

Chapter 160

(House Bill 1559)

AN ACT concerning

Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

FOR the purpose of prohibiting the placement of children in unlicensed settings under the out-of-home placement program required to be established by the Social Services Administration; altering the duties of the pediatric hospital overstay coordinators; establishing the Child and Youth Placement Review Panel in the Governor's Office for Children with the ~~Placement Manager as its head; requiring the Placement Manager~~ Senior Advisor for Children and Families as its head; requiring the Senior Advisor to convene a Rapid Response Placement Team under certain circumstances; authorizing the Department of Human Services to execute an emergency procurement with certain providers under certain circumstances; establishing the Advisory Council on Maryland's System of Care for Children, Youth, and Families; ~~establishing the Interagency Council on Children, Youth, and Families; authorizing the Governor to transfer positions and funds appropriated for positions from the Workgroup on Children in Unlicensed Settings and Pediatric Hospital Overstays to the Office;~~ and generally relating to children in unlicensed settings and pediatric hospital overstay patients.

BY repealing and reenacting, with amendments,
 Article – Family Law
 Section 5–525(a) and (c)
 Annotated Code of Maryland
 (2019 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
 Article – Family Law
 Section 5–525(b)(1)
 Annotated Code of Maryland
 (2019 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
Article – Family Law
Section 5–525(a)
Annotated Code of Maryland
(2019 Replacement Volume and 2025 Supplement)
(As enacted by Section 1 of this Act)

BY repealing and reenacting, without amendments,
Article – Family Law
Section 5–525(b)(1) and (c)

Annotated Code of Maryland
(2019 Replacement Volume and 2025 Supplement)
(As enacted by Section 1 of this Act)

BY repealing and reenacting, without amendments,
 Article – Health – General
 Section 19–388
 Annotated Code of Maryland
 (2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
 Article – Health – General
 Section 19–390
 Annotated Code of Maryland
 (2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
 Article – Human Services
 Section 8–101(a), (j), (m), and (q)
 Annotated Code of Maryland
 (2019 Replacement Volume and 2025 Supplement)

BY adding to
 Article – Human Services
 Section 8–1401 through 8–1408 to be under the new subtitle “Subtitle 14. Child and Youth Placement Review”, ~~and 8–1501 through 8–1503 to be under the new subtitle “Subtitle 15. Interagency Council on Children, Youth, and Families”~~
 Annotated Code of Maryland
 (2019 Replacement Volume and 2025 Supplement)

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

Article – Family Law

5–525.

(a) (1) In this section[, “disability”] **THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(2) (I) “DISABILITY” means:

[(i)] 1. a physical or mental impairment that substantially limits one or more of an individual’s major life activities;

[(ii)] **2.** a record of having a physical or mental impairment that substantially limits one or more of an individual's major life activities; or

[(iii)] **3.** being regarded as having a physical or mental impairment that substantially limits one or more of an individual's major life activities.

[(2)] **(II)** "Disability" shall be construed in accordance with the ADA Amendments Act of 2008, P.L. 110-325.

(3) (I) "SEMI-INDEPENDENT LIVING ARRANGEMENT" MEANS A SUBSIDIZED LIVING ARRANGEMENT FOR YOUTH RECEIVING YOUTH TRANSITIONAL SERVICES IN AN APARTMENT, A BOARDER ARRANGEMENT, A COLLEGE DORM, OR OTHER LIVING ARRANGEMENT APPROVED BY A LOCAL DEPARTMENT.

(II) "SEMI-INDEPENDENT LIVING ARRANGEMENT" DOES NOT INCLUDE AN ARRANGEMENT FOR HOUSING IN A TRANSIENT OR AN EMERGENCY-TYPE FACILITY, INCLUDING A RESCUE MISSION, A NONRESIDENTIAL HOTEL OR MOTEL, AN ADULT SHELTER, OR A TOURIST HOME.

~~(3)~~ **(4) (I)** "UNLICENSED SETTING" MEANS A SETTING FOR AN OUT-OF-HOME PLACEMENT THAT IS NOT LICENSED BY A STATE LICENSING ENTITY FOR CUSTODY, PLACEMENT, WELFARE, AND HOUSING OF CHILDREN.

(II) "UNLICENSED SETTING" INCLUDES:

1. A HOTEL, MOTEL, OR SHORT-TERM RENTAL;
2. A SHELTER DESIGNATED TO MEET THE NEEDS OF A CHILD WHO HAS RUN AWAY OR WHO IS HOMELESS; AND
3. AN OFFICE BUILDING OR OTHER NONRESIDENTIAL ENVIRONMENT.

(III) "UNLICENSED SETTING" DOES NOT INCLUDE:

1. THE VOLUNTARY PLACEMENT OF A FORMER CINA;
2. A SEMI-INDEPENDENT LIVING ARRANGEMENT; OR
- ~~2.~~ 3. THE PLACEMENT OF A CHILD WITH:
 - A. AN INDIVIDUAL WHO IS A KINSHIP CAREGIVER OR FOSTER PARENT OR WHO IS IN THE PROCESS OF APPLYING TO BE A KINSHIP CAREGIVER OR FOSTER PARENT; OR

B. A PARENT, INCLUDING IN A FAMILY-BASED RESIDENTIAL TREATMENT SETTING.

(b) (1) The Administration shall establish a program of out-of-home placement for minor children:

(i) who are placed in the custody of a local department, for a period of not more than 180 days, by a parent or legal guardian under a voluntary placement agreement;

(ii) who are abused, abandoned, neglected, or dependent, if a juvenile court:

1. has determined that continued residence in the child's home is contrary to the child's welfare; and

2. has committed the child to the custody or guardianship of a local department; or

(iii) who, with the approval of the Administration, are placed in an out-of-home placement by a local department under a voluntary placement agreement subject to paragraph (2) of this subsection.

