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Policy Title:	**Health Care Services Oversight and Monitoring**
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Approved By:	Denise Conway, LCSW-C, Executive Director Social Services Administration
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Supersedes:	SSA-CW# 14-17 **Oversight and Monitoring of Health Care Services**
Originating Office:	Office of the Child Welfare Medical Director
Required Actions:	Compliance with policy directive to ensure children and transition aged youth in foster care receive timely and adequate health care services including dental and behavioral health services.
Key Words:	Health, Health Care, Exam, Oversight, Health Passport, Initial, Comprehensive, Dental, Well-Child
Related Federal Law	42 U.S.C. § 5106a(b)(2): Grants to States for Child Abuse or Neglect Prevention and Treatment Programs; 42 U.S. C. § 622(b)(15) State Plans for Child Welfare Services; 42 U.S.C. § 671(a)(21): Health Insurance for Special Needs; and 42 U.S.C. § 675(1): Health and Education Records
Related State Laws	Maryland Ann. Code, Family Law Article §§ 5-501, 5-504, 5-533(b)(1)(2) Maryland Ann. Code, Health-General § 20-102, 20-103, 20-104
COMAR	07.02.11.08 Out-of-Home Placement Program, Medical Care 07.02.25.08 LDSS Resource Homes Requirements, Responsibilities of a Resource Parent 07.02.25.09 LDSS Resource Homes Requirements, LDSS Responsibly to Resource Parents 10.67.04.04 Maryland Medicaid Managed Care Program: MCO 13A.13.01.04A Referral and Screening
Title IV-E State Plan References	Children and Family Services -Title IV-B Federal Financial Participation (FFP) for out of home placement /foster care and subsidized adoption – Title IV-E

Purpose

1) Ensure that children and transition-age youth in foster care receive medical care coverage and timely routine and necessary health care to provide for their health and overall well-being needs.
2) Establish the responsibilities of the local department of social services (LDSS) regarding ongoing oversight, monitoring, and coordination of health care services provided to children and transition-age youth in foster care.
3) Clarify health care services to which a youth age 18 or older and a child under age 18 can consent and related confidentiality and notice obligations.
4) Establish requirements for timely completion of the Health Passport and accurately recording health information in the system of record.

RELATED LAWS AND REGULATIONS

As a result of federal funding provisions, Maryland has made certain assurances regarding the health Services provided to various populations and for the documentation of these services. The relevant federal laws include: 42 U.S.C. § 622(b)(15) (State Plans for Child Welfare Services); 42 U.S.C. § 675(1) (health and education records); 42 U.S.C. § 671(a)(21) (health insurance for special needs); and 42 U.S.C. § 5106a(b)(2) (Grants to States for Child Abuse or Neglect Prevention and Treatment Programs).

State law and regulation implement the federal provisions and provide specifics for the medical services and planning provided to various populations of children and families that come into contact with local departments of social services. These include Md. Code Ann., Family Law Article §§ 5-501, 5-504, 5-533(b)(1)(2); and COMAR 07.02.11.08 (Out-of-Home Placement Program, Medical Care), 07.02.25.08 (LDSS Resource Homes Requirements, Responsibilities of a Resource Parent), 07.02.25.09 (LDSS Resource Homes Requirements, LDSS Responsibly to Resource Parents), 10.67.04.04 (Maryland Medicaid Managed Care Program (MCO).

DEFINITIONS:

Comprehensive Well Child Exam: a placement-entry examination of a child that reviews all available health information and identifies all health conditions (including developmental, educational, dental, and behavioral/mental health evaluations) and supports the development of an individualized treatment plan for identified problems.

Early and Periodic Screening Diagnosis Treatment (EPSDT): the provision of preventive health care to individuals younger than 21 years pursuant to 42 CFR § 441.50 *et.seq*. , 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: a physician, nurse practitioner, or physician assistant who is certified by the Maryland Department of Health (MDH) EPSDT program to provide comprehensive well-child services according to MDH periodicity schedule and program standards to enrollees under 21 years old.

EPSDT comprehensive well-child services: (a) All 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 Periodic Schedule: an MDH approved list of standard and recommended preventive health care services that are to be performed at specific ages. Maryland Healthy Kids Preventive Health Schedule

Health Passport (631 A, B, C, E, F, G forms): A record containing historical and current health information (diagnoses, medical and dental provider visits, hospital stays, prescriptions and immunizations) about a child or transition-age youth in foster care that is accessible by resource parents, placement providers, health care providers, and LDSS program staff. A health passport does not contain a child's full medical records.

Initial Health Screen: A foster care entry examination that identifies any immediate health care needs and documents the youth's current physical, dental, and behavioral/developmental health status.

Managed Care Organization (MCO): (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.

Medical Home: A medical home is a network of individuals and entities providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. It includes specialty care, educational services, family support and more.

Primary Care Provider (PCP): A state licensed provider of health care services (physician, physician assistant, or nurse practitioner) who is the primary coordinator of care for a child and is responsible for providing 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 10.67.06.

Out of Home Placement: Placement of a child into foster care, kinship care, or other placement setting such as group care or residential treatment facility.

Out of Home Placement Providers: Resource Parents, Treatment Foster Homes, Residential Treatment Centers, and other Child Placement Agencies

Transition-Aged Youth: For the purpose of this policy, youth between the ages of 14-21 who are transitioning from adolescence to adulthood.

Well-Child Health Exam: An annual or scheduled preventive health visit that includes screening, diagnostic, and treatment services as provided in State Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule of health visits. For younger children, and transition-age youth, the evaluation should follow the Maryland Healthy Kids guideline which incorporates the American Academy of Pediatrics (AAP) Periodic Health Exam Requirements for prevention, growth and development outlined within the SSA monitoring and evaluation of other concerns.

SCOPE

This policy guides LDSSs in providing children and transition-aged youth in out-of-home placements access to adequate and quality health care services, including services for physical, mental health, and dental health. All children and transition-aged youth in the care of the Department of Human Services (DHS) shall receive timely and appropriate health care services, have the right to request medical appointments, and receive consistent quality medical attention.

Ensuring timely and adequate delivery of health care services to address the needs of children and transition-aged youth in out-of-home placement is essential. Doing so requires communication, coordination, and collaboration between birth parents, resource families, LDSS Child Protective Services (CPS), Family Preservation, Foster Care program staff, resource staff, placement providers, the State's Medicaid/Medical Assistance program or MCO, and health care providers.

POLICY

This policy guides the LDSS in assuring and documenting that children and transition-aged youth in foster care have adequate health care including the timely receipt and documentation of required entry examinations and EPSDT services, and specialty and follow up exams to meet their health care needs. The LDSS is responsible for understanding the components of entry examinations, preventive care visits, and specialty services in order to assure that children and transition-aged youth in their care receive health services that are tailored to the individual's physical, behavioral/developmental and dental needs. The LDSS must utilize the health information and reports provided by parents and health care providers to assist with service planning and oversight.

Resource and placement providers will coordinate as necessary to meet the physical, behavioral, and dental health care needs of children and transition-aged youth in out-of-home placement including but not limited to, providing or arranging for transportation to health care appointments. Placement providers are responsible for ensuring that each health care visit or service is documented in an agency Health Passport (631-E) and informing and providing health care service information to the LDSS as soon as reasonably possible.

PROCEDURES AND TIMEFRAMES

Please refer to the Health Services Practice Guidance for Child Welfare Caseworkers and Supervisors for procedures related to the provision of health services including medical assistance coverage, health care coordination, recording health services in the agency's system of record, and other information on policy implementation.

