on stabilization and do not replace necessary clinical treatment.
Required Actions:	Local Departments of Social Services (LDSS) staff must assess youth for safety risks prior to requesting services; convene team meetings to explore all other support options; utilize the approved provider list to secure qualified support staff; monitor the youth's progress weekly through

	review of daily contact reports; and formally review the ongoing necessity of services every thirty days to authorize continuation or plan for case closure.
Key Words:	One-on-One, Stabilization, Crisis Intervention, De-escalation, Supplemental Supervision, Placement, Placement Stability, Safety Support
Related Federal Law	42 U.S.C. § 671, Title IV-E
Related State Laws	Md. Ann. Code, Family Law Article § 5-501 et seq.
COMAR	COMAR Chapter 07.02.11. COMAR Chapter 14.31.06.
State Plan Implications?	No

Purpose And Summary

This policy establishes the standards and procedures for the provision of One-on-One Support Services for children and youth in out-of-home placement. The goal of providing these services is to offer a higher level of care to ensure the safety and security of the youth and others in the placement setting. These services are offered when an additional intervention needs to be provided when a youth’s behavior is temporarily beyond the scope of the placement provider and are deemed necessary to resolve the immediate crisis and maintain the placement for the youth.

These services are temporary and supplemental. They are not intended to replace the professional treatment services needed by the youth, nor are they intended to serve as long-term supervision. The scope of this policy ensures that One-on-One services are used strictly for stabilization, crisis de-escalation, and skills coaching to help youth manage emotional regulation, thereby preventing placement disruptions and promoting permanency through trauma-informed care.

This policy governs statewide One-on-One Services supplied by the Social Services Administration (SSA) with private contractors procured for that purpose. The responsibility for overseeing any One-on-One staff and subcontractors hired by licensed providers rests with those providers in accordance with existing licensing and contract requirements.

Baltimore City DSS and Anne Arundel County DSS are excluded from the requirement to use the procured list of contractors contracted with SSA, however all other requirements within this policy about one-on-one services

provided must be adhered to including but not limited to: transportation, medication adherence, physical restraints, and documentation.

Related Laws And Regulations

This policy is grounded in the federal mandates of Section 472 of the Social Security Act [42 U.S.C. § 672], which prioritizes the safety, permanency, and well-being of children in foster care. It aligns with Md. Code Ann., Fam. Law § 5-525, which requires that all services provided be in the best interests of the child.

Furthermore, this policy enforces the standards set forth in COMAR 14.31.06 regarding the protection of youth rights in residential care. Specifically, it adheres to regulations prohibiting the use of physical restraint by unauthorized or unqualified personnel, ensuring that One-on-One support staff utilize only verbal de-escalation and coaching techniques to manage behavioral crises. Only qualified staff employed by licensed providers are authorized to use any form of physical restraint.

Definitions

Child, Juvenile, and Adult Management System (CJAMS) – the official Maryland Department of Human Services system of record for tracking child welfare cases and youth identifiers.

Crisis De-escalation – immediate interventions designed to protect the health, safety, and well-being of both the youth receiving services and other individuals in the placement setting, utilizing techniques such as active listening, avoiding judgmental comments, and expressing support to reduce agitation.

Daily Contact Reports - comprehensive written records of all contact the One-on-One Provider's staff has with the youth, Care Provider, Case Worker, and other involved parties. These reports must include narrative descriptions of the services and activities provided, the hours spent each day, the youth's daily functioning, and information regarding the youth's goals and challenges obtained through interactions. Daily contact reports are submitted weekly to SSA.

Full Clinical Team Meeting - this meeting includes all members of a youth's care team. The clinical team may include staff from SSA, LDSS, educational programs, placement providers, One-on-One service providers, medical teams, Maryland Department of Health, Maryland Department of Juvenile Services, the Maryland Behavioral Health Administration, or others deemed appropriate by the LDSS caseworker and LDSS caseworker supervisor.

LDSS One-on-One project lead – the staff at the LDSS that assists with scheduling, record keeping, and communication with the SSA Project Manager. This role oversees the One-on-One project at the LDSS.

One-on-One Services – direct, uninterrupted oversight of a child or youth and continuous supervision, where an individual employed by the contractor is assigned to a single child or youth for close monitoring and specialized support.

One-on-One Teaming meeting – a team that coordinates all information-gathering and case review activities at the local level when the LDSS recommends a One-on-One for a youth in a licensed placement.

