

Chapter 407

(House Bill 1582)

AN ACT concerning

Human Services – Children in Out-of-Home Placement Receiving Child Welfare Services – Centralized Comprehensive Health Care Monitoring Program

FOR the purpose of establishing a State Medical Director for Children ~~in Out-of-Home Placement~~ Receiving Child Welfare Services in the Department of Human Services; providing for the appointment of the State Medical Director; establishing certain qualifications for the State Medical Director; establishing certain responsibilities of the State Medical Director; requiring the State Medical Director and all personnel supervised by *under the direct supervision of the State Medical Director to have access to certain confidential information and records, subject to a certain condition;* ~~requiring the State Medical Director to appoint Regional Medical Directors for Children in Out-of-Home Placement; establishing certain qualifications for Regional Medical Directors; establishing certain regions in the State and requiring that there be at least one Regional Medical Director in each region; establishing certain responsibilities of a Regional Medical Director; establishing that a Regional Medical Director and all personnel supervised by a Regional Medical Director shall have access to certain confidential information and records;~~ requiring the State Medical Director ~~and the Regional Medical Directors~~ to establish a Centralized Comprehensive Health Care Monitoring Program *for certain children in out-of-home placement* in consultation with local departments of social services; requiring that the Program comply with a certain standard; declaring the intent of the General Assembly; requiring the Department to report to the General Assembly on or before a certain date; and generally relating to comprehensive health care monitoring for children in out-of-home placement.

BY adding to

Article – Human Services

Section 8-1101 through ~~8-1104~~ 8-1103 to be under the new subtitle “Subtitle 11.Children in Out-of-Home Placement Receiving Child Welfare Services – Centralized Comprehensive Health Care Monitoring Program”

Annotated Code of Maryland

(2007 Volume and 2017 Supplement)

Preamble

WHEREAS, Numerous studies have determined that children in foster care have more serious physical and mental health problems and risks than nearly any other population group in the nation; and

WHEREAS, Adverse childhood experiences, including experiencing child abuse and neglect, may have serious long-term, negative outcomes on physical and mental health without adequate intervention; and

WHEREAS, The State of Maryland has a legal and moral responsibility to provide appropriate health care services to meet the needs of children in foster care in the State; and

WHEREAS, The Department of Legislative Services has audited the foster care agencies of the Department of Human Services and found significant deficiencies in the record keeping and monitoring of the health of children in foster care; and

WHEREAS, Data from the Children's Review Board for Children has revealed significant problems and difficulties in the identification of health problems, the provision of health care, and the monitoring of the health needs of foster children and the health care provided to them; and

WHEREAS, The Department of Human Services has no effective system for tracking the health care needs of, or services received by, children committed to its care through local departments of social services; and

WHEREAS, Child welfare agencies in other states have imported Medicaid data into their State Automated Child Welfare Information System databases, known in Maryland as the Maryland Children's Electronic Social Services Information Exchange; and

WHEREAS, Without evaluations by experts in child abuse, children with abusive injuries may be incorrectly diagnosed as having accidental injuries and children with accidental injuries may be incorrectly diagnosed as having abusive injuries; and

WHEREAS, The Baltimore City Department of Social Services has contracted for the operation of a centralized comprehensive health care monitoring program, the Making All the Children Healthy (MATCH) program, that serves all of the foster children in its custody; and

WHEREAS, One of the most important features of the MATCH program is the required hiring of a medical director to oversee the operations of the MATCH program and ensure the provision of timely quality health care to Baltimore foster children; and

WHEREAS, Health oversight programs in other states have improved the health care services and health care outcomes of foster youth, including better asthma outcomes than other Medicaid recipients; and

WHEREAS, Baltimore City is the only jurisdiction in the State with a program comparable to health oversight programs that serve foster children in other states and the only jurisdiction in the State with a medical director responsible for overseeing the provision of health care to foster children; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Human Services

SUBTITLE 11. CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES – CENTRALIZED COMPREHENSIVE HEALTH CARE MONITORING PROGRAM.

8-1101.

(A) THERE IS A STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES IN THE DEPARTMENT ~~FOR CHILDREN IN OUT-OF-HOME PLACEMENT~~.