A. Authority and Consent for Health Care Services

1) Upon entry into out of home placement, the LDSS will obtain consent for health care services and release of medical records (Health Passport form 631F), when reasonably possible, from the child's parent or legal guardian.
    a) No consent is required if parental rights have been terminated.

b) The LDSS shall petition the court for limited medical guardianship if unable to obtain consent from the parent or legal guardian and if the child is in need of immediate medical care, obtain treatment while consent or court order is sought.

1) If the LDSS believes that the child has been abused or neglected, the LDSS caseworker or a law enforcement officer may take the child to a medical facility for examination and treatment to relieve any urgent illness, injury, severe emotional distress, or life-threatening health condition or to determine the existence nature, or extent of any possible abuse or neglect without need of parental or legal guardian consent or court order in accordance with Family Law Article § 5-712 and COMAR 07.02.07.07F

B. **Health Coverage, Health Services Coordination, and Health Passport**

1) At a Shelter Care hearing when the court places the child or youth in an out-of-home placement, LDSS staff must ensure that, when reasonably possible, the child or youth's PCP and MCO information is obtained and provided to out-of-home program staff.
2) The LDSS is responsible for ensuring that a child or transition-aged youth entering foster care is enrolled in the State's Medical Assistance Program and has a PCP within 5 business days after the from the initial placement after the shelter care hearing, with any pre-existing private health insurance being the primary source of medical coverage.
    a) Eligibility of Medical Assistance coverage should be verified with the MDH Medicaid/Medical Assistance Beneficiary Hotline. LDSS staff can call (800) 492-5231 and select option 2 to verify a child's eligibility.
    b) PCP information should be verified, either through the MCO Special Needs Coordinator or MDH Medicaid/Medical Assistance Beneficiary Hotline.
3) Children and transition-aged youth in foster care are identified as a "special needs population" (COMAR 10.67.04.04). Each MCO will appoint a "Special Needs Coordinator" (SNC) to provide support to this population by coordinating and managing health services. Behavioral health services are currently separately managed by Optum.
    a) To ensure the coordination and management of physical and behavioral/developmental health care needs for children and transition-aged youth the LDSS shall coordinate care with the SNC, service providers, and caregivers.
    b) The LDSS shall consult with the MCO to:
        i) Inform the SNC about the child and transition-aged youth's placements, including contact information for the placement provider as well as the identity of the current LDSS child welfare workers.
    c) Coordinate with the SNC to ensure:
        i) That health care needs, and services (treatment resources, referrals) are received to address health conditions including children and transition-aged youth with complex medical conditions;
        ii) Support with information to facilitate medical placement as required or needed to the extent possible;

iii) That health care information (medical and treatment history) is available to assist with the development of the child or youth's case plan and provided to placement provider;
iv) Collaboration between resource parents, biological parents, and service providers to decrease barriers to care and promote well-being; and
v) When relevant, hospital discharge planning and aftercare process for continuity of care; and.

4) The LDSS case manager shall engage with the parents or legal guardian to the extent of their capability and availability to participate together in planning for the medical care of any child or transition-aged youth in foster care or in voluntary placement with the LDSS.
5) At the time of placement, the LDSS shall provide the out of home placement provider with an updated Health Passport. The LDSS will ensure the Health Passport has been completed to include any additional medical documents, including a health summary from a health care provider or provider care instructions. **Health Passport (631 A, B, C, E, F, G forms) ***
6) The LDSS shall ensure that the child and transition-aged youth's case file contains medical history and the most recent copies of health care documents.
    a) When the documents are known to exist but have not been provided, the LDSS shall make every effort to obtain them and document those efforts in the case record and share with the placement provider.
7) The LDSS must collect the Health Passport from the placement provider when a child or transition-aged youth leaves out of home placement or when a child transitions to a different placement.

C. Examinations and Health Care Services

1) **Initial Health Screening.** The LDSS must ensure that a child or youth entering out of home placement, or re-entering for any reason, has an initial health care screen to identify any immediate medical, urgent mental health, or dental needs and any health conditions of which the LDSS or placement providers should be aware.
    a) In accordance with COMAR 07.02.11.08J the initial health screen must occur before placement or within 24 hours of placement, but not later than 5 working days following placement, except that a child who may have been abused shall receive immediate medical attention.
    b) In accordance with COMAR 07.02.11.08(K) within 10 working days of a child entering initial placement, the local department shall refer the child for a comprehensive health assessment. The local department shall ensure that every effort is made to secure the written assessment report by the 60th day of placement.
    c) Preferably, the child or youth's previous PCP should complete the initial screen, if reasonable, but other providers, i.e. local child advocacy centers, urgent care centers, and emergency departments, can do the screening as appropriate and feasible.
    d) To reduce any barriers with a child's initial health screen being completed due to provider reimbursement or provider scheduling, LDSS staff should utilize the MCO, SNC for health care coordination services.

2) **Well-Child Health Exam.** The LDSS must ensure that health care providers complete the comprehensive well-child health exam to identify acute and chronic health, developmental and mental/behavioral conditions and, ultimately, to assist the health care providers in developing individualized treatment plans for identified conditions.
    a) A child or youth entering, or reentering care after case closure for any reason, shall receive a comprehensive well child exam **within 60 calendar days** of initial or return placement or replacement.
    b) The LDSS should ask the child or transition-aged youth's usual PCP to conduct this exam when possible and if the exam can be provided within 60 days.
        i) In the event the child's PCP is unable to conduct a comprehensive exam within the required timeframe, the LDSS shall arrange for the child to receive the exam from another health care provider.
    c) The LDSS may permit the child's PCP to make the clinical judgment to perform the initial health screen and comprehensive well child exam at the time if the PCP has the appropriate time to complete all aspects of the evaluation.
    d) The LDSS should ensure that the health care provider summarizes the results of the comprehensive well child exam, including any referrals and timing of upcoming medical visits.
3) **Mental Health Assessment**. If the health care provider diagnoses a child or transitioned-aged youth with a mental, behavioral, or developmental health condition, the local department **must** ensure that the child or youth receives an appropriate referral to relevant mental, behavioral or developmental health resources.
    a) The LDSS must confirm that any psychotropic medication or medication management plan adheres to guidelines in the current Psychotropic Medication and Oversight Policy.
4) **EPSDT and Specialty Services.** LDSS will access health care services for the provision of routine EPSDT and specialty services as needed to meet the physical and behavioral health care needs of a child and transition-aged youth and in the agency's care.
5) **Exam Upon Returning to Care.** Children and transition-aged youth who return to their placement after running away or being otherwise missing must have a physical exam performed **as soon as reasonably possible following their return.** Please reference the most recent Runaway Policy for further information. See also COMAR 07.02.11.18C.
6) **Dental Examination.** The local department is responsible for scheduling an initial oral health evaluation.
    a) A child of 1 year or older should have this examination performed by a licensed dentist or a licensed dental hygienist working under the supervision of a licensed dentist within 90 calendar days of initial placement, if possible.
    b) A child less than 1 year upon entering foster care must have an initial oral health evaluation by a licensed dentist within **90 calendar days of the child's first birthday.**
    c) Subsequent to the initial oral health examination, children and transition-aged youth in out of home placement should be seen by a dentist for dental cleaning, assessment of medical needs, including updated diagnoses (ensuring appropriate diagnosis received), medication and any required examination or according to a schedule recommended by the dentist.