(c) (1) **[In] EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, IN** establishing the out-of-home placement program the Administration shall:

[(1)] (I) provide time-limited family reunification services to a child placed in an out-of-home placement and to the parents or guardian of the child, in order to facilitate the child's safe and appropriate reunification within a timely manner;

[(2)] (II) concurrently develop and implement a permanency plan that is in the best interests of the child; and

[(3)] (III) provide training on an annual basis for the staff at each local department who administer requests for voluntary placement agreements for children with developmental disabilities or mental illnesses under subsection (b) of this section.

(2) THE OUT-OF-HOME PLACEMENT PROGRAM ESTABLISHED BY THE ADMINISTRATION SHALL PROHIBIT THE ~~PLACEMENT OF A CHILD IN USE OF AN UNLICENSED SETTING FOR A CHILD.~~

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Family Law5–525.

(a) (1) In this section the following words have the meanings indicated.

(2) (i) “Disability” means:

1. a physical or mental impairment that substantially limits one or more of an individual’s major life activities;

2. a record of having a physical or mental impairment that substantially limits one or more of an individual’s major life activities; or

3. being regarded as having a physical or mental impairment that substantially limits one or more of an individual’s major life activities.

(ii) “Disability” shall be construed in accordance with the ADA Amendments Act of 2008, P.L. 110–325.

(3) (i) “Semi-independent living arrangement” means a subsidized living arrangement for youth receiving youth transitional services in an apartment, a boarder arrangement, a college dorm, or other living arrangement approved by a local department.

(ii) “Semi-independent living arrangement” does not include an arrangement for housing in a transient or an emergency-type facility, including a rescue mission, a nonresidential hotel or motel, an adult shelter, or a tourist home.

(4) (i) “Unlicensed setting” means a setting for an out-of-home placement that is not licensed by a State licensing entity for custody, placement, welfare, and housing of children.

(ii) “Unlicensed setting” includes:

1. a hotel, motel, or short-term rental;

2. a shelter designated to meet the needs of a child who has run away or who is homeless; [and]

3. an office building or other nonresidential environment;

AND

4. **AN INPATIENT UNIT OR EMERGENCY DEPARTMENT OF A HOSPITAL IN WHICH THE CHILD IS A PATIENT UNDER THE AGE OF 22 YEARS WHO**

REMAINS FOR MORE THAN 48 HOURS AFTER BEING MEDICALLY CLEARED FOR DISCHARGE OR TRANSFER.

(iii) “Unlicensed setting” does not include:

1. the voluntary placement of a former CINA;
2. a semi-independent living arrangement;

or

3. the placement of a child with:

A. an individual who is a kinship caregiver or foster parent or who is in the process of applying to be a kinship caregiver or foster parent; or

B. a parent, including in a family-based residential treatment setting.

(b) (1) The Administration shall establish a program of out-of-home placement for minor children:

(i) who are placed in the custody of a local department, for a period of not more than 180 days, by a parent or legal guardian under a voluntary placement agreement;

(ii) who are abused, abandoned, neglected, or dependent, if a juvenile court:

1. has determined that continued residence in the child’s home is contrary to the child’s welfare; and

2. has committed the child to the custody or guardianship of a local department; or

(iii) who, with the approval of the Administration, are placed in an out-of-home placement by a local department under a voluntary placement agreement subject to paragraph (2) of this subsection.

(c) (1) Except as provided in paragraph (2) of this subsection, in establishing the out-of-home placement program the Administration shall:

(i) provide time-limited family reunification services to a child placed in an out-of-home placement and to the parents or guardian of the child, in order to facilitate the child’s safe and appropriate reunification within a timely manner;

(ii) concurrently develop and implement a permanency plan that is in the best interests of the child; and

(iii) provide training on an annual basis for the staff at each local department who administer requests for voluntary placement agreements for children with developmental disabilities or mental illnesses under subsection (b) of this section.

(2) The out-of-home placement program established by the Administration shall prohibit the use of an unlicensed setting for a child.

SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

19–388.

(a) In this part the following words have the meanings indicated.

(b) “Coordinators” means the pediatric overstay coordinator in the Department and the pediatric overstay coordinator in the Department of Human Services.

(c) “Pediatric hospital overstay patient” means a patient under the age of 22 years who remains in an inpatient unit or emergency department of a hospital for more than 48 hours after being medically cleared for discharge or transfer.

19–390.

(a) The Department and the Department of Human Services shall establish a pediatric hospital overstay coordinator within each department.

(b) The coordinators shall act in the best interest of a pediatric overstay patient by ~~coordinating~~;

~~(1) REPORTING ANY INSTANCE OF A PEDIATRIC HOSPITAL OVERSTAY PATIENT TO THE PLACEMENT MANAGER IN THE GOVERNOR’S OFFICE FOR CHILDREN AS SOON AS THE PATIENT IS KNOWN TO THE COORDINATOR; AND~~

~~(2) COORDINATING~~ between hospitals, relevant State agencies and programs, and providers of mental health and substance use disorder services.