(B) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND DEPARTMENT OF HEALTH, SHALL APPOINT THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES.

(C) THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES SHALL:

(1) BE A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE;

(2) HAVE EXPERIENCE IN PROVIDING MEDICAL CARE TO CHILDREN;

AND

(3) BE KNOWLEDGEABLE ABOUT THE UNIQUE HEALTH NEEDS OF CHILDREN IN OUT-OF-HOME PLACEMENT AND CHILDREN WHO ARE VICTIMS OF CHILD ABUSE OR NEGLECT.

8-1102.

(A) THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES SHALL:

(1) COLLECT DATA ON THE TIMELINESS AND EFFECTIVENESS OF THE PROVISION OR PROCUREMENT OF HEALTH CARE SERVICES FOR CHILDREN IN THE CUSTODY OF THE LOCAL DEPARTMENTS;

(2) TRACK HEALTH OUTCOMES FOR CHILDREN IN OUT-OF-HOME PLACEMENT USING THE MOST RECENT HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) MEASURES RELEVANT TO CHILDREN INCLUDING:

- (I) IMMUNIZATION STATUS;
 - (II) LEAD SCREENING;
 - (III) MEDICAL MANAGEMENT OF ASTHMA;
 - (IV) FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATIONS;
 - (V) DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS;
 - (VI) ANTIDEPRESSANT MEDICATION MANAGEMENT;
 - (VII) FOLLOW-UP AFTER AN EMERGENCY DEPARTMENT VISIT OR HOSPITALIZATION FOR MENTAL ILLNESS;
 - (VIII) METABOLIC MONITORING AND USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR ADOLESCENTS ON ANTIPSYCHOTIC MEDICATIONS;
 - (IX) APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTIONS; AND
 - (X) PROVISION OF COMPREHENSIVE DIABETES CARE;
- (3) ASSESS THE COMPETENCY, INCLUDING THE CULTURAL COMPETENCY, OF HEALTH CARE PROVIDERS WHO EVALUATE AND TREAT ABUSED AND NEGLECTED CHILDREN IN THE CUSTODY OF A LOCAL DEPARTMENT;
- (4) (I) PERIODICALLY ASSESS THE SUPPLY AND DIVERSITY OF HEALTH CARE SERVICES THAT EVALUATE AND TREAT CHILDREN IN OUT-OF-HOME PLACEMENT, IDENTIFY SHORTFALLS, IF ANY, AND REPORT THEM TO THE RELEVANT LOCAL DEPARTMENT, THE DEPARTMENT, AND THE MARYLAND DEPARTMENT OF HEALTH; AND
- (II) WORK WITH STATE AND LOCAL HEALTH AND CHILD WELFARE OFFICIALS, PROVIDER AGENCIES, AND ADVOCATES TO EXPAND THE SUPPLY AND DIVERSITY OF HEALTH CARE SERVICES; ~~AND~~
- (5) WORK WITH STATE AND LOCAL HEALTH AND CHILD WELFARE OFFICIALS, PROVIDER AGENCIES, AND ADVOCATES TO IDENTIFY SYSTEMIC PROBLEMS AFFECTING HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT AND DEVELOP SOLUTIONS; AND

(6) USING PRACTICE GUIDELINES DEVELOPED BY ~~CHILD ABUSE MEDICAL PROVIDERS (MARYLAND CHAMP)~~, THE AMERICAN ACADEMY OF PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE BEST-PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED CHILD ABUSE OR NEGLECT.

(B) (1) ~~THE SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES AND ALL PERSONNEL SUPERVISED BY UNDER THE DIRECT SUPERVISION OF THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES SHALL HAVE ACCESS TO ALL CONFIDENTIAL INFORMATION AND RECORDS AVAILABLE TO, OR IN THE POSSESSION OF, A LOCAL DEPARTMENT.~~

(2) ~~IF WRITTEN CONSENT IS REQUIRED BY LAW, THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES AND PERSONNEL UNDER THE DIRECT SUPERVISION OF THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES MAY HAVE ACCESS TO THE INFORMATION OR RECORDS ONLY AFTER THE LOCAL DEPARTMENT HAS OBTAINED WRITTEN CONSENT UNDER § 1-212 OF THIS ARTICLE.~~