7) **Vision Screening.** The local department is also responsible for scheduling all children and transition-aged youth in out-of-home placement for an annual vision screening and exam and uploading the documentation to the electronic record.
    a) The PCP may conduct the vision screening during the EPSDT and well-child examination
    b) If the vision screening at a child's elementary school detects a vision concern and refers the child for an appointment with an optometrist or ophthalmologist, the LDSS must ensure that the child is seen for the referral, follows through on recommendations and or referrals based on the screen, and provides documentation of screening and exam is in the electronic record.
8) **Hearing Screening.** A universal hearing screening should be conducted at least 1 time during the child's early adolescence, middle adolescence, and late adolescence visits as recommended by the American Academy of Pediatrics (AAP) Bright Futures.
    a) The LDSS is responsible for getting routine examinations and EPSDT for all children and transition-aged youth in out-of-home placement as required by the Maryland Healthy Kids Preventive Health Schedule.
9) **Missed Immunizations.** The local department will follow the current recommendations of the Centers for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP), as approved by the AAP.
    a) Unless medically advised otherwise, all missed or needed immunizations will be provided according to these recommendations.

D. Health Care Planning

1) Based on the initial health screen and the comprehensive well-child exam, the LDSS:
    a) Should integrate health care planning into a child's case plan no later than 60 calendar days from entering foster care; and
    b) Coordinate any required or recommended follow-up recommended as part of preventive health care and treatment or care of any acute or chronic conditions that have been identified.

E. Referrals to Maryland Infants and Toddlers Program

1) The local department must refer the following children under 3 years of age to the Maryland Infants and Toddlers program for assessment and any indicated early intervention services if:
    a) The child was a victim in a CPS case with a finding of "indicated" child abuse or neglect;
    b) The child has a suspected disability; or
    c) If the child is affected by prenatal substance exposure.

F. Children Under the Age of 18 Who May Consent for Health Care Services

1) In Maryland, children under the age of 18 have the same capacity as adults to consent to diagnosis and treatment of certain health services.
    a) A child's legal authority to consent to certain health services does not necessarily afford the child the right to refuse health services if the parent or guardian consents.

   b) Your LDSS Legal Office can provide guidance and be available to consult on such matters involving a minor's legal authority to consent to certain health services.
   c) Information on health services that a minor can give consent to are listed on the Health Care Services Minor Consent
2) When a child legally consents to a health care services, the child's caseworker must support the child by:
   a) Providing and reviewing information about the consented health care services with the child;
   b) Ensuring that the minor has transportation to all appointments, including follow-ups;
   c) Arranging for an adult to accompany the child on appointments;
   d) Ensuring that all prescriptions are filled and refilled, and that the minor understands the importance of taking the medication as prescribed;
   e) If the minor's medication regimen or unavoidable appointments require them to be absent from school, arrange required documentation to notify the child's school so that the absence will be excused.

G. Implementing a Health Care Plan for Transition-Aged Youth 18 or Older

1) Legally, anyone 18 or older has responsibility for making health care decisions, providing they have the capacity to consent.
2) A transition-aged youth 18 or over may refuse certain health care services.
   a) When a transition-aged youth 18 or older refuses health care services, the LDSS must discuss the decision with the youth and provide the information necessary for the youth to make a responsible decision regarding the youth's health care needs, the available services, and treatment options, all paramount to the individual's well-being.
3) Despite a caseworker's best efforts, a youth 18 or older may continue to refuse to attend required health exams and other health related services, including behavioral health appointments, routine screenings, and scheduled appointments and examinations.
   a) The LDSS must record the refusal and complete the *Health Care Services Authorization Form: DHS/SSA/3032/August2022*
   b) The form should be completed bi-annually (every 6 months) to record that youth's decision to comply and receive health services or decline health services.
      i) At any time when a youth age 18 or older changes a health care decision, the caseworker must update the form.
   c) The LDSS must upload and appropriately label the form in the system of record within 48 hours of form completion. Refer to the form for further details and instructions.

H. Health Care Oversight and Monitoring

1) In coordination with placement providers, the LDSS will ensure that details of any health care service are recorded in the Health Passport on the day the service is completed or as soon as reasonably possible.

2) The LDSS will assure health exams are recorded in the system of record within **5** business days from the date of service.
    a) Supplemental supportive documentation such as the 631-E form/Health Visit Report, patient discharge instructions, health and after visit summary reports for health services received must be uploaded into the system of record as soon as reasonably possible but no later than **30** calendar days from the date of health service.
3) In coordination with parents, placement providers, and health care providers, the LDSS are responsible for ensuring that children and transition-aged youth in out-of-home placements receive necessary services and that these services are properly documented.

ALIGNMENT WITH PRACTICE MODEL AND DESIRED OUTCOMES

This policy aligns with the Integrated Practice Model as it encompasses the Practice Principles of Family Centered, Outcomes Driven, Individualized and Strength Based by engaging families throughout the healthcare assessment and planning process and allowing children and transition-aged youth, and families to make informed decisions related to health care needs and services. The policy follows the core practices and integrated approach to working with children and transition-aged youth, MCOs, and healthcare providers to ensure children and transition-aged youth in foster care receive routine and necessary health care to adequately meet their needs.

See related Integrated Practice Model (IPM) Practice Profiles below

- Engage (Building Authentic Partnerships) Practice Profile
- Individual and Family Planning Practice Profile
- Intervene Practice Profile
- Monitor and Adapt Practice Profile

Documentation Health Tab Entry

All health care services provided for children and transition aged youth must be recorded in the system of record. The LDSS will ensure that the health visit information is recorded AND the examination sub-tab is completed as soon as reasonably possible but no later than **5** business days from the date of health service. As health information becomes available or is communicated to the LDSS, the agency will update the system of record immediately or as soon as reasonably possible.

Supplemental supportive documentation such as the 631-E form/Health Visit Report, patient discharge instructions, health and after visit summary reports for health services received, including dental exams/services and medication management visits (psychotropic medication) etc., must be uploaded into the system of record as soon as reasonably possible but no later than **30** calendar days from the date of health service.

Please reference the Health Services Practice Guidance for Child Welfare Caseworkers and Supervisors **for additional information on policy implementation and coordination of health services.**

Supplemental Forms link and attachment: The documents below are provided via link or can be accessed as a separate document

- *SSA's Health Passport (631 A, B, C, E, F, G) Health Passport Forms
- *Instructions for Health Passport Forms*
- *Health Care Services Authorization Form: DHS/SSA/3032/August2022*
- *Health Care Services a Minor Can Consent*
- *Health Services Practice Guidance for Child Welfare Caseworkers and Supervisors*

*The current version of the health passport is being updated and a new version will be issued.

Related Information

Szilagyi MA, Rosen DS, Rubin D, Zlotnik S; COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE; COMMITTEE ON ADOLESCENCE; COUNCIL ON EARLY CHILDHOOD. (2015). Health care issues for children, youth, and transitioning adults and adolescents in out of home placement and kinship care. *Pediatrics*, Oct;136(4), e1142-66.

Child Welfare League of America. (2007). *CWLA standards of excellence for health care services for children in out-of-home care* (revised edition). Washington, DC: CWLA.

FAMILIES BLOSSOM PLACE MATTERS

Health Services Practice Guidance for Child Welfare Workers and Supervisors

August 2022

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Introduction: Defining the Practice of Health Care Services for Out of Home Placement

The American Academy of Pediatrics declared that children in foster care are "children with special health-care needs" due to their high rates of physical and mental health problems, some of which could have been caused by the maltreatment itself or the disruption caused by removal from the home and placement in foster care (Szilagyi et al., 2015)[1]. As children experience more adverse childhood experiences—including child maltreatment, parental substance use disorder, parental divorce or separation, parental incarceration, and domestic violence—they are at an increased risk for long-term and lifelong medical issues, such as adulthood heart disease, stroke, cancer, respiratory diseases, diabetes, depression, and other conditions (Merrick et al., 2019)[2].