(c) The coordinators shall:

(1) Advocate on behalf of pediatric hospital overstay patients while maintaining appropriate patient confidentiality;

(2) Review policies and procedures of relevant State agencies and make recommendations for necessary changes to the policies and procedures to better serve pediatric hospital overstay patients;

(3) Maintain data on each pediatric hospital overstay patient, including:

(i) Patient's length of stay;

(ii) The responsible State agency, if applicable;

(iii) Services needed;

(iv) Placement options being sought by the patient;

(v) Information regarding previous hospital admissions for a behavioral health diagnosis; ~~and~~

(VI) INFORMATION REGARDING WHETHER THE ADMISSION WAS BASED ON AN EMERGENCY PETITION AND, IF SO, WHETHER THE EMERGENCY PETITION WAS EXECUTED IN A SCHOOL; AND

~~(vi)~~ **(VII)** Any other relevant data; and

(4) [Report] **PROVIDE MONTHLY REPORTS** on the data collected under this subsection to the Secretary [and], the Secretary of Human Services, **AND THE CHILD AND YOUTH PLACEMENT REVIEW PANEL IN THE GOVERNOR'S OFFICE FOR CHILDREN.**

(5) A HOSPITAL IMMEDIATELY SHALL NOTIFY THE COORDINATORS, THROUGH A SYSTEM DESIGNATED BY THE DEPARTMENT, ABOUT A PEDIATRIC HOSPITAL OVERSTAY PATIENT.

Article – Human Services

8–101.

(a) In this title the following words have the meanings indicated.

(j) “Hospital” has the meaning stated in § 19–301 of the Health – General Article.

(m) “Office” means the Governor's Office for Children.

(q) “Special Secretary” means the Special Secretary of the Governor's Office for Children.

SUBTITLE 14. CHILD AND YOUTH PLACEMENT REVIEW.

8-1401.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) (1) “CHILD IN AN UNLICENSED SETTING” MEANS AN INDIVIDUAL UNDER THE AGE OF 22 YEARS:

(I) IN AN OUT-OF-HOME PLACEMENT WHO IS RESIDING IN A HOTEL, AN OFFICE BUILDING FOR MORE THAN 12 CONSECUTIVE HOURS, A SHELTER, OR ANY OTHER UNLICENSED SETTING; OR

(II) WHO IS A PEDIATRIC OVERSTAY PATIENT.

(2) “CHILD IN AN UNLICENSED SETTING” DOES NOT INCLUDE AN INDIVIDUAL UNDER THE AGE OF 22 YEARS WHO IS RECEIVING A SELF-INDEPENDENT LIVING STIPEND, LIVING WITH KIN AWAITING APPROVAL FOR PLACEMENT, OR ON AFTERCARE WITH A PARENT.

(C) “PEDIATRIC HOSPITAL OVERSTAY PATIENT” HAS THE MEANING STATED IN § 19-388 OF THE HEALTH – GENERAL ARTICLE.

~~(D) “PLACEMENT MANAGER” MEANS THE PLACEMENT MANAGER OF THE CHILD AND YOUTH PLACEMENT REVIEW PANEL.~~

~~(E)~~ (D) “PLACEMENT TEAM” MEANS THE RAPID RESPONSE PLACEMENT TEAM.

~~(F)~~ (E) “REVIEW PANEL” MEANS THE CHILD AND YOUTH PLACEMENT REVIEW PANEL.

(F) “SENIOR ADVISOR” MEANS THE SENIOR ADVISOR FOR CHILDREN AND FAMILIES IN THE OFFICE.

8-1402.

THERE IS A CHILD AND YOUTH PLACEMENT REVIEW PANEL IN THE OFFICE.

8-1403.

(A) (1) ~~THE HEAD OF THE REVIEW PANEL IS THE PLACEMENT MANAGER~~
THERE IS A SENIOR ADVISOR FOR CHILDREN AND FAMILIES IN THE OFFICE.

(2) THE SENIOR ADVISOR SHALL OVERSEE THE WORK OF THE REVIEW PANEL.

~~(2) THE PLACEMENT MANAGER SHALL BE APPOINTED BY THE GOVERNOR.~~

(3) ~~THE PLACEMENT MANAGER~~ SENIOR ADVISOR SERVES AT THE PLEASURE OF THE GOVERNOR.

(B) ~~THE PLACEMENT MANAGER~~ SENIOR ADVISOR SHALL DEVOTE FULL-TIME TO THE DUTIES OF THE OFFICE.

(C) ~~THE PLACEMENT MANAGER~~ SENIOR ADVISOR IS ENTITLED TO:

(1) COMPENSATION IN ACCORDANCE WITH THE STATE BUDGET; AND

(2) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(D) ~~THE PLACEMENT MANAGER~~ SENIOR ADVISOR SHALL:

(1) SERVE AS THE POINT OF CONTACT FOR THE PEDIATRIC HOSPITAL OVERSTAY COORDINATORS;

(2) OVERSEE THE WORK OF THE REVIEW PANEL TO ENSURE THE PROVISION OF ADEQUATE MEDICAL AND BEHAVIORAL HEALTH CARE FOR CHILDREN IN UNLICENSED SETTINGS IN THE STATE; ~~AND~~

(3) KEEP THE OFFICIAL RECORDS OF THE REVIEW PANEL; AND

(4) DOCUMENT INFORMATION FOR CASES USING STANDARD FORMS AND DATA.

8-1404.

