




DEPARTMENT OF HUMAN SERVICES

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

<b>Policy Number:</b>	SSA-CW #25-01
<b>Policy Title:</b>	LDSS Responsibilities of Youth in Hospitals and Hotels
<b>Release Date:</b>	February 7, 2025
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<b>Approved By:</b>	Dr. Alger M. Studstill, Jr.  Executive Director Social Services Administration
<b>Revision Date(s):</b>	N/A (new policy)
<b>Supersedes:</b>	N/A
<b>Originating Office:</b>	SSA Executive Office
<b>Summary of Change:</b>	N/A (new policy)
<b>Required Actions:</b>	The LDSS will identify, notify, collaborate, and address the needs of youth experiencing hospitalization or hotel stay. The LDSS will ensure appropriate placement is made with urgency and in collaboration with key stakeholders.
<b>Key Words:</b>	Youth in Hospital and Hotels, discharge planning
<b>Related Federal Law</b>	N/A
<b>Related State Laws</b>	N/A
<b>COMAR</b>	N/A



<b>State Plan Implications?</b>	No
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## **PURPOSE AND SUMMARY**

The purpose of this policy is to provide guidance to Local Departments of Social Services (LDSS) for youth in hospitals or hotels. The goal is to facilitate a comprehensive multidisciplinary team approach to medical discharge planning and well-being. Although youth may be physically safe in the hospital, prolonged time in a hospital significantly impacts overall well-being. When a youth remains in a hospital after medical necessity, they may experience isolation, limiting youth access to: typical interactions with their family, social supports, peers, community, education, physical activity, dietary options, and therapeutic support. Prolonged delays for placement may have a detrimental impact on youth. Prolonged hospital overstay may lead to increased dysregulation during a hospital emergency department visit, acute psychiatric inpatient care, or other medical stay. The LDSS will integrate trauma-informed care into practice and urgently discharge youth to a safe and appropriate placement. The LDSS will continuously communicate with both youth and hospital personnel.

This policy focuses on collaboration among the Social Services Administration's (SSA) placement unit, the LDSS, and the hospital clinical team. While youth are in a hospital or hotel setting the LDSS will work to identify the most appropriate and least restrictive setting, and oversee youth safety and well-being to reduce detrimental impact.

## **RELATED LAWS AND REGULATIONS**

1. [SSA #10-11 Placement Protocol Policy](#)
2. [SSA #16-03 Caseworker Visitation with Child](#)

## **DEFINITIONS**

Boarding – a patient who remains in a hospital beyond medical necessity and the physician issued a discharge order.

Hospital – psychiatric hospitals, general medical hospitals, or medical hospitals with psychiatric services.

Hospital Overstay – a child or youth in LDSS care and custody who remains in

a hospital for 48 hours or more beyond medical necessity.

Medical Necessity – Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Rapid Response Review Team (RRRT) – the team of key collaborative stakeholders responsible for timely process and youth placement. The RRRT discusses and reviews placement efforts, and develops an in-patient discharge plan that addresses a youth’s well-being.

Relevant Trauma – significant physical, emotional, or psychological harm significantly impacting youth well-being and development, that may manifest as behavioral and emotional challenges. Trauma may result from events such as physical, sexual, or emotional abuse; neglect; exposure to interpersonal violence; parental mental illness or substance use disorder; sex trafficking; grief and loss; or separation from significant relationships.

## **PROCEDURES AND TIMEFRAMES**

### **1. Youth in a Hospital Stay**

- 1.1. LDSS notification to SSA and youth’s attorney
  - 1.1.1. The LDSS will document hospitalizations in CJAMS within 24 hours of admission.
  - 1.1.2. Within 24 hours of admission, the LDSS will inform the child’s attorney and Court Appointed Special Advocate (CASA), if applicable, of the youth’s hospitalization.
  - 1.1.3. Within 24 hours of becoming aware that a youth is at risk of boarding because there is no placement upon discharge, the LDSS will complete the [Placement Staffing Form](#) and send email notification to the [SSA placement unit](#) and the [Youth Hospital Liaison](#).
- 1.2. Initial RRRT Meeting
  - 1.2.1. The SSA placement unit will confirm receipt of the notification and schedule the RRRT meeting. RRRT meetings must be convened within two business days of hospital notification.
  - 1.2.2. The RRRT meeting will include the LDSS caseworker, supervisor, placement unit supervisor, SSA placement specialist and supervisor, SSA hospital youth liaison, SSA Out-of-Home supervisor or program manager, SSA older youth specialist and supervisor or manager, SSA education specialist, and SSA Medical Director.
  - 1.2.3. The initial RRRT meeting will address the following areas:
    1. Review the current needs of the youth.