As referenced in January 2022 *Health-Care Coverage for Children and Youth in Foster Care—and After* Issue Brief by the Child Welfare Information Gateway, examples of the disparities in conditions and treatment for children and youth in foster care compared with those not in foster care include:

- Children in foster care are significantly much more likely to have developmental delays; asthma; obesity; speech, hearing, and vision problems; attention-deficit/hyperactivity disorder; anxiety; behavioral problems; depression; and other health and mental health issues (Turney & Wildeman, 2016)

- Children in foster care have significantly more hospitalizations and subspecialty office visits than children not in foster care and have higher health-care charges on average ($14,372 versus $7,082) (Bennett et al., 2020)

- Children in foster care have higher rates of dental problems, and one-third of children in care have not had a dental visit in the past year (Finlayson et al., 2018).

- In 2018, only 54 percent of noninstitutionalized youth who were enrolled in Medicaid or the Children's Health Insurance Program (CHIP) and who experienced a major depressive episode received mental health treatment (Medicaid and CHIP Payment and Access Commission [MACPAC], 2021).

- Many children in out-of-home care who may qualify for early intervention and special education services do not receive them (Casanueva et al., 2020).[3]

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[1] Szilagyi, M. A., Rosen, D. S., Rubin, D., Zlotnik, S., Council on Foster Care, Adoption, and Kinship Care, Committee on Adolescence, & Council on Early Childhood. (2015). Health care issues for children and adolescents in foster care and kinship care. Pediatrics, 136(4). https://doi.org/10.1542/peds.2015-2656

[2] Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., Metzler, M., Jones, C. M., Simon, T. R., Daniel, V. M., Ottley, P., & Mercy, J. A. (2019, November 8). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 States, 2015–2017. Morbidity and Mortality Weekly Report, 68, 999–1005. https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6844e1-H.pdf

[3] Child Welfare Information Gateway. (2022). Health-care coverage for children and youth in foster

Due to these factors, the importance of timely access, continuity, and quality of health care provider relationships is vital. The Health Services Practice Guidance serves as a supplemental support to carry out the requirements outlined SSA's Oversight and Monitoring of Health Care Services Policy. The intention of this guidance is to equip the local departments of social services (LDSSs) with information and best practice activities to mitigate barriers and disparities associated with accessing and coordinating the health care of children in out-of-home placements.

Key Elements of Practice

This practice guidance aligns with the core practices of Maryland's Integrated Practice Model (IPM) as it focuses on opportunities to engage youth and families and to allow them to make informed decisions related to their health care needs and services. This guidance supports building of partnerships with Managed Care Organizations (MCOs), Special Need Coordinators (SNCs), and health care and placement providers involved in the coordination of healthcare services for children in out-of-home placement (OOH). This guidance encourages teaming, focuses on healthcare assessments, intervenes to ensure the agency follows health care recommendations, and incorporates children and families into the planning process leading to optimal wellness.

Competencies

- LDSS staff are aware of and understand the role of MCOs and SNCs and how to enroll a child in an OOH placement in Maryland's Medical Assistance (MA) program.
- LDSS staff are aware of and have an understanding of the required routine exams (initial, comprehensive, annual, dental, etc.) and have general understanding of the components of each exam.
- LDSS staff understand how to accurately record and provide appropriate documentation of healthcare services into the electronic record for children in out-of-home placement. This includes understanding time frames for entering health examinations and related health information.
- LDSS are informed of best practices around how to consult with, and involve, physicians, resource parents, placement providers, caregivers or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.
- LDSS staff are informed of action items to take when addressing barriers related to issues related to insurance and provider payment

care—and after. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubs/issue-briefs/health-care-foster/

Tools and Resources Links

- American Academy of Pediatrics: Health Care Issues for Children and Adolescents in Foster Care and Kinship
- Billing for Children in State-supervised Care
- CWLA Standards of Excellence for Health Care Services for Children in Out of Home Care
- Maryland Healthy Kids Preventive Schedule
- MCO Special Need Coordinators List
- MCO Enrollment for Foster Care

Policy Practice

Timely and adequate receipt of health care services is essential to address the needs of children and transition-aged youth in OOH placements. It requires communication, coordination, and collaboration between the LDSS Child Protective Services (CPS), Family Preservation, OOH placement program staff, placement providers, the MA program, an MCO and health care providers.

Consent for Medical Treatment/Health Care Services

1. Upon a child's entry into OOH placement, LDSS staff will make reasonable efforts to obtain consent for healthcare services and a release of medical records (Health Passport form 631F) from the child's parent or legal guardian.
2. LDSS staff will also make reasonable efforts to obtain the child's medical coverage information, including but not limited to information about MA program coverage; any MCO; and the primary care provider (PCP), including full name and contact information.

Whenever possible, the LDSS should encourage parents or legal guardians to fully participate to the extent of their abilities and to plan for the medical care of any child in OOH placement or in a voluntary placement with the LDSS.

If the LDSS believes that the child has been abused or neglected, the LDSS caseworker or a law enforcement officer may take the child to a medical facility for examination and treatment to relieve any urgent illness, injury, severe emotional distress, or life-threatening health condition or to determine the existence nature, or extent of any possible abuse or neglect without need of parental or legal guardian consent or court order in accordance with Family Law Article § 5-712 and COMAR 07.02.07.07F

Minor's Authority to Consent

There are certain health care services for which children under the age of 18 (minors) have the same capacity as an adult to consent to diagnosis and treatment. However, a minor's legal authority to consent to certain health services does not necessarily confer on the minor the right to refuse those health services if the parent or guardian consents. The LDSS legal office can provide guidance and should be available to consult on matters involving a minor's legal authority to consent to certain healthcare services. Information on healthcare services to which a minor can give consent to are listed on the Health Care Services Minor Consent.

When a minor is consenting for health care services, the LDSS must support the minor by:

- Providing the minor and reviewing information about the healthcare services to which the minor has consented;
- Ensuring that the minor has transportation to all appointments, including follow-up appointments;
- Ensuring that an adult accompanies the minor on appointments;
- If the healthcare provider writes a prescription for the child, ensuring that the prescription is filled, and that the minor understands the importance of adhering to the prescribed regimen; and
- If the minor's regimen requires that the minor be absent from school, ensuring that the minor's school is notified so that the absence will be excused.

Who Can Provide Consent?

Within the LDSS, the director has the ultimate authority to make medical decisions for a child in OOH care but may delegate that authority to another LDSS staff person, such as the foster care worker.

Generally, a foster parent cannot authorize medical decisions unless a court order specifically authorizes the foster parent to do so.

When in doubt, the LDSS should contact its legal office.

Health Coverage and Enrollment in State Medical Assistance

To assist with enrollment, eligibility of medical assistance coverage should be verified with the Maryland Department of Health/MDH Medicaid/Medical Assistance Beneficiary Hotline. LDSS staff can call (800) 492-5231 and select option 2 to verify a child's eligibility.

All children in an OOH placement must be enrolled in the MA program. This enrollment must occur as soon as possible or within five (5) working days after removal to ensure the MA program's Office of Eligibility Services properly processes the enrollment to ensure provider reimbursement for required health services, including dental services. Any pre-existing private health insurance will be the primary source of medical coverage and MA will be secondary.

Children in OOH care are identified as a special needs population and are assigned an MCO as a medical home. The MCO will assure that every child has a PCP and arrange for, or provide, all Medicaid-covered services to assure continuity and coordination of care locally.

When the child is assigned an MCO, the Special Needs Coordinator can verify any prior primary care provider.

If a child comes into care receiving MA, and the child's placement is outside of their previously assigned MCO's jurisdiction, a change in MCO assignment and health provider may be necessary. Additionally, when a new MCO assignment is required, LDSS program staff must complete the MCO Enrollment for Foster Care.

Email the request form along with appropriate documentation, such as a court order, with "Foster Care" in the subject line to mdh.hcenrollment@maryland.gov. Please contact MDH's Enrollment Unit for assistance or any questions at 410-767-5475 or 410-767-5438. MDH's Enrollment Unit is available Monday-Friday, 8am-5pm, and observes the State Government's holiday schedule and State closures.