(A) THE REVIEW PANEL CONSISTS OF:

(1) THE SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE;

(2) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S DESIGNEE;

(3) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE SUPERINTENDENT'S DESIGNEE;

(4) ~~THE PLACEMENT MANAGER~~ SENIOR ADVISOR; AND

(5) ~~THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:~~

~~(I) ONE REPRESENTATIVE OF A LOCAL DEPARTMENT OF SOCIAL SERVICES;~~

~~(II) ONE REPRESENTATIVE OF 211 MARYLAND;~~

~~(III) ONE REPRESENTATIVE OF A CHILD ADVOCACY GROUP WITH EXPERTISE IN FOSTER CARE;~~

~~(IV) ONE REPRESENTATIVE OF A LEGAL ADVOCACY GROUP WITH EXPERTISE IN FOSTER CARE;~~

~~(V) ONE REPRESENTATIVE OF THE MARYLAND RESOURCE PARENT ASSOCIATION WHO HAS LIVED EXPERIENCE WITH FOSTER CARE;~~

~~(VI) ONE CHILD WELFARE CASEWORKER;~~

~~(VII) ONE BEHAVIORAL HEALTH PROVIDER;~~

~~(VIII) TWO LICENSED MENTAL HEALTH CLINICIANS WITH EXPERTISE IN TRAUMA, INCLUDING DEMONSTRATED EXPERIENCE AND TRAINING IN CHILD AND ADOLESCENT CARE AND FAMILY CARE; AND~~

~~(IX) ONE INDIVIDUAL WITH LIVED EXPERIENCE IN THE STATE FOSTER CARE SYSTEM~~ THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S DESIGNEE; AND

(6) THE COORDINATORS, AS DEFINED IN § 19-388 OF THE HEALTH - GENERAL ARTICLE.

(B) ~~TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE REVIEW PANEL SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND GENDER DIVERSITY OF THE STATE~~ IN CONDUCTING THE ANALYSIS REQUIRED

UNDER § 8-1406 OF THIS SUBTITLE, THE REVIEW PANEL MAY CONSULT WITH INDIVIDUALS WHO HAVE KNOWLEDGE OF THE CHILD.

(C) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING SHALL CONSTITUTE A QUORUM.

(D) THE REVIEW PANEL SHALL MEET ~~MONTHLY~~ AT LEAST EVERY 2 MONTHS AT THE TIMES AND PLACES THE REVIEW PANEL DETERMINES.

8-1405.

(A) THE ~~PLACEMENT MANAGER~~ SENIOR ADVISOR SHALL SERVE AS THE CHAIR OF THE REVIEW PANEL.

(B) ~~A MEMBER OF THE REVIEW PANEL:~~

~~(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE REVIEW PANEL; BUT~~

~~(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.~~

~~(C)~~ THE OFFICE SHALL PROVIDE STAFF SUPPORT FOR THE REVIEW PANEL.

8-1406.

(A) THE REVIEW PANEL SHALL:

(1) ANALYZE ANY INSTANCE INVOLVING A CHILD IN A PEDIATRIC OVERSTAY OR AN UNLICENSED SETTING; AND

~~(2) SUPPORT PLACEMENT EFFORTS INVOLVING A CHILD IDENTIFIED UNDER ITEM (1) OF THIS SECTION BY REFERRING THE CHILD TO:~~

~~(I) LOCAL DEPARTMENTS OF SOCIAL SERVICES;~~

~~(II) PUBLIC OR PRIVATE RESIDENTIAL CARE PROGRAMS;~~

~~(III) A RESIDENTIAL PROGRAM OPERATED BY OR UNDER CONTRACT WITH THE DEPARTMENT OF JUVENILE SERVICES;~~

~~(IV) A FOSTER CARE HOME APPROVED BY A LOCAL DEPARTMENT OF SOCIAL SERVICES;~~

~~(V) A TREATMENT FOSTER CARE HOME;~~

~~(VI) THE PLACEMENT TEAM; OR~~

~~(VII) ANY OTHER APPROPRIATE ENTITY TO SUPPORT THE PLACEMENT OF THE CHILD~~ PROPOSE SYSTEMIC IMPROVEMENTS BASED ON THE ANALYSIS CONDUCTED IN ITEM (1) OF THIS SUBSECTION.

(B) ON OR BEFORE JULY 1, 2027, AND EACH JULY 1 THEREAFTER, THE REVIEW PANEL SHALL REPORT ON THE ANALYSIS CONDUCTED UNDER THIS SECTION TO THE GENERAL ASSEMBLY IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE.

8-1407.

~~(A) WHEN A PEDIATRIC HOSPITAL OVERSTAY PATIENT REMAINS IN THE HOSPITAL FOR MORE THAN 72 HOURS, THE PLACEMENT MANAGER SHALL CONVENE A RAPID RESPONSE PLACEMENT TEAM~~

(1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, WITHIN 48 HOURS OF BEING NOTIFIED OF A PEDIATRIC OVERSTAY PATIENT, THE COORDINATORS SHALL CONVENE A RAPID RESPONSE PLACEMENT TEAM.

(2) IF THE COORDINATORS ARE NOTIFIED OF A PEDIATRIC OVERSTAY PATIENT ON A FRIDAY, THE COORDINATORS SHALL CONVENE A PLACEMENT TEAM WITHIN 72 HOURS OF BEING NOTIFIED OR EARLIER IF POSSIBLE.

(3) NOTHING IN THIS SUBSECTION PREVENTS THE COORDINATORS FROM TAKING STEPS TO SECURE A PLACEMENT FOR A PEDIATRIC OVERSTAY PATIENT BEFORE HOLDING THE INITIAL MEETING REQUIRED UNDER SUBSECTION (E) OF THIS SECTION.