(C) (1) ~~THE STATE MEDICAL DIRECTOR FOR CHILDREN IN OUT-OF-HOME PLACEMENT RECEIVING CHILD WELFARE SERVICES SHALL REPORT ANNUALLY TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON THE CURRENT STATUS OF HEALTH CARE SERVICES FOR CHILDREN IN OUT-OF-HOME PLACEMENT IN THE STATE.~~

(2) ~~A REPORT MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE MADE AVAILABLE TO THE PUBLIC ON THE DEPARTMENT’S WEBSITE.~~

8-1103.

~~(A) THE STATE MEDICAL DIRECTOR FOR CHILDREN IN OUT-OF-HOME PLACEMENT SHALL APPOINT REGIONAL MEDICAL DIRECTORS FOR CHILDREN IN OUT-OF-HOME PLACEMENT.~~

~~(B) A REGIONAL MEDICAL DIRECTOR SHALL BE:~~

~~(1) A PHYSICIAN LICENSED TO PRACTICE IN THE STATE OR AN ADVANCED PRACTICE REGISTERED NURSE; AND~~

~~(2) EXPERIENCED IN PROVIDING MEDICAL CARE TO CHILDREN AND KNOWLEDGEABLE ABOUT THE UNIQUE HEALTH NEEDS OF CHILDREN IN OUT-OF-HOME PLACEMENT AND CHILDREN WHO MAY BE VICTIMS OF CHILD ABUSE OR NEGLECT.~~

~~(C) THERE SHALL BE AT LEAST ONE REGIONAL MEDICAL DIRECTOR FOR THE FOLLOWING REGIONS:~~

- ~~(1) BALTIMORE CITY;~~
- ~~(2) CENTRAL REGION (ANNE ARUNDEL, CARROLL, FREDERICK, AND HOWARD COUNTIES);~~
- ~~(3) EAST REGION (CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S, SOMERSET, TALBOT, WICOMICO, AND WORCESTER COUNTIES);~~
- ~~(4) MONTGOMERY COUNTY;~~
- ~~(5) NORTH REGION (BALTIMORE, CECIL, AND HARFORD COUNTIES);~~
- ~~(6) PRINCE GEORGE'S COUNTY;~~
- ~~(7) SOUTH REGION (CALVERT, CHARLES, AND ST. MARY'S COUNTIES); AND~~
- ~~(8) WEST REGION (ALLEGANY, GARRETT, AND WASHINGTON COUNTIES).~~

~~(D) A REGIONAL MEDICAL DIRECTOR SHALL:~~

~~(1) REVIEW MEDICAL RECORDS AND OTHER DATA CONCERNING CHILDREN IN OUT OF HOME PLACEMENT IN THE REGION AND COMMUNICATE WITH LOCAL HEALTH CARE PROVIDERS TO:~~

~~(I) EVALUATE THE NEED FOR ASSESSMENTS, SCREENINGS, EVALUATIONS, TESTS, AND EXAMINATIONS; AND~~

~~(II) ENSURE THAT REPORTS OF ANY ASSESSMENTS, SCREENINGS, EVALUATIONS, TESTS, OR EXAMINATIONS ARE DISTRIBUTED TO CAREGIVERS, PARENTS, GUARDIANS, ATTORNEYS, COURT APPOINTED SPECIAL ADVOCATES, JUVENILE COURTS, AND OTHER PARTIES AS REQUIRED OR APPROPRIATE;~~

~~(2) ENSURE THAT A LOCAL DEPARTMENT MAINTAINS CURRENT AND COMPLETE HEALTH RECORDS FOR ALL CHILDREN IN OUT OF HOME PLACEMENT, INCLUDING CURRENT AND COMPLETE HEALTH PASSPORTS, AND THAT RECORDS ARE PROVIDED EXPEDIENTLY TO A CHILD'S CAREGIVER;~~

~~(3) ENSURE THAT COMPREHENSIVE, CURRENT HEALTH PLANS ARE MAINTAINED IN A CHILD'S CASE RECORDS AND AVAILABLE TO THE CHILD'S CAREGIVERS;~~