Addressing Issues related to medical insurance and provider payment:

To mitigate barriers related to provider prioritization of required health exams including dental services, when the child is placed in an OOH placement and an MCO has been identified, the LDSS should contact the SNC to assist in coordinating care (Refer to MCO SNC contact list). MDH's Medical Assistance Program Provider Manual: *Billing for Services to Children in State-Supervised Care Children in State-Supervised Care* provides specific information and guidance on provider reimbursement for initial exams for children in foster care or newly eligible for Medical Assistance. Refer to: Billing for Children in State Supervised Care

Health Services Coordination

In obtaining medical care for children, the LDSS has authority to share information with providers that is relevant to the care being sought. To ensure the coordination and management of a child's physical and behavioral or developmental health care needs, the LDSS must share information and coordinate care with the SNC, placement providers, and Maryland's Public Behavioral Health Services providers. The authority to share information includes the authority to request information to make an informed decision in a child's best interest.

The LDSS shall:

- Inform the SNC about children in care, including transitions-aged youths, and provide information such as contact information for the assigned LDSS caseworker and placement information.
- Coordinate with the SNC to ensure that the child's healthcare needs are addressed and that the child is receiving services (treatment resources, referrals) appropriate to the child's healthcare needs including the management and treatment of complex medical conditions.
- When appropriate, engage the SNC or Public Behavioral Health Services' provider to support and ensure continuity of care when a child is being, or has been, discharged from inpatient treatment.

Use of Health Passport:

In accordance with Maryland regulations, COMAR 07.02.11.08, the Health Passport is the official form that should be used to document a child's health information. The LDSS should develop and use a Health Passport for every child in an OOH placement and is responsible for ensuring that the Health Passport is as complete as possible. The LDSS must attempt to gather all relevant health information such as contact information for any health care providers, any known illnesses, medical conditions, or necessary medical equipment.

The LDSS must provide a copy of an updated Passport to the placement provider at the time of placement with the instruction that the Passport must accompany the child to any appointment. The Passport should be kept current. When the child changes placement, the LDSS must retrieve the Health Passport. The LDSS must provide an updated copy of the Passport to birth parents when the child returns home or directly to transition-age youth when they reach the age of 18.

Health Passport 631 Forms

****The Health Passport in its current form presents many challenges with regard to use of the Passport, the timely access of health information, and the sharing of health information. The agency is currently developing a health passport that is more user-friendly. Once developed and tested, the updated Health Passport will be issued for use. As part of DHS's modernization efforts, the agency continues to explore the feasibility of establishing an electronic health passport and portal to improve accessibility and sharing of information for families and providers who care for a child.*

HEALTH PASSPORT

- 631-A, Medi-Alert: Required when a child is removed and placed in foster care OR when a placement change occurs.
- 631-B, Child's Health History: When a child is placed in foster care, the child's medical information should be provided on this form. Medical records information should be requested if information is not provided by the parent, legal guardian, or caregiver.
- 631-C, Development Status (ages 0-4 or for a child with a disability). Required when a child is removed and placed in foster care.
- 631-E, Health Visit Report: Must be completed for each visit to a health care provider including dentist and other specialists.
- 631-F, Consent to Health Care and Release of Records: Required and completed by the LDSS CPS or In-Home Services staff when a child is removed from the parent or legal guardian and placed in care
- 631-G, Receipt for Health Passport: Required every time a child is placed OR when a placement change occurs

Refer to attachments for current Health Passport forms

Examination Types and Health Visits

Initial Health Screen:

A foster care entry examination that identifies any immediate health care needs and documents the youth's current physical, dental, and behavioral and developmental health status. This examination should be conducted by the child's usual PCP, when possible and appropriate.

As age appropriate, the initial health screening shall identify any immediate or urgent medical and psychological needs, document the child's healthcare history, and record physical exam findings as a baseline before the child has a comprehensive exam. Providers should use trauma-informed practices in interviewing and examining the child and include:

- A review of health information; past medical history; and current medications, allergies, and immunizations
- A review of trauma history

- A review of systems (survey questions organized by body system seeking symptoms/signs of possible disease or medical conditions corresponding to each organ system)
- A symptom-targeted examination
- A child abuse screen to include, as appropriate, growth parameters (at least weight, height if concerns); vitals; and an examination of skin, joints, extremities and, as indicated to address an acute complaint, external genitalia
- A mental/behavioral/developmental health screen as appropriate to determine acute suicidal or homicidal ideation, remarkable or violent behaviors, psychosis, trauma-exposure, or substance use
- Laboratory studies
- For all adolescents and younger children if indicated by findings or history, laboratory tests for HIV and other sexually transmitted infections
- For sexually mature females, a pregnancy screen as indicated
- COVID-19 screening as indicated by prevailing standards

The PCP may elect to defer laboratory work until a later visit depending on the child's level of cooperation and distress. The child's usual PCP shall be utilized preferentially where practical and timely.

Comprehensive Well-Child Exam:

A placement entry examination that reviews all available health information and identifies all health conditions (including the evaluation of developmental, educational, dental, and behavioral and mental health conditions) and supports the development of an individualized treatment plan for identified problems. The child's usual primary care provider should perform this examination where practical and timely.

The components of the comprehensive health assessment must, as age appropriate, include:

- Review of the child's medical history, current medications, allergies, and immunizations
- Review of trauma history
- Review of systems (survey of questions organized by body system seeking symptoms/signs of possible disease or medical condition corresponding to each organ system)
- Symptom-targeted examination
- A child abuse screen to include, as appropriate, growth parameters (at least weight, height if concerns); vitals; and an examination of skin, joints, extremities and, as indicated to address an acute complaint, external genitalia
- A mental/behavioral/developmental health screen as appropriate to determine acute suicidal or homicidal ideation, remarkable or violent behaviors, psychosis, Child abuse screen: growth parameters (at least weight, height if concerns), vitals, skin, joints/extremities, external genitalia if indicated to address an acute complaint
- Laboratory studies (may be deferred until a later visit depending on the child's level of cooperation and distress)
    - For all adolescents and younger children (if indicated by findings or history) tests for HIV and other sexually transmitted infections

- For sexually mature females and as indicated, a pregnancy screen
- COVID-19 screening as indicated by prevailing standards

Initial and Bi-annually Dental Exam

A child should have:

- An initial oral health evaluation by a licensed dentist, or a licensed dental hygienist working under the supervision of a licensed dentist
- Subsequently, oral health exams every 6 months for cleaning and other routine dental care

Examinations to treat or relieve pain, detect infections, restore teeth, and maintain dental health.

The LDSS should make reasonable efforts to schedule an initial oral health examination within 90 calendar days of initial placement for a child who is one-year-old or older when entering care. If a child is under the age of 1 at placement, the LDSS should schedule an exam within 90 calendar days of the child's 1st birthday. The LDSS should ensure that children in an OOH placement and 1 or older have dental check-ups every 6 months and necessary dental treatment as recommended. Dental providers can be found using the following link to assist in scheduling appointments. Dental providers can be found using the following link to assist in scheduling appointments https://mdmwp.sciondental.com/MWP/Landing.

If, due to such things as the child's behavior or a neurodevelopmental condition, the LDSS cannot schedule the child for an initial dental examination, the LDSS must ask the PCP to conduct and document an oral exam until the child can be seen by a dentist. This should be documented utilizing the Health Passport 631-E form or documentation provided by the PCP.

Components of Dental Exam shall involve:

- X-Rays, examination of the face and mouth, cleaning of the child's teeth and evaluation of the child's risk of dental decay.
- Assessment of the child's dental health such as oral hygiene habits and diet. Important dental healthcare techniques such as flossing and proper brushing and prevention of oral injuries will be discussed with caregivers.