2. Review the [Placement Request Form](#) in CJAMS and ensure it is written using [trauma-informed language](#).
  3. Discuss family resources, significant supports, placement history, and placement resources.
  4. Discuss and review family finding and kin-first placement efforts.
  5. Identify any current outpatient mental health provider(s) that is providing care to the youth.
  6. Discuss strategies to prevent a placement disruption and assess if a Family Team Decision Meeting (FTDM) with the provider, hospital, and LDSS team is needed.
  7. Determine the need for the [One page description tool](#) to be completed with the youth.
  8. Identify strengths and understand the views, experiences, and opinions of the youth.
  9. Develop action items and next steps with clear timeframes.
- 1.2.4. Role of the SSA Medical Director or designee
1. The SSA Medical Director or designee will be included in the RRRT meeting. The SSA Medical Director or designee will be provided any available documentation prior to the meeting.
  2. When applicable, within one business day of the initial RRRT meeting the SSA Medical Director or designee will provide recommendations regarding medical and psychiatric conditions including but not limited to care-coordination, medical equipment or other needs, and recommended follow-up.
- 1.3. LDSS Communication and Weekly Touchpoint Meetings
- 1.3.1. The LDSS will discuss with the hospital team the preferred method and frequency of communication.
  - 1.3.2. The LDSS will coordinate and facilitate weekly touchpoint meetings with the hospital team which may include social work, medical, psychiatric, and other clinical professionals.
  - 1.3.3. The weekly touchpoint meeting will focus on the following areas: medical and behavioral updates, psychiatric medication updates, placement efforts, physical and emotional needs of youth, education needs, and any concerns from hospital staff.
  - 1.3.4. At the conclusion of each touchpoint meeting, the LDSS will identify action items and confirm the next meeting. The LDSS or DHS Hospital Liaison will send out a summary of the meeting to all attendees to ensure we have a shared understanding.
  - 1.3.5. When a hospital schedules the weekly touchpoint meetings, the LDSS team is expected to attend and

provide updates on placement efforts. The LDSS team is also expected to collaborate with the hospital team to meet the needs of the youth and address any questions or concerns from the hospital team providing care.

1.4. Sharing Information and Documentation with the Hospital

1.4.1. The LDSS will provide the following documents and information to the hospital:

- 1.4.1.1. The LDSS will ensure the appropriate legal documentation or court order is provided to the hospital authorizing the LDSS to access medical records and obtain ongoing medical notes and reports through any available portal.
- 1.4.1.2. Contact information for LDSS worker, supervisor, and LDSS after-hours staff.
- 1.4.1.3. The LDSS will provide contact information for any medical professional (e.g. Primary Care Physician, Psychiatrist, Therapist, etc.) currently providing care to the youth.
- 1.4.1.4. The LDSS worker will identify the Health Care Decision Maker (HCDM) to the hospital and explain the informed consent requirement prior to prescribing new medication.
- 1.4.1.5. Current medication regimen and dosage prior to entering hospital, current diagnosis and/or medical conditions, and known trigger(s).
- 1.4.1.6. Relevant trauma and medical history (including allergies).
- 1.4.1.7. Placement efforts and denial reasons (if any).
- 1.4.1.8. The name and contact information for the child's attorney.

1.5. Weekly Visitation while in Hospital

1.5.1. In addition to monthly in-person caseworker visits, all youth in hospital care will be visited in-person weekly by the assigned LDSS worker, a family support worker, or courtesy visit from another LDSS. The visits will be documented in CJAMS.

1.5.2. The purpose of weekly in-person visits is to maintain communication and engagement with the youth, caregivers, and staff to ensure the youth's safety and well-being, and to meet service needs.

1.5.2.1. If a youth is in a hospital, the caseworker will speak with the hospital care personnel prior to leaving the hospital.