(B) THE PLACEMENT TEAM SHALL CONSIST OF:

(1) THE SENIOR ADVISOR, IN AN ADVISORY CAPACITY;

(2) THE COORDINATORS, AS DEFINED IN § 19-388 OF THE HEALTH – GENERAL ARTICLE; AND

~~(2)~~ **(3) THE FOLLOWING MEMBERS IF APPLICABLE, THE FOLLOWING MEMBERS WHO HAVE KNOWLEDGE OF THE CHILD, DESIGNATED BY THE PLACEMENT MANAGER COORDINATORS:**

~~(I) A REPRESENTATIVE OF 211 MARYLAND;~~

~~(H)~~ **A REPRESENTATIVE OF THE LOCAL DEPARTMENT OF SOCIAL SERVICES;**

~~(III) IF APPLICABLE, A REPRESENTATIVE OF AN UNLICENSED SETTING WHERE A CHILD IS RESIDING; AND~~

~~(IV)~~ **(II) A REPRESENTATIVE OF THE HOSPITAL WHERE THE CHILD IS CONSIDERED A PEDIATRIC HOSPITAL OVERSTAY PATIENT.**

(C) THE PLACEMENT TEAM SHALL:

(1) DEVELOP A PLAN FOR THE APPROPRIATE PLACEMENT OF A PEDIATRIC HOSPITAL OVERSTAY PATIENT ~~WHO HAS REMAINED IN A HOSPITAL FOR MORE THAN 72 HOURS;~~ AND

(2) ARRANGE FOR A TEMPORARY PLACEMENT IN A LICENSED SETTING WHEN A PLACEMENT HAS BEEN IDENTIFIED, BUT A BED IS NOT IMMEDIATELY AVAILABLE.

(D) THE PLACEMENT TEAM MAY:

(1) CONDUCT IMMEDIATE CLINICAL AND PLACEMENT ASSESSMENTS;

(2) OVERRIDE LOCAL DEPARTMENT ~~PLACEMENT~~ DECISIONS, IF NECESSARY TO PLACE THE CHILD IN A CLINICALLY APPROPRIATE, LEAST RESTRICTIVE ENVIRONMENT; AND

(3) SECURE IMMEDIATE PLACEMENT IN APPROPRIATE AND LEAST RESTRICTIVE AVAILABLE LICENSED SETTINGS; AND

(4) (I) AUTHORIZE THE DEPARTMENT OF HUMAN SERVICES TO EXECUTE AN EMERGENCY PROCUREMENT UNDER § 13-108 OF THE STATE FINANCE AND PROCUREMENT ARTICLE WITH AN IN-STATE OR OUT-OF-STATE PROVIDER BY PROVIDING THE JUSTIFICATION FOR THE USE OF EMERGENCY PROCUREMENT METHOD;

(II) REQUIRE OUT-OF-STATE PLACEMENTS ONLY WHEN NO IN-STATE PROVIDER OFFERS THE REQUIRED CARE NEEDED BY THE CHILD; AND

(III) REQUIRE ANY OUT-OF-STATE PROVIDER TO MAINTAIN COMMUNICATION WITH THE PARENT OR GUARDIAN REGARDING TREATMENT AND CARE OF THE CHILD.

(E) (1) ~~WHEN A PLACEMENT TEAM IS CONVENED, THE~~ THE PLACEMENT TEAM SHALL ~~MEET EACH DAY~~ HOLD AN INITIAL IN-PERSON OR VIRTUAL MEETING IMMEDIATELY WITH ALL MEMBERS OF THE PLACEMENT TEAM AND HAVE DAILY COMMUNICATION WITH ALL MEMBERS OF THE PLACEMENT TEAM UNTIL A PLACEMENT FOR THE CHILD IS ~~LOCATED~~ SECURED.

(2) ONCE CONVENED, THE PLACEMENT TEAM SHALL HOLD AT LEAST ONE IN-PERSON OR VIRTUAL MEETING PER WEEK.

(F) THE DEPARTMENT OF HUMAN SERVICES SHALL BE DEEMED TO BE COMPLIANT WITH THE PROHIBITION ON THE USE OF AN INPATIENT UNIT OR EMERGENCY DEPARTMENT FOR A PEDIATRIC OVERSTAY PATIENT ESTABLISHED UNDER § 5-525(C)(2) OF THE FAMILY LAW ARTICLE, IF THE DEPARTMENT IS ACTIVELY SEARCHING FOR A PLACEMENT FOR THE CHILD.

SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Human Services

8-1408.

(A) IN THIS SECTION, "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL ON MARYLAND'S SYSTEM OF CARE FOR CHILDREN, YOUTH, AND FAMILIES.

(B) THERE IS AN ADVISORY COUNCIL ON MARYLAND'S SYSTEM OF CARE FOR CHILDREN, YOUTH, AND FAMILIES.

(C) THE ADVISORY COUNCIL SHALL CONSIST OF THE FOLLOWING ~~INDIVIDUALS WHO HAVE EXPERIENCE AND KNOWLEDGE OF WORKING WITH CHILDREN WITH BEHAVIORAL HEALTH CHALLENGES, ADVERSE CHILDHOOD EXPERIENCES, AND DEVELOPMENTAL DISABILITIES~~ MEMBERS:

(1) THE SPECIAL SECRETARY, OR THE SPECIAL SECRETARY'S DESIGNEE;

~~(2)~~ THE ~~PLACEMENT MANAGER~~ SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE;

~~(3)~~ THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S DESIGNEE;

~~(4)~~ THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE;

~~(5)~~ THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S DESIGNEE;

~~(6)~~ THE MARYLAND INSURANCE COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;

~~(7)~~ THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE SUPERINTENDENT'S DESIGNEE;

~~(8)~~ THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

~~(9)~~ THE EXECUTIVE DIRECTOR OF THE CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

~~(10)~~ A REPRESENTATIVE FROM THE STATE-AUTHORIZED ADMINISTRATOR OF 2-1-1 SERVICES IN MARYLAND, APPOINTED BY THE GOVERNOR;

~~(3)~~ ~~(11)~~ THE COORDINATORS, AS DEFINED IN § 19-388 OF THE HEALTH – GENERAL ARTICLE;

~~(4)~~ ~~(12)~~ THE PUBLIC DEFENDER, OR THE PUBLIC DEFENDER'S DESIGNEE;