The LDSS should permit the dentist to employ additional diagnostic aids and to determine the interval between exams based on the child's individual needs, risks, or susceptibility to disease. Children may require examination and preventive services at more or less frequent intervals based on historical, clinical, and radiographic findings.

Well Preventive Health Exam (Annual)

When a child is 3-years-old or older, the local department should schedule an annual preventive health visit that includes screening, diagnostic, and treatment services. and is also part of the

State's Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule of health visits. For younger children the evaluation should follow the American Academy of Pediatrics (AAP) Periodic Health exam requirements for prevention, growth and development monitoring and evaluation of other concerns

Components of Well Preventive Health Exam shall include:

- An interval medical history and measurements of Blood Pressure, height, length weight for length, head circumference, BMI.
- Vision and hearing screens
- Developmental and behavioral health screening by developmental surveillance and a psychosocial behavioral assessment.
- A physical exam and, where indicated, screening for anemia, lead, tuberculosis, dyslipidemia, sexually transmissible infections, HIV, Hepatitis C, Cervical dysplasia dependent upon age.

Vision Exam

An eye exam involves a series of tests to evaluate vision and check for eye diseases and acute conditions. A vision exam should be completed annually for all children and youth in foster care. This exam may be conducted as part of the EPSDT and well child visit by the PCP. Additionally, if a vision concern is detected at the child's elementary school, the school may refer the child to an optometrist or ophthalmologist, which the LDSS will ensure occurs.

Substance abuse Screening

Screenings designed to detect the likelihood that a child may have a substance abuse issue. The LDSS may request a substance abuse screening if the child's behavior or physical health indicates the likelihood of substance abuse. If the screening indicates substance abuse, the LDSS should request a full-scale assessment of the child to address the child's treatment needs.

Early Periodic Screening Diagnostic Treatment

All of children in out of home placement under Maryland Medicaid services follow the schedule for EPSDT.

Maryland Health Kids Preventive Health Schedule

EPSDT also includes addressing the emotional trauma children experience because of being removed from their home. At each visit, the medical practitioner assesses the child's mental health and behavioral needs and makes any referrals

Sick/Urgent Care Visit

Visits to a health care provider that address any new or worsening symptoms or health complications. Children should be taken for an examination to address an acute condition or injury. Children in OOH placements should receive appropriate acute, urgent, and emergent health services when necessary, as determined by a legally responsible adult or as self-determined by the legally responsible youth.

Sexual Abuse Examination

An examination of a child to look for any signs of sexual abuse. The LDSS will arrange for such an examination when child sexual abuse is suspected, the physician providing the examination will take a careful history, perform a thorough physical examination, and document all findings. This examination will include a careful inspection of any bruises or lacerations and of the genital areas. An examination of the genital area for signs of sexual abuse must be conducted by a physician familiar with normal variants, nonspecific changes, and the diagnostic signs of sexual abuse. For this reason, the LDSS should have a child examined by a provider with expertise and experience in the field. Child advocacy centers and Emergency Departments usually have this experience. The LDSS must attempt to have the child examined as soon as possible if the abuse is acute and within 5 days if the abuse is reported to be chronic.

Hospitalizations

When a hospital or other medical facility is discharging a child who is in an OOH placement, the LDSS *should* record the child's hospitalization (see below) within 24 hours of discharge and *must* do no later than 5 working days after discharge. The LDSS must ensure the healthcare provider completed the youth's Health Passport (631-E) or has provided "patient discharge instructions;" preferably both. The LDSS and the child's placement provider rely on those discharge instructions to support continuity in care after the hospitalization; discharge instructions document the child's condition at discharge and record what medical needs the child still has.

The caseworker must record all hospitalizations in the "Hospitalization" sub-tab under the health section and upload the relevant Health Passport forms and additional health documents such as patient discharge instructions. (Refer to CJAMS How to Guide Persons Tab Health Info).

If, while the child is hospitalized, a court finds the child to be a CINA and orders removal from home, the LDSS must NOT record the hospitalization as an initial exam. The LDSS must schedule the child for the initial exam as soon as reasonably possible but not later than 5 business days following discharge. This guidance supersedes any prior guidance indicating that hospitalizations can be considered as initial exams for certain populations.

If a child's remains hospitalized for more than 5 business days after a court has entered the order finding the child to be a CINA, the LDSS must document in this in case notes and record the initial examination as "missed/not kept" and put the reason in the "Not Kept" section.

Medical Consultation

If the LDSS is uncertain how to interpret this guidance or has questions regarding the need for second opinion on a medical diagnosis or the management and optimal treatment of a child's medical condition, the worker should email the Child Welfare Medical Director at: Richard.lichenstein@maryland.gov

Monitoring Health of Children with Complex or Special Health Care Needs

Children of any age who are placed in OOH care, often present with complex and serious physical, behavioral health, developmental, and psychosocial problems rooted in trauma. Care for these children needs to be done in conjunction with a multidisciplinary team usually coordinated with a case manager via the child's MCO. These children often require specialized care, nursing, consultations with subspecialists, and special outfitting of the placement provider's home or facility. A multidisciplinary team is the best way to assure appropriate longitudinal and coordinated care with the placement provider and the child's caseworker.

Recording & Documenting of Health Care Services

The LDSS shall ensure that the child's case record contains the child's medical history and the most recent copies of the child's health care documents. If the child's caseworker knows that some of these documents exist but are not in the child's record, the case worker must document efforts made to obtain them.

Acceptable Supportive Documentation

The LDSS must complete the Health Passport to the greatest extent possible. The caseworker must upload the Health Passport 631-E forms and other health documents to the appropriate Health section sub-tab of CJAMS.

If a healthcare provider has not completed the 631-E form/Health Visit Report for an OOH child, the LDSS must obtain all relevant documents such as patient discharge instructions or a health summary. This information is critical to helping DSS as well as the resource parents or other placement providers understand the child's condition and medical needs and to facilitate safe and appropriate continuity of care. In lieu of the 631-E document, the LDSS may upload other acceptable forms of documentation of healthcare services, including a visit summary for any health services such as those provided by a dental office, a healthcare provider addressing psychotropic medication management, or providing another healthcare service.

The LDSS must record all of a child's health examinations **5 business days** of the date service was provided and update that record when the LDSS receives or knows of additional information.

The LDSS should upload supplemental supportive documents, such as Health Passport 631-E form, visit summaries, and additional reports into CJAMS no later than **30 calendar days** from the date of service. In the event that a caseworker is delayed in receiving completed health forms and documents from resource parents, private providers, or healthcare providers, the caseworker should document in the case note, efforts made to obtain the documents.

Entering Routine Health Exams in CJAMS

LDSS should refer to the latest *CJAMS How to Guide: Persons Profile-Health Information* for general guidance on how to use the Health Section of CJAMS.

Dental:

All dental exams and related services (including an oral health exam performed by a PCP) must be recorded as follows:

- Select the "Examination" sub-tab, click "Add New Examination"
- Under "Nature of Exam" select the "Dental" dropdown option
- Complete all applicable and mandatory fields in the "Examination" and upload all dental documents.

Vision

- Select the “Examination” sub-tab, click “Add New Examination”
- Under “Nature of Exam” select the “Other” dropdown option
- Under “Specialty Exam” select the “Vision” dropdown option
- Complete all applicable and mandatory fields in the “Examination” and upload all related documents.

Hearing

- Select the “Examination” sub-tab, click “Add New Examination”
- Under “Nature of Exam” select the “Other” dropdown option
- Under “Specialty Exam” select the “Hearing” dropdown option
- Complete all applicable and mandatory fields in the “Examination” and upload all related documents.