1.5.2.2. The LDSS will identify family members, kin, or other individuals who can support the youth.

1.5.2.3. The LDSS shall facilitate visits between youth family

- members or other supportive individuals; visits may include telephonic, virtual, and/or in-person.
- 1.5.2.4. The LDSS will explore whether the assigned CASA, if applicable, can provide support to the youth.
- 1.6. Coordinating Services and Personal Needs while in Hospital
    - 1.6.1. Educational Services
      - 1.6.1.1. Within two business days of hospital entry, the assigned LDSS case worker will contact the youth's school to provide information, excuse their absences, and gather school work if possible. School communication shall be a documented contact note.
      - 1.6.1.2. If the hospital placement reaches 10 consecutive days, Home and Hospital Teaching shall be initiated; refer to [Home and Hospital Teaching](#) guidance.
      - 1.6.1.3. If a youth is placed in an out-of-state hospital, the LDSS will contact the SSA Education Specialist.
      - 1.6.1.4. Once the Home and Hospital Teaching is initiated the Education tab shall be updated with the Education program "*Home and Hospital*".
      - 1.6.1.5. The LDSS may contact the SSA Education Specialist for consultation and assistance.
      - 1.6.1.6. The LDSS will assess whether additional tutoring services are needed and then work to meet the youth's needs by implementing a contract. The LDSS can work with SSA as needed.
    - 1.6.2. Well-Being Services
      - 1.6.2.1. If a youth has an outpatient medical/mental health provider, the LDSS will notify the provider within five business days of the hospitalization.
      - 1.6.2.2. The LDSS will explore whether, contingent on the hospital policy, the medical/mental health provider can offer ongoing services to the youth while in the hospital once medical necessity is met.
    - 1.6.3. Personal Needs
      - 1.6.3.1. The LDSS will assess and ask the youth's needs, including clothing, personal hygiene items, books, snacks, and other essentials.
      - 1.6.3.2. The LDSS will coordinate with hospital staff to review and understand hospital policies regarding items permitted for a youth during the entirety of treatment.
  - 1.7. Escalation
    - 1.7.1. If the LDSS has concerns regarding the care or care plan the youth is receiving from the medical provider, the LDSS Supervisor will escalate to the SSA Youth Hospital Liaison and the SSA Medical Director.

- 1.7.2. Should a hospital escalate a concern to the SSA Youth Hospital Liaison and/or SSA Medical Director, the concern will be forwarded by either the Hospital Liaison or SSA Medical Director to the Local Director, Local Assistant Director of Services, SSA Executive Director, SSA Chief of Staff, SSA Principal Deputy Executive Director, and SSA Deputy Executive Director of Child & Family Well-Being.
  - 1.7.2.1. SSA and the LDSS will collaborate to determine the best course of action to address the concerns.
  - 1.7.2.2. The SSA Executive Director will notify the Office of the Secretary if they determine there is a need for further escalation and/or to brief on a potential red flag.
- 1.8. One-on-One Support Services for Hospital Stay
  - 1.8.1. One-on-one support services may be provided as an additional resource to a youth boarding in a hospital.
  - 1.8.2. The LDSS will collaborate with the hospital to assess whether One-on-One support services would be beneficial to the youth or hospital staff. If the hospital staff requests such support, the LDSS will evaluate the specific hours of services requested and make appropriate arrangements.
  - 1.8.3. The LDSS will request SSA approval for one-to-one support services, by referring to the [One on One Support Services Policy](#). The request for one-on-one support services must be approved by the LDSS Assistant Director and submitted by email to the [SSA Placement Unit](#) for SSA approval.
- 1.9. CJAMS Documentation Requirements
  - 1.9.1. The assigned caseworker shall ensure that the following are documented in CJAMS:
    - 1.9.1.1. Document the current hospitalization in the youth's health tab to include the name and address of the hospital, reason for hospitalization, admission date, type of hospitalization, discharge diagnosis, transfer date, overstay date and discharge date.
    - 1.9.1.2. Document new medications that are prescribed while in the hospital stay in the youth's health tab.
    - 1.9.1.3. Document the [Placement Request Form](#) in the Assessment folder.
    - 1.9.1.4. Document the living arrangement to reflect hospitalization and discharge information (e.g. name and address of hospital, discharge date, and hospitalization end date)
    - 1.9.1.5. If applicable, document one-to-one service and approval in the services tab.
    - 1.9.1.6. Document home and hospital requests for services in the education tab.

- 1.9.1.7. Upload the hospital discharge summary and progress notes in the documents tab of the electronic case record.
- 1.9.1.8. When applicable, upload the Certificate of Need in the documents tab of the electronic case record.
- 1.9.1.9. A Safety Assessment for Every Child (SAFE-C) is not required while the youth is in the hospital.

## 2. Youth in a Hotel Stay

- 2.1. Notification and Justification for a Hotel Stay to SSA and the Office of the Secretary
  - 2.1.1. Within 2 hours of a hotel stay, the LDSS Director or Assistant Director of Services will email [dlhotelnotification\\_dhs@maryland.gov](mailto:dlhotelnotification_dhs@maryland.gov) to notify SSA and the Office of the Secretary.
  - 2.1.2. The LDSS will complete and attach the [Placement Staffing Form](#) to the notification email. The email will also include the name and address of the hotel, date youth arrived at the hotel, and the name of the One-on-One Provider.
- 2.2. LDSS Documentation in CJAMS and Notification to Youth's Attorney and CASA
  - 2.2.1. The LDSS will document the living arrangement in CJAMS within 24 hours of the start of a hotel stay.
  - 2.2.2. The LDSS shall inform the child's attorney and CASA, if applicable, of the youth's location within 24 hours of the start of a hotel stay.
  - 2.2.3. The LDSS shall ensure that the "Confidential - Youth Hotel Stay" tracking spreadsheet is updated weekly using the following link: [Confidential - Youth Hotel Stay](#)
- 2.3. Initial RRRT Meeting
  - 2.3.1. The SSA placement unit will confirm receipt of the notification and schedule the initial RRRT meeting. The SSA placement unit will convene the RRRT meeting within two business days of the start of a hotel stay.
  - 2.3.2. The RRRT meeting shall include the LDSS caseworker, supervisor, placement unit supervisor, SSA Out-of-Home supervisor or program manager, SSA older youth specialist and supervisor, SSA placement specialist and supervisor, education specialist, and SSA Medical Director.
  - 2.3.3. The initial RRRT meeting will address the following areas:
    - 1. Review the current needs of the youth.
    - 2. Review the [Placement Request Form](#) in CJAMS and ensure it is written using [trauma-informed language](#).
    - 3. Discuss family resources, significant supports, placement history, and placement resources.
    - 4. Discuss and review family finding and kin-first