~~(5)~~ ~~(13)~~ THE STATE FOSTER YOUTH OMBUDSMAN; AND

~~(6)~~ ~~(14)~~ THE FOLLOWING MEMBERS, WHO HAVE EXPERIENCE AND KNOWLEDGE OF WORKING WITH CHILDREN WITH BEHAVIORAL HEALTH CHALLENGES, ADVERSE CHILDHOOD EXPERIENCES, AND DEVELOPMENTAL DISABILITIES, APPOINTED BY THE GOVERNOR:

~~(1)~~ THE SENIOR ADVISOR;

~~(II)~~ (II) ONE REPRESENTATIVE OF A LOCAL DEPARTMENT OF SOCIAL SERVICES;

~~(III)~~ (III) ONE REPRESENTATIVE OF THE MARYLAND ASSOCIATION OF RESOURCES FOR FAMILIES AND YOUTH;

~~(IV)~~ (IV) ONE REPRESENTATIVE OF DISABILITY RIGHTS MARYLAND;

~~(V)~~ (V) ONE REPRESENTATIVE OF THE COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF MARYLAND;

~~(VI)~~ (VI) ONE REPRESENTATIVE OF MARYLAND LEGAL AID;

~~(VII)~~ (VII) ONE REPRESENTATIVE OF THE COURT APPOINTED SPECIAL ADVOCATES OF MARYLAND;

~~(VIII)~~ (VIII) ONE REPRESENTATIVE OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS – MARYLAND WHO IS A HOSPITAL-BASED CLINICAL SOCIAL WORKER;

~~(IX)~~ (IX) ONE REPRESENTATIVE OF THE MARYLAND CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS;

~~(X)~~ (X) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;

~~(XI)~~ (XI) ONE REPRESENTATIVE OF A SPECIALTY PSYCHIATRIC HOSPITAL;

~~(XII)~~ (XII) ONE REPRESENTATIVE OF AN ACUTE CARE HOSPITAL EMERGENCY DEPARTMENT;

~~(XIII)~~ (XIII) ONE REPRESENTATIVE OF THE MARYLAND RESOURCE PARENT ASSOCIATION;

~~(XIV)~~ (XIV) ONE REPRESENTATIVE OF THE MARYLAND MENTAL HEALTH ASSOCIATION;

~~(XV)~~ (XV) ONE REPRESENTATIVE OF A RESIDENTIAL TREATMENT PROVIDER IN THE STATE;

~~(XV) ONE REPRESENTATIVE OF A FAMILY OF A CHILD IN FOSTER CARE; AND~~

(XVI) ONE REPRESENTATIVE WITH LIVED EXPERIENCE IN THE STATE FOSTER CARE SYSTEM.

(D) (1) THE SPECIAL SECRETARY, OR THE ~~SPECIAL SECRETARY'S DESIGNEE~~ SENIOR ADVISOR, SHALL SERVE AS CHAIR OF THE ADVISORY COUNCIL.

(2) THE ADVISORY COUNCIL SHALL MEET QUARTERLY AT THE TIMES AND PLACES THE ADVISORY COUNCIL DETERMINES.

(3) THE OFFICE SHALL PROVIDE STAFF FOR THE ADVISORY COUNCIL.

~~(4) THE ADVISORY COUNCIL SHALL HOLD JOINT MEETINGS WITH THE INTERAGENCY COUNCIL ON CHILDREN, YOUTH, AND FAMILIES AT LEAST TWO TIMES PER YEAR.~~

(E) A MEMBER OF THE ADVISORY COUNCIL:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE ADVISORY COUNCIL; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(F) THE ADVISORY COUNCIL SHALL:

(1) REVIEW EXISTING LAWS AND REGULATIONS TO ENSURE THAT THEY FACILITATE THE PROVISION OF ADEQUATE MEDICAL AND BEHAVIORAL HEALTH CARE IN THE STATE, INCLUDING TO YOUTH IN OUT-OF-HOME PLACEMENTS IN THE STATE;

(2) ~~RECOMMEND TO THE INTERAGENCY COUNCIL ON CHILDREN, YOUTH, AND FAMILIES~~ ANY ADDITIONS OR CHANGES TO EXISTING LAWS OR REGULATIONS DESIGNED TO FACILITATE THE PROVISION OF ADEQUATE MEDICAL AND BEHAVIORAL HEALTH CARE TO CHILDREN IN NEED OF MEDICAL AND BEHAVIORAL HEALTH CARE IN THE STATE, INCLUDING YOUTH IN OUT-OF-HOME PLACEMENTS IN THE STATE;

(3) IDENTIFY ANY GRANT OR MONEY FROM THE FEDERAL GOVERNMENT, PRIVATE FOUNDATIONS, OR OTHER SOURCES THAT MAY BE AVAILABLE FOR PROGRAMS RELATED TO CHILDREN IN OUT-OF-HOME PLACEMENTS;

~~(4) ASSIST ORGANIZATIONS IN APPLYING FOR GRANTS IDENTIFIED UNDER ITEM (3) OF THIS SUBSECTION~~ RECOMMEND IMPROVEMENTS FOR EDUCATION, OUTREACH, AND SUPPORT TO FOSTER CARE PARENTS IN THE STATE TO PREVENT DISRUPTION IN PLACEMENTS;

(5) EXAMINE THE NEW JERSEY CHILDREN'S SYSTEM OF CARE MODEL AND PROVIDE RECOMMENDATIONS ON HOW THE MODEL CAN BE REPLICATED IN THE STATE IN CONSULTATION WITH AN INSTITUTION OF HIGHER EDUCATION OR A PRIVATE RESEARCH ENTITY WITH EXPERTISE IN THE MODEL; ~~AND~~