Physical Restraint – the use of physical force, without the use of any device or material, to restrict the free movement of all or a portion of a child’s body. Physical restraint does not include briefly using hands or arms to provide comfort, to support, or to ensure the safety of a child or others and to escort the child safely from one area to another; moving a child who is unwilling to leave the area when other methods such as counseling have been unsuccessful; or breaking up a fight ([COMAR 14.31.06.03.B\(28\)](#)).

Service Goal – a mandatory requirement that provides the rationale for how One-on-One Services will help resolve the current situation and support placement stability for the youth. This goal must include specific objectives the services seek to accomplish that are not achievable without one-on-one intervention. Alignment with the existing treatment plan is strongly recommended.

SSA One-on-One Project Manager – the designated SSA employee responsible for the day-to-day service implementation, service request authorization, and primary programmatic contact for contractors.

SSA One-on-One Contracts Manager – the designated SSA employee responsible for managing contractor contracts, ensuring compliance, and overseeing funding allocations.

Stabilization – Short-term intensive intervention provided when a youth’s behavior is temporarily beyond the normal scope of the care provided by the placement provider, designed to resolve an immediate crisis or support a newly admitted youth with a history of exhibiting unsafe behavior.

Treatment Plan – a written plan that includes the strategies and efforts to manage a crisis situation and youth's behavior. In the context of residential child care, this is a plan based on a functional behavioral assessment designed to address challenging behaviors through the use of positive behavioral interventions, strategies, and supports.

Procedures And Timeframes

1. Identification and Eligibility

LDSS One-on-One [Project Lead](#) may:

- 1.1. Consider One-on-One services only when a youth’s behaviors or actions appear to be temporarily beyond the normal scope of the placement

- provider's program.
- 1.2. Utilize services for short-term intervention rather than long-term supervision.
 - 1.3. Identify specific indicators of need, including:
 - 1.3.1. Youth presents a risk or demonstrates actions harmful to self or others.
 - 1.3.2. Crisis evidenced by psychological decompensation or extreme reaction to trauma triggers.
 - 1.3.3. Need for stabilization of a newly admitted youth.
 - 1.3.4. Need for stabilization of youth who have experienced multiple out of home placements who may feel supported by an existing One-on-One while adjusting to a new placement setting.

2. Request and Approval Process

Prior to requesting services, the LDSS must hold a One-on-One Teaming meeting with at least the following: SSA One-on-One Project Manager, the LDSS One-on-One Project Lead, the caseworker, and placement provider staff to determine if the situation can be managed within current placement resources. This meeting must be conducted at least 2 business days before One-on-One services are referred.

If One-on-One services are deemed necessary, the caseworker must:

- 2.1. Utilize the [SSA/Regional Approved Provider List](#) to find a qualified contractor and contact them to confirm availability.
- 2.2. Complete the [One-on-One Request Form](#), detailing the youth's behaviors, needs, and the specific service goal.
- 2.3. Request approval from LDSS One-on-One Project Lead as designated by the LDSS Director.
- 2.4. Once approval is received from the LDSS One-on-One Project Lead or designee, a request for approval from SSA One-on-One Project Manager is warranted
- 2.5. Once approval is received from SSA One-on-One Project Manager, the LDSS is authorized to request services with the approved contractor. The SSA One-on-One Project Manager will document the approval or denial in CJAMS.
- 2.6. Within 30 minutes of the initial referral being sent to the contractor the contractor must confirm that a one-on-one services staff member is able to provide one-on-one services or decline the request for service.
- 2.7. Within two (2) hours of the initial referral receipt, the contractor must meet with the child or youth, the care provider (if present) and the caseworker (if present) and begin providing appropriate one-on-one services for the child or youth.

3. Service Provision and Monitoring

The LDSS must monitor each One-on-One contracted staff to ensure compliance with the following requirements:

- 3.1. Provide continuous supervision and engagement focused on the youth's service goal immediately upon initiation.
- 3.2. Monitor the quality of care by reviewing Daily Contact Reports submitted by the contractor.
- 3.3. Review Daily Contact Reports for details on the youth's functioning and response to interventions.
- 3.4. One-on-One staff are not authorized to provide medical advice, administer medication, use physical behavioral modification techniques, nor provide transportation for children or youth.
 - 3.4.1. Staff employed with a licensed placement provider are authorized to administer medication, use physical behavioral modification techniques, and provide transportation for youth and must be properly trained and authorized to do so by the placement provider.