Missed kept health examinations or appointments

If a child in an OOH placement is unable to attend a scheduled health exam or appointment, the LDSS should record this as follows:

- Select the “Examination” sub-tab, click “Add New Examination”
- Under “Nature of Exam” select the appropriate exam dropdown option
- Click the radio button “Not Kept” under “Appointment Information” and the “Not Kept Reason” text field will appear
- Enter the reason the exam was missed/not kept. ***The LDSS must enter the reason the exam was not kept***
- Complete all applicable and mandatory fields in the “Examination” and upload all relevant documents.

If a child has not received required health examinations due to the child’s missing or runaway status, the LDSS must:

- Add the required health examination and select the “Not Kept” radio button
- In the “Not Kept Reason” text field, the LDSS should type the child’s specific status, such as “runaway.”

If a child has missed an examination because the child or transition-aged youth is detained at a criminal or juvenile facility, the LDSS should:

- Record any missed examinations or appointments under the Health tab as "Not Kept" and provide a reason such as: “Youth detained at juvenile facility.”
- Document in a case note the details of the youth's current criminal or juvenile detainment, the name of the current facility, and a note that the facility will provide health care services to meet the youth's needs.
- Try to contact the facility and request the date the facility completed a health screen or provided the child with any related health services.
    - Any such information must be recorded in the agency’s child welfare system.

- If the LDSS is unable to receive health information from the facility, the LDSS must document in a case note the agency's efforts to obtain the health service information.

A child or transition-aged youth in LDSS custody with pending charges or commitment to a facility remains in the LDSS' custody until a criminal or juvenile court rescinds the commitment.

Refusal of Health Care Services

Youth in OOH placements who are 18 or older and have the capacity to consent may legally refuse health care services, including dental, mental health services, or other specialized services, for any reason. The youth's caseworker should attempt to engage the youth and placement provider to discuss the refusal and to provide any information relevant to the youth making responsible decisions regarding the youth's health care needs, services, and treatment. It is expected that workers will use engagement strategies and collaborative teaming with youth and their chosen supports that identify and remove barriers to making informed decisions concerning their healthcare. These strategies should be documented in the electronic case record.

If a youth continues to refuse to have a required health exam, attend other healthcare appointments (including dental or behavioral health appointments) or to follow-up on additional needed services, the LDSS caseworker must document the refusal. The caseworker should complete the *Health Care Services Authorization Form: DHS/SSA/3032/August2022* to document the refusal and upload that form to the electronic system.

In addition, the caseworker should record the youth's refusal in the "Examination" sub-tab as follows:

- Select the "Examination" sub-tab, click "Add New Examination"
- Under "Nature of Exam" select the appropriate exam dropdown option
- Click the radio button "Refused" under "Appointment Information"
- Complete all applicable and mandatory fields in the "Examination" sub-tab
- Upload the completed *Health Care Decisions of Foster Care Youth Age 18 or Older Possessing the Authority to Accept or Refuse Health Care Services*

Transitioning Age Youth Exiting Care

According to the Fostering Connections to Success and Increasing Adoptions Act of 2008, all states are required to assist and support youth in developing a transition plan as they age out of placement. A youth's case worker should work with the youth to incorporate any healthcare needs into the Maryland Youth Transition Plan (YTP). The caseworker should discuss with the transitioning youth the importance of appointing a person to make healthcare decisions, called a health care agent in Maryland, if the youth is incapacitated.

In this discussion about health care agents, the caseworker should do the following:

- Describe what a health care agent does and discuss the importance of appointing someone to make healthcare decisions should the youth become incapacitated
  .
- Provide the youth with a copy of the Maryland Advance Directive: Planning for Future Health Care Decisions and discuss the process for Selecting a Health Care Agent – Maryland Advanced Directive
- In the YTP that the discussion took place and that the youth received a copy of the Advance Directive; and
- Provide guidance and support to the youth in the event that the youth decides to create an Advance Directive and assist the youth in identifying someone with whom the child could share the Advance Directive.

When a child or transition-aged youth exits OOH Placement, the LDSS should, at no cost to the child or youth, provide:

- a Foster Care Verification Letter
- Education Records
- Social Security Card,
- Birth Certificate
- Maryland State Photo Identification
- Medical/ Health Insurance Card,
- Medical Records

Regardless of when a child or youth exits care, the LDSS must provide all personal health care records upon request, at no cost. The LDSS must redact from these records personal information about the child or youth's parents or siblings.

Teaming and Partnering with Families, Resource Parents and Placement Providers

Teaming and partnering with Families:

When coordinating care and teaming with families, it is best practice where possible for the LDSS to:

- Give notice to the child's parents or legal guardian of any planned evaluative, diagnostic, or inpatient medical care and encourage attendance and participation
- Promptly notify the parents or legal guardian of any care or treatment provided to the child unless notification would violate the privacy rights of the child

Teaming with Resource and Placement Providers:

Teaming with resource and placement provider staff is critical to ensure the continuity of health care services for a child in care. This staff often takes a child to medical appointments and receives direct information and documentation (after visit summary, follow up instructions, next scheduled appointments) from the healthcare provider. LDSS must keep open lines of communication with placement providers about upcoming healthcare appointments, any appointments for specialized care, and any sick or urgent care visits. L DSS staff should coordinate with resource and placement providers to obtain timely documentation of the healthcare visits and of any follow-up care needed for the child.

When a child is first placed outside the home, the LDSS must provide the child's placement provider with the health passport, which the LDSS has completed to the extent possible, and other necessary medical documents such as Psychiatric & Psychological evaluations, hospital discharge summaries, treatment records, and medical history, and give the provider any medical equipment the child uses.

During visits, LDSS must inquire about the child's healthcare needs and any services provided and obtain documentation pertaining to any services, examinations, or care plans for the child. In the event that a child changes placement, the LDSS should ensure that the child's health passport, medical documentation, and medical equipment is returned to the agency.

Use of Supervision in Practice

Supervisors serve as critical support to caseworkers in providing oversight and monitoring of health care services.

Supervisors should:

- Review and monitor documentation to ensure individual health care plans are being followed and periodically review those plans for changes or additions
- Utilize the data reports provided by the Social Services Administration to monitor compliance with healthcare policy and with the oversight of services provided, including the child receiving timely examinations and continuing care
- Develop a tickler or other effective process to remind caseworkers when a child is due for an examination
- Utilize data reports to identify areas of concern related to health services and, documentation to inform quality assurance and improvement activities
- Utilize data reports for quality assurance purposes to monitor overall compliance with healthcare policy and ongoing oversight of service provision, including timely entry exams and continuing care
- Utilize data reports to identify areas of concern related to the provision and documentation of health services