~~(4) ENSURE THAT:~~

~~(I) HEALTH CARE APPOINTMENTS FOR A CHILD IN OUT OF HOME PLACEMENT ARE SCHEDULED EXPEDITIOUSLY;~~

~~(II) CAREGIVERS ARE QUICKLY NOTIFIED AND REMINDED OF SCHEDULED HEALTH CARE APPOINTMENTS;~~

~~(III) TRANSPORTATION ARRANGEMENTS FOR HEALTH CARE APPOINTMENTS ARE MADE IN A TIMELY MANNER;~~

~~(IV) HEALTH CARE APPOINTMENTS WERE KEPT; AND~~

~~(V) ANY FOLLOW UP HEALTH CARE APPOINTMENTS ARE SCHEDULED;~~

~~(5) USING PRACTICE GUIDELINES DEVELOPED BY CHILD ABUSE MEDICAL PROVIDERS (MARYLAND CHAMP), THE AMERICAN ACADEMY OF PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE BEST PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED CHILD ABUSE OR NEGLECT; AND~~

~~(6) ENSURE THAT CHILDREN IN OUT OF HOME PLACEMENT RECEIVE APPROPRIATE AND PROPER HEALTH CARE, INCLUDING:~~

~~(I) LOCATING A MEDICAL HOME FOR EACH CHILD TO PROVIDE CONSISTENT AND APPROPRIATE HEALTH CARE SERVICES;~~

~~(II) ENSURING THAT A CHILD IN OUT OF HOME PLACEMENT RECEIVES APPROPRIATE MENTAL HEALTH TREATMENT INCLUDING ENSURING THAT UNNECESSARY PSYCHOTROPIC MEDICATIONS ARE NOT PRESCRIBED OR ADMINISTERED;~~

~~(III) IDENTIFYING APPROPRIATE SPECIALISTS WHEN NEEDED;~~

~~(IV) ADDRESSING HEALTH EMERGENCIES;~~

~~(V) PROVIDING ADVICE REGARDING CONSENT FOR MEDICAL TREATMENT TO A LOCAL DEPARTMENT;~~

~~(VI) ENSURING THAT ALL CHILDREN HAVE CURRENT ELIGIBILITY FOR AND ACCESS TO THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND OTHER PUBLIC BENEFITS AND SERVICES, SUCH AS DISABILITY CARE AND SUPPORT;~~

~~(VII) ENSURING THAT ALL AGE APPROPRIATE PERIODIC ASSESSMENTS, SCREENINGS, EVALUATIONS, TESTS, AND EXAMINATIONS ARE CONDUCTED AT THE APPROPRIATE TIME AS RECOMMENDED OR REQUIRED;~~

~~(VIII) ENSURING THAT ALL CHILDREN UNDER THE AGE OF 4 YEARS HAVE PROMPT ASSESSMENTS FOR LEARNING, LANGUAGE, MOTOR, AND OTHER DEVELOPMENTAL DELAYS OR CONCERNS AND THAT THESE CHILDREN ARE PROMPTLY REFERRED FOR SERVICES AS NEEDED;~~

~~(IX) ENSURING THAT HEALTH ISSUES ARE DISCUSSED AT FAMILY INVOLVEMENT MEETINGS;~~

~~(X) ADDRESSING THE SPECIFIC HEALTH CARE NEEDS OF ADOLESCENTS, INCLUDING FAMILY PLANNING, OBSTETRICS AND GYNECOLOGICAL CARE, BIRTH CONTROL, SUBSTANCE ABUSE, PRENATAL CARE, CHILDBIRTH, POSTPARTUM CARE, AND ISSUES OF SEXUAL ORIENTATION AND GENDER IDENTITY;~~

~~(XI) MONITORING MEDICATION MANAGEMENT;~~

~~(XII) ASSISTING LOCAL DEPARTMENTS IN FINDING APPROPRIATE, LEAST RESTRICTIVE, NONINSTITUTIONALIZED CARE, PLACEMENTS, AND SUPPORTIVE SERVICES FOR CHILDREN IN OUT OF HOME PLACEMENT;~~