4. Continuation of Services Review

The LDSS caseworker and their supervisor must:

- 4.1. Authorize services in 30 day increments
- 4.2. Review progress toward the service goal with the supervisor by the 25th day of service.
- 4.3. Terminate services if the safety concern has been resolved.
- 4.4. Submit an [SSA One-on-One Services Program Request Form](#) with an updated Treatment Plan from the placement provider and justification for extension if the youth continues to demonstrate enhanced supervision needs.
- 4.5. Convene a full "Clinical Team Meeting" by day 50 to evaluate the appropriateness of the current placement if services are recommended for more than 60 days. The clinical team may include staff from SSA, LDSS, educational programs, placement providers, One-on-One service providers, medical teams, Maryland Department of Health, Maryland Department of Juvenile Services, the Maryland Behavioral Health Administration, or others deemed appropriate by the LDSS caseworker and LDSS caseworker supervisor.

5. Roles, Responsibilities, and Centralized Communication

To ensure high-quality oversight and streamlined contract compliance, a formal management structure is established in this policy.

The SSA One-on-One Project Manager and SSA Contracts Manager or designee will serve as the centralized administrative team. The LDSS One-on-One project lead must direct all requests, incident notifications, and billing inquiries to a single, centralized email inbox (SSA.OnetoOne@maryland.gov) managed by the employees in both roles to maintain a clear line of communication.

5.1 Role of the SSA One-on-One Project Manager

The SSA One-on-One Project Manager serves as the day to day programmatic point of contact for the Contractors of the statewide One-on-One contracts. Specific duties include:

- 5.1.1. This role is designated by the LDSS Director or designee.
- 5.1.2. Making follow-up requests for services via phone and email if assistance is requested from the LDSS (LDSS Caseworker holds this primary responsibility).
- 5.1.3. Designating the effective termination date for services and approving any changes to the hours or days of service.
- 5.1.4. Receiving Daily Contact Reports on a weekly basis and sharing with the respective LDSS.
- 5.1.5. Receiving notification within 2 hours of incidents where staff or youth acted inappropriately or if a youth leaves the placement without consent.
- 5.1.6. Completing an annual review to monitor Contractor performance in conjunction with the SSA Contracts Manager.
- 5.1.7. Conducting scheduled and unscheduled site visits to assess performance and contract compliance in conjunction with the SSA Contracts Manager.
- 5.1.8. Serving as the point of contact for escalating concerns regarding routine and emergency situations.
- 5.1.9. Attending and providing oversight and guidance in One-on-One Teaming meetings where a One-on-One service provider was involved in a critical incident, following the [SSA Critical Incident Notification Policy](#).
- 5.1.10. Working collaboratively with the SSA Contracts Manager.

5.2. Role of the SSA Contracts Manager

The SSA Contracts Manager, identified as the Contract Monitor in the Request for Proposals (RFP), [SSA/OTOSW-24-001](#) is the State representative primarily responsible for Contract administration functions, including issuing written direction and invoice approval. Specific duties include:

- 5.2.1. Conducting scheduled and unscheduled site visits to assess performance and contract compliance including ensuring expectations related to confidentiality, training, and meeting the needs of youth are met.
- 5.2.2. Evaluating quarterly performance scores based on service delivery, deliverables, and satisfaction surveys.
- 5.2.3. Receiving and reviewing [Corrective Action Plans](#) (CAP) if a Contractor's performance score is 69 points or less, or if they decline services or if they decline services beyond the thresholds established in the Contract (e.g., three consecutive declinations).
- 5.2.4. Ensuring invoices are appropriate and contain all required data

(e.g., Client ID, hours of service) before processing payment.

5.2.5. Working collaboratively with the SSA One-on-One Project Manager.

5.3. Role of the LDSS One-on-One Project Lead

Concurrently, each LDSS must designate one staff member to serve as the LDSS One-on-One Project Lead, who will act as the primary local programmatic liaison to SSA. The Project Lead is responsible for the day-to-day requests for services and the local operations of the One-to-one Service Contractors. Specific duties include:

5.3.1. Managing the daily service referrals, ensuring that every request includes the youth's name, age, specific location, and a clear service goal to resolve the crisis and support placement stability

5.3.2. Serving as a primary point of contact for safety; all One-on-One contractors must report any alleged child abuse, neglect, or risk to youth safety to the referring LDSS and 1-800-91Prevent (1-800-917-7383) immediately.