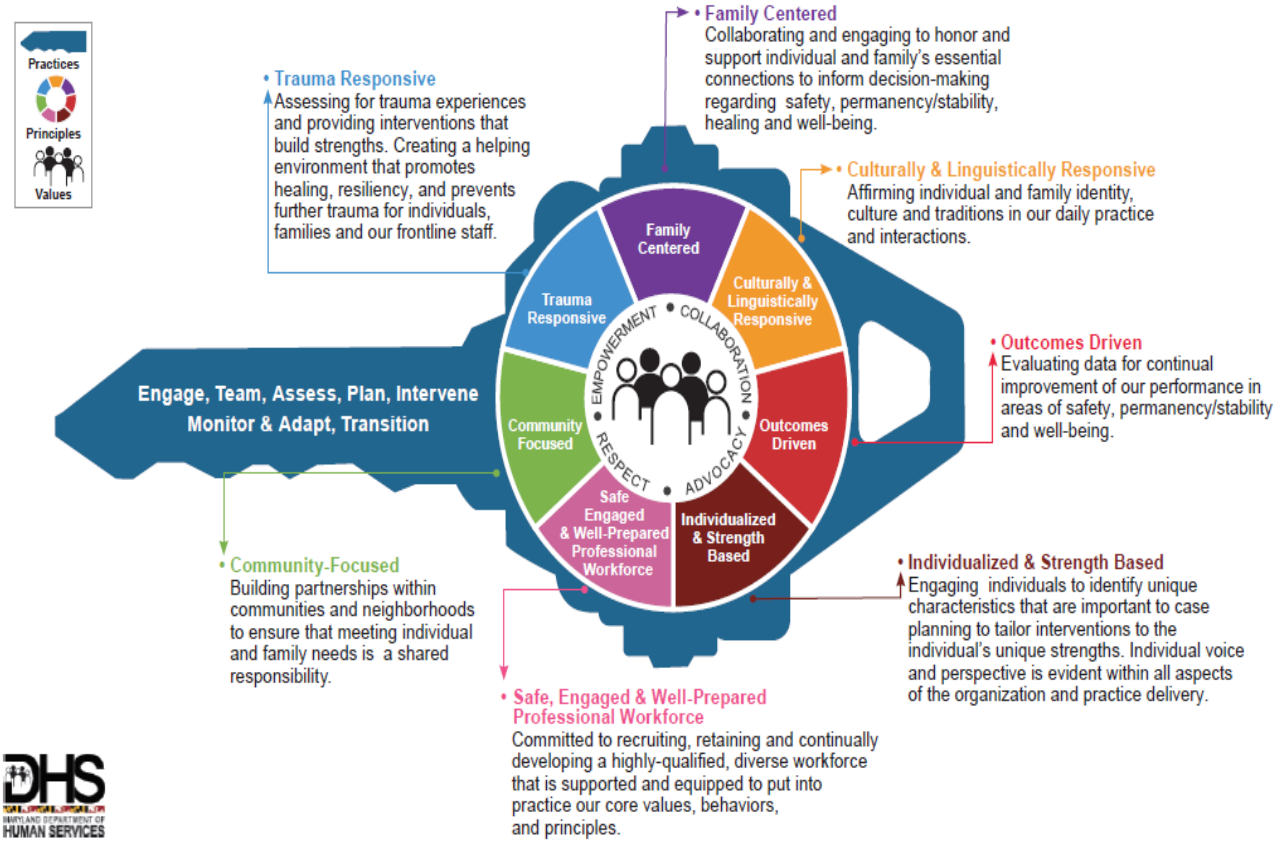
Supplemental Document & Attachments

- CJAMS How to Guide: Persons Profile-Health Information
- Health Care Services Minor Consent
- *SSA Health Passport Forms
- Instructions for Health Passport
- Maryland Healthy Kids Preventive Schedule
- (Attached Separately) *Health Care Services Authorization Form: DHS/SSA/3032/August2022*

*The current version of the health passport is being updated and a new version will be issued in 2023.

Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

Our Core Practices, Principles & Values



Health Care Services Authorization Form

Direction to Local Department of Social Services/LDSS staff: DHS/SSA/3032/August 2022 is only applicable to foster care youth age 18 and older having the capacity to consent under Maryland law. The form must be completed bi-annually for youth age 18 or older or person otherwise authorized by Maryland law to make health care decisions indicating agreement to comply and receive health services or decline health services. *At any time when a youth age 18 or older health care decision changes the form must be updated.*

If a youth refuses medical care and the refusal may be detrimental to the youth's health, the Out-Of-Home/ OOH staff must follow-up with the youth health provider, LDSS supervisor, and LDSS agency counsel immediately to determine a health plan that will adequately support the youth's well-being.

Section I: Completed by LDSS staff

Read the full disclosure statement to the youth age 18 or older or person otherwise authorized by Maryland law to make health care decisions.		
Disclosure Statement: *Yearly medical and semi-annual dental exams are important to maintain health. Now that you are 18 years old or older authorized by Maryland law to make your own health care decisions, including the authority to decline services, the information below is provided to assist you in making the health care decisions that are best for you. You are encouraged to speak to your attorney before completing this form if you have any questions. The decisions are yours to make, but the Department recommends that you obtain the medical care mentioned below. You are Medicaid eligible and entitled to receive your medical and dental care at no cost to you through the Maryland Medicaid, Managed Care Organization (MCO) and Maryland Healthy Smiles Dental Program. There are other health care services that you may be receiving or eligible to receive as identified in Section II-A "Other."*		
Youth's Full Name:	**Youth's PID:**	**Date of Birth (MM/DD/YYYY):**
Caseworker Full Name:	**Supervisor Full Name:**	
Managed Care Organization (MCO):	**Date of most recent health exam** **Annual:** **Dental:** **Other:**	
Primary Care Provider Full Name:	**Primary Care Phone Number:**	
Dentist Full Name:	**Dentist Phone Number:**	

Section II: Completed by LDSS Staff

Read the full entitlement statement to the youth age 18 or older or person otherwise authorized by Maryland law to make health care decisions and complete Section II-A "Other" when a health care service has been identified and recommended by a medical professional to address and support the youth or minor's well-being.

Entitlement Statement: *Because you are in care, the Department is required to provide ongoing oversight and coordination of health care services and believes it is in your best interest to receive care as listed in Section II-A.*

Section II-A

- Initial, Comprehensive, Well Preventive exams with immunizations, vision, hearing, and other assessments, along with referrals;
- Dental exams (initial placement and twice each year) including cleaning, x-rays, and other preventive care;
- Behavioral Health Services;
- Psychotropic medication; and including but not limited to the following:

Other: _____

SECTION III-A, B*: Completed by youth age 18 or older or a person otherwise authorized by Maryland law to make health care decisions.

* *The LDSS may provide an accommodation such as assistance of a reader to help and ensure the youth or person authorized to make health care decisions understands the information discussed and requested within this document.*

SECTION III-A. I understand that it would be in my best interest to participate in health care services and the services checked indicates my agreement to comply and receive the following:

◯ Initial, Comprehensive, Well Preventive exams with immunizations, vision, hearing, and other assessments, along with referrals;
◯ Dental Exams (initial placement and twice each year) including cleaning, x-rays, and other preventive care;
◯ Behavioral Health Services;
◯ Psychotropic medication;
◯ Other: _____

SECTION III-B (any health service checked requires a statement or reason recorded): Regardless of the agency's guidance on the importance of receiving health care services at the time of completing this form, I am declining the following health care service checked:

◯ Initial, Comprehensive, Well Preventive exams with immunizations, vision, hearing, and other assessments, along with referrals;
◯ Dental Exams (initial placement and twice each year) including cleaning, x-rays, and other preventive care;
◯ Behavioral Health Services;
◯ Psychotropic medication;
◯ Other: _____

Identify the statement or reason for the health service being declined as described by the youth age 18 or older or a person otherwise authorized by Maryland law to make health care decisions.

SECTION IV: Completed by LDSS staff and youth aged 18 or older or a person otherwise authorized by Maryland law to make health care decisions

By signing this form, I acknowledge that I am entitled to receive the medical care listed in Section II-A and that my decisions regarding medical care are included in Section III. I understand that I may change my mind at any time about the decisions I have made to accept or decline health care as expressed here and will let my worker know if I do**. Youth's Signature and Date***:	Caseworker Signature and Date: Supervisor Signature and Approval Date:

** *A new form must be completed when a youth's health care decision changes.*
*** *The date entered must reflect the date the youth or person otherwise authorized to make health care decisions completed and acknowledged Sections III and IV.*

Once all sections are completed with necessary signatures, upload the form to the appropriate Health sub-tab in the agency's electronic child welfare system.
Title the form "Health Care Services Authorization Form" and include the date the form was signed by the youth or person otherwise authorized to make health care decisions.