(6) REVIEW EXISTING LAWS AND REGULATIONS, PROVIDE RECOMMENDATIONS IF GAPS ARE IDENTIFIED, AND MAKE RECOMMENDATIONS TO ENSURE, IF A PARENT OR GUARDIAN IS NOT AVAILABLE TO MAKE MEDICAL DECISIONS OR WHILE IN THE PROCESS OF OBTAINING A VOLUNTARY PLACEMENT AGREEMENT, ALL PEDIATRIC HOSPITAL OVERSTAY PATIENTS HAVE ACCESS TO:

(I) LEGAL REPRESENTATION; AND

(II) EDUCATION SERVICES;

(7) REVIEW ANY RECOMMENDATIONS OF THE WORKGROUP ON CHILDREN IN UNLICENSED SETTINGS AND PEDIATRIC HOSPITAL OVERSTAYS; AND

(8) REVIEW BARRIERS TO CAPACITY EXPANSION, INCLUDING RATE REFORM AND INSURANCE PARITY, AND MAKE RECOMMENDATIONS.

(G) (1) THE ADVISORY COUNCIL SHALL FORM A SUBGROUP CONSISTING OF THE MEMBERS LISTED UNDER SUBSECTION (C)(1) THROUGH (12) OF THIS SECTION.

(2) THE SUBGROUP OF THE ADVISORY COUNCIL MAY CONSULT WITH EXPERTS AS NECESSARY, INCLUDING INSURERS, PAYORS, AND THE MARYLAND MEDICAL ASSISTANCE PROGRAM.

(3) THE SUBGROUP OF THE ADVISORY COUNCIL SHALL:

(I) COMPLETE AN ASSESSMENT OF THE CURRENT NUMBER OF LICENSED BEDS, STAFFED BEDS, AND PHYSICAL BEDS INTENDED TO SERVE THE

NEEDS OF CHILDREN AND YOUTH BY AGENCY, CATEGORIZED BY TYPE OF BED INCLUSIVE OF AGE, GENDER, DIAGNOSIS, SEVERITY, AND SPECIALTY ACCEPTED FOR THE FOLLOWING BED TYPES:

- 1. TRADITIONAL FOSTER HOMES;**
- 2. PRIVATE AND PUBLIC TREATMENT FOSTER HOMES;**
- 3. GROUP HOMES;**
- 4. RESIDENTIAL TREATMENT CENTERS;**
- 5. PRIVATE AND PUBLIC INPATIENT PSYCHIATRIC BEDS;**

AND

- 6. RESPITE BEDS;**

(II) DEVELOP AN ELECTRONIC PROCESS FOR TRACKING THE REAL-TIME LOCATION, LENGTH OF STAY, AND DISCHARGE PLANS FOR PEDIATRIC HOSPITAL OVERSTAY PATIENTS, AS DEFINED IN § 19-388 OF THE HEALTH – GENERAL ARTICLE, INCLUDING YOUTH UNDER OR IN THE PROCESS OF A VOLUNTARY PLACEMENT AGREEMENT;

(III) 1. DEVELOP A MODEL FOR STANDARDIZED DATA COLLECTION WITH MANDATED UNIFORM METRICS, INCLUDING AGE, GENDER IDENTITY, RACE, ETHNICITY, COUNTY OF ORIGIN, PAYOR TYPE, AND LENGTH OF STAY FOR PEDIATRIC HOSPITAL OVERSTAY PATIENTS, AS DEFINED IN § 19-388 OF THE HEALTH – GENERAL ARTICLE, INCLUDING YOUTH UNDER OR IN THE PROCESS OF A VOLUNTARY PLACEMENT AGREEMENT; AND

2. DESIGNATE AN ENTITY TO SERVE AS A CENTRAL REPOSITORY FOR DATA COLLECTED; AND

(IV) DEVELOP A PLAN AND IDENTIFY RESOURCES NEEDED TO EXPAND MOBILE RESPONSE AND STABILIZATION SERVICES ACROSS THE STATE TO ENSURE STATEWIDE ACCESS AND FULL IMPLEMENTATION BY 2030.

(~~G~~) (H) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2027, THE ADVISORY COUNCIL SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR, ~~THE PLACEMENT MANAGER~~, AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article Human Services~~

~~SUBTITLE 15. INTERAGENCY COUNCIL ON CHILDREN, YOUTH, AND FAMILIES.~~

~~§ 1501.~~

~~IN THIS SUBTITLE, "INTERAGENCY COUNCIL" MEANS THE INTERAGENCY COUNCIL ON CHILDREN, YOUTH, AND FAMILIES.~~

~~§ 1502.~~

~~(A) THERE IS AN INTERAGENCY COUNCIL ON CHILDREN, YOUTH, AND FAMILIES.~~

~~(B) THE INTERAGENCY COUNCIL SHALL CONSIST OF THE FOLLOWING REPRESENTATIVES FROM EACH STATE AGENCY RESPONSIBLE FOR PROVIDING MEDICAL OR BEHAVIORAL HEALTH CARE, SERVICES, OR SUPERVISION TO CHILDREN, YOUTH, AND FAMILIES:~~

~~(1) THE SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE;~~

~~(2) THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S DESIGNEE;~~

~~(3) THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE;~~

~~(4) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S DESIGNEE;~~

~~(5) THE MARYLAND INSURANCE COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;~~

~~(6) THE PUBLIC DEFENDER, OR THE PUBLIC DEFENDER'S DESIGNEE;~~

~~(7) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE SUPERINTENDENT'S DESIGNEE;~~

~~(8) THE DEPUTY SECRETARY OF THE MARYLAND MEDICAID PROGRAM, OR THE DEPUTY SECRETARY'S DESIGNEE;~~

~~(9) THE SPECIAL SECRETARY, OR THE SPECIAL SECRETARY'S DESIGNEE;~~

~~(10) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;~~

~~(11) THE EXECUTIVE DIRECTOR OF THE CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;~~