5.3.3. Supports contractor performance monitoring. If the LDSS identifies that a contractor is not in compliance with contract provisions, the LDSS One-on-One Project Lead will notify the SSA Contract Manager in writing.

5.3.4. Verifying the accuracy of services delivered by reconciling the [Invoice – One to One Monthly Service Verification Form](#).

5.3.5. Working collaboratively with the SSA One-on-One Project Manager and SSA Contract Manager

5.3.6. Participating in required meetings and ensuring One-on-One practice guidance is followed when a critical incident involves a One-on-One service provider.

5.4. Role of the LDSS Director

5.4.1. The LDSS Director is responsible for designating an employee to serve as the LDSS One-on-One Project Lead and grant this role the authority to approve all One-on-One services.

5.4.2. The LDSS Director will notify the SSA Project Manager via shared email (SSA.OnetoOne@maryland.gov) whenever there is a change in the local One-on-One Project Lead.

6. One-on-One Staffing and Operational Standards for Contractors

To ensure a safe and high-quality intervention, all One-on-One staff providing direct care are required to adhere to strict staffing standards and safety protocols:

6.1. Staff are strictly forbidden from working more than 12 hours per day to ensure they are adequately rested and capable of providing continuous, safe supervision.

6.2. All contractor staff must pass criminal and CPS background checks and must complete required training and certification in an approved crisis intervention model to provide crisis de-escalation

- and executive skills coaching. Staff must also complete a minimum of two annual in-service trainings as outlined in the contract.
- 6.3. To ensure fiscal accountability, the contractor must confirm staff availability within 30 minutes of a service referral and provide services within 2 hours of accepting the request.
 - 6.4. For documentation, all contractor service logs and invoicing must detail service delivery in 15-minute increments, which the caseworker must utilize when verifying the contractor's monthly invoice against the Daily Contact Reports. To ensure timely documentation, the reports must be written within 24 hours of service delivery and submitted as directed by the LDSS to the LDSS One-on-One project lead every Monday for the previous week's services.
 - 6.5. The Placement Provider retains primary responsibility for physical safety and emergency intervention. One-on-One staff serve as supplemental observers and verbal coaches. In the event of a physical altercation, the One-on-One staff must defer to the Placement Provider's protocols.

Documentation

All activities related to One-on-One services must be documented in CJAMS. The LDSS One-on-One Project Lead must upload the initial [One-on-One Services Program Request Form](#) and any subsequent [One-on-One Services Program Continuation Request Form](#) prior to submitting the request to the SSA One-on-One Project Manager. The [One-on-One Weekly Contact Report](#) provided by the contractor must be uploaded weekly to the youth's case file to serve as the clinical record of the intervention. All required records must be uploaded in CJAMS under the "Documents" tab.

In addition to clinical documentation, the caseworker must verify the accuracy of the services delivered by reconciling the contractor's monthly invoices against the Daily Contact Reports. This verification ensures that the hours billed match the actual support provided to the youth. The caseworker's verification must be documented in CJAMS.

Invoices will be submitted in the manner designated by the SSA Contracts Manager (ePace) and paid in accordance with the contract between the One-on-One Contractor and SSA.

Forms And Attachments

1. [One-on-One Services Program Request Form](#)
2. [One-on-One Services Program Continuation Request Form](#)
3. [One-on-One Daily Contact Log](#)
4. [Invoice - Monthly Service Verification form](#)
5. [Corrective Action Plans](#)

6. [Provider Information Form](#)

Related Information

This policy supports the Department's commitment to placement stability and trauma-informed care. It supersedes SSA Policy Memorandum dated April 9, 2007 and [SSA-CW #09-14](#) One on One Support Services, updating the protocols to ensure higher standards of care, accountability, and safety for Maryland's youth in out-of-home placement. As of October 22, 2025, Maryland discontinued the use of unlicensed settings for all youth in the care and custody of the Department of Human Services. One-on-One services will only be provided for youth placed in licensed settings.

Appendix A

[Directive on the Use of Unlicensed Settings \(October 22, 2025\)](#)

[RFP SSA/OTOSW-24-001-S One-on-One \(One-to-one\) Support Services](#)

[SSA/Regional Approved Provider List](#)