~~(XIII) MONITORING AND ASSESSING THE PROVISION OF MENTAL HEALTH OR BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN GROUP CARE PLACEMENTS;~~

~~(XIV) DIRECTING PLACEMENT AGENCIES AS NECESSARY AND AS REQUIRED BY APPLICABLE LAW OR REGULATIONS TO ADDRESS THE SPECIFIC HEALTH CARE NEEDS OF CHILDREN PLACED IN THEIR CARE; AND~~

~~(XV) INTERVENING WHEN NECESSARY TO ENSURE SOUND DECISION MAKING BY THE LOCAL DEPARTMENT ON HEALTH ISSUES FOR A CHILD IN THE CUSTODY OF THE LOCAL DEPARTMENT.~~

~~(E) A REGIONAL MEDICAL DIRECTOR AND ALL PERSONNEL SUPERVISED BY THE REGIONAL MEDICAL DIRECTOR SHALL HAVE ACCESS TO ALL CONFIDENTIAL~~

~~INFORMATION AND RECORDS AVAILABLE TO, OR IN THE POSSESSION OF, THE LOCAL DEPARTMENT.~~

~~§ 1104.~~

(A) ~~THE STATE MEDICAL DIRECTOR FOR CHILDREN IN OUT-OF-HOME PLACEMENT RECEIVING CHILD WELFARE SERVICES AND THE REGIONAL MEDICAL DIRECTORS FOR CHILDREN IN OUT-OF-HOME PLACEMENT,~~ IN CONSULTATION WITH THE LOCAL DEPARTMENTS, SHALL DEVELOP A CENTRALIZED COMPREHENSIVE HEALTH CARE MONITORING PROGRAM FOR CHILDREN IN OUT-OF-HOME PLACEMENT THAT WILL ENSURE THE REPLICATION OF CENTRALIZED HEALTH CARE COORDINATION AND MONITORING OF SERVICES ACROSS ~~REGIONS~~ THE STATE.

(B) THE PROGRAM SHALL COMPLY WITH THE STANDARD OF EXCELLENCE FOR HEALTH CARE SERVICES FOR CHILDREN IN OUT-OF-HOME CARE PUBLISHED BY THE CHILD WELFARE LEAGUE OF AMERICA.

(C) THE PROGRAM SHALL PROVIDE THE SAME LEVEL OF SERVICES FOR MENTAL HEALTH, BEHAVIORAL HEALTH, DISABILITY-RELATED HEALTH ISSUES, PHYSICAL HEALTH, AND DENTAL HEALTH.

SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Department of Human Services:

(1) establish a centralized data portal ~~for medical data for children receiving child welfare services by integrating into the Maryland Total Human Services Information Network, also known as MD THINK, health care information~~ in partnership with the Chesapeake Regional Information System for the purpose of providing the Department access to integrated health information on children in out-of-home placement from:

(i) the Chesapeake Regional Information Systems for Our Patients, also known as CRISP;

(ii) Immunet; and

(iii) Medicaid databases; and

(2) create an electronic health passport for children ~~receiving child welfare services~~ in out-of-home placement.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1, 2019, the Department of Human Services, in consultation with the Maryland Department of Health, the Maryland Chapter of the Academy of Pediatrics, the Citizens Review Board for

Children, Maryland Legal Aid, Advocates for Children and Youth, the Mental Health Association of Maryland, the Maryland Dental Action Coalition, and other interested stakeholders, shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on:

(1) the number of children ~~receiving child welfare services~~ in out-of-home placement identified by managed care organizations and provided additional levels of case management;

(2) barriers and challenges that prevent children ~~receiving child welfare services~~ in out-of-home placement from receiving optimal health care services;

(3) the benefits and challenges of implementing regional health care monitoring programs;

(4) the feasibility of linking a centralized data portal for medical data for children ~~receiving child welfare services~~ in out-of-home placement with clinical practice-based electronic health records used by federally qualified health centers, medical practices designated as patient-centered medical homes, and primary care medical practices with 10 or more care providers; and

(5) any other recommendations to improve the delivery of health care services to children ~~receiving child welfare services~~ in out-of-home placement.

SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018.

Approved by the Governor, May 8, 2018.