~~(12) THE DIRECTOR OF THE OFFICE OF HEALTH CARE QUALITY, OR THE DIRECTOR'S DESIGNEE;~~

~~(13) THE COORDINATORS, AS DEFINED IN § 19-388 OF THE HEALTH GENERAL ARTICLE; AND~~

~~(14) A REPRESENTATIVE FROM THE STATE AUTHORIZED ADMINISTRATOR OF 2-1-1 SERVICES IN MARYLAND, APPOINTED BY THE GOVERNOR.~~

~~(c) (1) THE SPECIAL SECRETARY, OR THE SPECIAL SECRETARY'S DESIGNEE, SHALL SERVE AS CHAIR OF THE INTERAGENCY COUNCIL.~~

~~(2) THE GOVERNOR'S OFFICE FOR CHILDREN SHALL PROVIDE STAFF FOR THE INTERAGENCY COUNCIL.~~

~~(3) THE INTERAGENCY COUNCIL SHALL MEET MONTHLY AT THE TIMES AND PLACES THAT THE INTERAGENCY COUNCIL DETERMINES.~~

~~§ 1503.~~

~~(A) THE INTERAGENCY COUNCIL SHALL:~~

~~(1) COMPLETE AN ASSESSMENT OF THE CURRENT NUMBER OF LICENSED BEDS, STAFFED BEDS, AND PHYSICAL BEDS INTENDED TO SERVE THE NEEDS OF CHILDREN AND YOUTH BY AGENCY, CATEGORIZED BY TYPE OF BED INCLUSIVE OF AGE, GENDER, DIAGNOSIS, SEVERITY, AND SPECIALTY ACCEPTED FOR THE FOLLOWING BED TYPES:~~

- ~~(I) TRADITIONAL FOSTER HOMES;~~
- ~~(II) PRIVATE AND PUBLIC TREATMENT FOSTER HOMES;~~
- ~~(III) GROUP HOMES;~~
- ~~(IV) RESIDENTIAL TREATMENT CENTERS;~~
- ~~(V) PRIVATE AND PUBLIC INPATIENT PSYCHIATRIC BEDS; AND~~
- ~~(VI) RESPITE BEDS;~~

~~(2) DEVELOP AN ELECTRONIC PROCESS FOR TRACKING THE REAL TIME LOCATION, LENGTH OF STAY, AND DISCHARGE PLANS FOR PEDIATRIC HOSPITAL OVERSTAY PATIENTS, AS DEFINED IN § 19-388 OF THE HEALTH GENERAL ARTICLE, INCLUDING YOUTH UNDER OR IN THE PROCESS OF A VOLUNTARY PLACEMENT AGREEMENT;~~

~~(3) (I) DEVELOP A MODEL FOR STANDARDIZED DATA COLLECTION WITH MANDATED UNIFORM METRICS, INCLUDING AGE, GENDER IDENTITY, RACE, ETHNICITY, COUNTY OF ORIGIN, PAYER TYPE, AND LENGTH OF STAY FOR PEDIATRIC HOSPITAL OVERSTAY PATIENTS, AS DEFINED IN § 19-388 OF THE HEALTH GENERAL ARTICLE, INCLUDING YOUTH UNDER OR IN THE PROCESS OF A VOLUNTARY PLACEMENT AGREEMENT; AND~~

~~(II) DESIGNATE AN ENTITY TO SERVE AS A CENTRAL REPOSITORY FOR DATA COLLECTED; AND~~

~~(4) DEVELOP A PLAN AND IDENTIFY RESOURCES NEEDED TO EXPAND MOBILE RESPONSE AND STABILIZATION SERVICES ACROSS THE STATE TO ENSURE STATEWIDE ACCESS AND FULL IMPLEMENTATION BY 2030.~~

~~(B) ON OR BEFORE JANUARY 1, 2027, AND JANUARY 1, 2028, THE INTERAGENCY COUNCIL SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR, THE PLACEMENT MANAGER, AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That the Governor may transfer positions and funds appropriated for positions from the Workgroup on Children in Unlicensed Settings and Pediatric Hospital Overstays to the Governor’s Office for Children.~~

SECTION 5. AND BE IT FURTHER ENACTED, That:

On or before January 1, 2027, the Department of Human Services and the Maryland Department of Health shall report to the General Assembly, in accordance with § 2-1257 of the State Government Article, on the progress of capacity building and preventive services to end pediatric overstays, including:

- (1) residential treatment beds;
- (2) therapeutic foster care homes;
- (3) specialized placements for high-needs youth;
- (4) licensure of facilities and foster youth homes;
- (5) mobile crisis response;
- (6) 1915(i) waiver services;
- (7) in-home services and wraparound supports; and
- (8) necessary staffing.

SECTION 6. AND BE IT FURTHER ENACTED, That nothing in this Act authorizes a hospital to discharge a pediatric overstay patient in a manner that is inconsistent with § 19-308.8 of the Health – General Article, State regulations governing hospital discharge, or Centers for Medicare and Medicaid Services conditions of participation.

SECTION ~~4~~ 7. AND BE IT FURTHER ENACTED, That Section ~~2~~ 3 of this Act shall take effect October 1, 2026. It shall remain effective for a period of 3 years and, at the end of September 30, 2029, Section ~~2~~ 3 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

SECTION 8. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect January 1, 2027.

SECTION ~~5~~ 9. AND BE IT FURTHER ENACTED, That, except as provided in ~~Section 4~~ Sections 7 and 8 of this Act, this Act shall take effect June 1, 2026.

Approved by the Governor, April 28, 2026.