- placement efforts.
5. Identify any current outpatient mental health provider(s) that is providing care to the youth or refer youth for outpatient mental health services within five business days of placement.
  6. Discuss strategies to prevent a placement disruption and assess if a Family Team Decision Meeting (FTDM) with the provider, hospital, and LDSS team is needed.
  7. Determine the need for the [One page description tool](#) to be completed with the youth.
  8. Identify strengths and understand the views, experiences, and opinions of the youth.
  9. Develop action items and next steps with clear timeframes.
- 2.4. Weekly Staffings with SSA
- 2.4.1. No later than one week after the initial RRRT meeting, weekly staffings will be facilitated by the SSA placement supervisor. Participants will include those noted in 2.3.2.
  - 2.4.2. Updates and action steps throughout the hotel stay will be documented on the [Placement Staffing Form](#).
  - 2.4.3. SSA will proactively collaborate with the LDSS to explore potential family-based placements or placements based on Out-of-Home placement provider profiles. When necessary, the SSA Contracts teams will ensure that providers adhere to terms of their contract.
  - 2.4.4. Trends from weekly staffing meetings and barriers will be tracked by the SSA Placement team enabling SSA to analyze and explore ways in which to broaden our placement continuum.
  - 2.4.5. The Assistant Director of Services for the respective LDSS must attend all weekly staffings and ensure the appropriate management personnel are present and informed to discuss the case.
- 2.5. Weekly Visitation while in Hotel
- 2.5.1. In addition to monthly in-person caseworker visits, all youth will be visited in-person weekly by the assigned LDSS worker or a family support worker.
    - 2.5.1.1. The visits will be documented in CJAMS per [SSA-CW# 16-03](#), as immediately as possible but no later than five business days after the visit occurs.
  - 2.5.2. The purpose of weekly in-person visits is to maintain communication and engagement with the youth, caregivers, and staff to ensure the youth's safety and well-being, and to meet service needs.
- 2.6. Coordinating Educational Services while in Hotel
- 2.6.1. If a youth is absent from school for 10 consecutive days, the

school can withdraw the youth. Therefore, the LDSS shall ensure proper notification and/or documentation is provided to the school regarding any absences.

- 2.6.2. The LDSS shall ensure that youth in hotels maintain their enrollment in the school of origin and that transportation is arranged, as needed.
- 2.6.3. The LDSS will communicate with the school about the temporary change in living arrangement. Once a new placement is secured, the [Education Stability Policy](#) must be followed.

### **3. LDSS Touchpoint Meetings**

- 3.1. The Assistant Director of Services will hold daily internal touchpoint meetings with their team regarding youth in hospital and hotel stays to prioritize finding an appropriate placement, explore kinship resources, ensure the well-being of the youth, and collaborate with SSA.
- 3.2. The Local Director shall receive weekly updates from their Assistant Director of Services on the status, well-being, and progress for placing each youth in their care.

## **FORMS AND ATTACHMENTS**

[SSA #10-11 Placement Protocol Policy](#)  
[SSA #16-03 Caseworker Visitation with Child](#)  
[SSA# 09-14 One-on-One Support Services](#)  
[SSA #21-02 Family Teaming](#)  
[Placement Staffing Form](#)  
[Education of Youth in Hospitals or Hotels](#)  
[Placement Request Form](#)

## **RELATED INFORMATION**

Refer to any other relevant state and federal authority, supportive research, or background material or resources that support the policy, including related SSA guidance.

[CJAMS Tipsheet – Hospitalization – Living Arrangement and Health Updates](#)  
[CJAMS Tipsheet – Hospitalization Person-Health](#)  
[CJAMS How to Guide – Living Arrangement and Health Updates](#)  
[CJAMS How to Guide: Placement Request Form – Attachment A](#)  
[CJAMS How to Guide: Placements](#)

For additional guidance on CJAMS procedures, please see the [CJAMS Child Welfare How-To-Guides](#).