

Department of Legislative Services
 Maryland General Assembly
 2018 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 1582

(Delegate Wilson, *et al.*)

Appropriations and Health and
 Government Operations

Finance

**Human Services - Children Receiving Child Welfare Services - Centralized
 Comprehensive Health Care Monitoring Program**

This bill establishes a State Medical Director for Children Receiving Child Welfare Services (director) in the Department of Human Services (DHS). The director, in consultation with local departments of social services, must 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 the State. By October 1, 2019, DHS must report to the General Assembly on specified items, including the barriers and challenges that prevent children in out-of-home placement from receiving optimal health care services.

Fiscal Summary

State Effect: General and federal fund expenditures increase by a minimum of \$311,400 in FY 2019 for staffing and one-time programming costs only. Future year expenditures reflect annualization. Revenues are not affected.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	6,400	0	0	0	0
GF/FF Exp.	305,000	392,700	405,200	419,100	433,400
Net Effect	(\$311,400)	(\$392,700)	(\$405,200)	(\$419,100)	(\$433,400)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: DHS, in consultation with the Maryland Department of Health (MDH), must appoint the director. The director must (1) be a physician licensed to practice medicine in the State; (2) have experience 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.

The director must (1) collect data on the timeliness and effectiveness of the provision or procurement of health care services for children in the custody of local departments of social services; (2) track health outcomes for children in out-of-home placements; (3) assess the competency of health care providers who evaluate and treat abused and neglected children in the custody of a local department of social services; (4) periodically assess the supply and diversity of health care services that evaluate and treat children in out-of-home placement and work with specified entities to expand the supply and diversity of such services; (5) work with stakeholders to identify systemic problems affecting health care for children in out-of-home placement and develop solutions; and (6) using practice guidelines developed by specified entities, ensure best-practice medical review and evaluation of cases of suspected child abuse or neglect.

The director and all personnel under the direct supervision of the director must have access to all confidential information and records available to, or in the possession of, a local department of social services. However, if written consent is required by law, such individuals may have access to the information or records only after the local department has obtained such consent, as specified.

The director must report annually to the General Assembly on the current status of health care services for children in out-of-home placement in the State. The report must be made available to the public on DHS' website.

The Centralized Comprehensive Health Care Monitoring program must comply with specified standards and provide the same level of services for mental health, behavioral health, disability-related health issues, physical health, and dental health. The bill expresses the intent of the General Assembly that DHS (1) establish a centralized data portal for the purpose of providing DHS access to integrated health information on children in out-of-home placement, as specified and (2) create an electronic health passport for children in out-of-home placement.

By October 1, 2019, DHS, in consultation with MDH and other stakeholders, as specified, must report to the General Assembly on (1) the number of children in out-of-home placement identified by managed care organizations and provided additional levels of case

management; (2) barriers and challenges that prevent children 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 with clinical practice-based electronic health records, as specified; and (5) any other recommendations to improve the delivery of health care services to children in out-of-home placement.

Current Law/Background: DHS, through its Social Services Administration, has the primary responsibility for child welfare services throughout the State, which are provided primarily by the local departments of social services.

DHS is required to establish a program of out-of-home placement for minor children (1) who are placed in the custody of a local department, for a period of up to 180 days, by a parent or legal guardian under a voluntary placement agreement; (2) who are abused, abandoned, neglected, or dependent, if a juvenile court has determined that continued residence in the child’s home is contrary to the child’s welfare and has committed the child to the custody or guardianship of a local department; or (3) who, with the approval of DHS, are placed in an out-of-home placement by a local department under a voluntary placement agreement regarding a child with a developmental disability or a mental illness, as specified. Out-of-home placements are placements of a child into foster care, kinship care, group care, or residential treatment care. At the end of fiscal 2017, there were 4,501 children in placements through DHS.

The Baltimore City Department of Social Services contracts for a centralized comprehensive health care monitoring initiative, the Making All the Children Healthy (MATCH) program, which serves all foster children in the custody of the local department. DHS advises that the contract is in effect through June 30, 2020.

State Expenditures: General and federal fund expenditures increase by at least \$311,370 in fiscal 2019, which accounts for the bill’s October 1, 2018 effective date, and by a *minimum* of \$392,655 annually thereafter. This estimate reflects the cost of hiring one State Medical Director and one administrative support staff. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses. It also reflects one-time programming costs for MDH’s Prevention and Health Promotion Administration (PHPA).

Positions	2
Salaries and Fringe Benefits	\$289,790
Operating Expenses	15,218
MDH Programming Costs	<u>6,362</u>
Minimum FY 2019 State Expenditures	\$311,370

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses.

DHS advises that it can use existing resources to establish a centralized data portal, as required. PHPA advises that expenditures may increase further, depending on the procedures implemented for the integration of medical records.

The Department of Legislative Services advises that this estimate accounts for only the *minimum* new staffing requirements of the bill. The bill also requires the development of a centralized comprehensive health care monitoring program, which must meet specified requirements. Depending on the program developed, expenditures increase further, potentially significantly. For example, the existing program in Baltimore City (MATCH) is funded at approximately \$3.0 million annually.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Department of Health; Department of Human Services; Maryland Insurance Administration; Governor's Office for Children; Department of Legislative Services

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