

# HOUSE BILL 1582

O1, D4, J1

8lr1985

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By: **Delegate Wilson**

Introduced and read first time: February 9, 2018

Assigned to: Appropriations and Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Human Services – Children in Out-of-Home Placement – Centralized**  
3 **Comprehensive Health Care Monitoring Program**

4 FOR the purpose of establishing a State Medical Director for Children in Out-of-Home  
5 Placement in the Department of Human Services; providing for the appointment of  
6 the State Medical Director; establishing certain qualifications for the State Medical  
7 Director; establishing certain responsibilities of the State Medical Director;  
8 requiring the State Medical Director to appoint Regional Medical Directors for  
9 Children in Out-of-Home Placement; establishing certain qualifications for  
10 Regional Medical Directors; establishing certain regions in the State and requiring  
11 that there be at least one Regional Medical Director in each region; establishing  
12 certain responsibilities of a Regional Medical Director; establishing that a Regional  
13 Medical Director and all personnel supervised by a Regional Medical Director shall  
14 have access to certain confidential information and records; requiring the State  
15 Medical Director and the Regional Medical Directors to establish a Centralized  
16 Comprehensive Health Care Monitoring Program in consultation with local  
17 departments of social services; requiring that the Program comply with a certain  
18 standard; and generally relating to comprehensive health care monitoring for  
19 children in out-of-home placement.

20 BY adding to  
21 Article – Human Services  
22 Section 8–1101 through 8–1104 to be under the new subtitle “Subtitle 11. Children  
23 in Out-of-Home Placement – Centralized Comprehensive Health Care  
24 Monitoring Program”  
25 Annotated Code of Maryland  
26 (2007 Volume and 2017 Supplement)

27 Preamble

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

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

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

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

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

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

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

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

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

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

33 WHEREAS, Health oversight programs in other states have improved the health  
34 care services and health care outcomes of foster youth, including better asthma outcomes  
35 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 – CENTRALIZED  
COMPREHENSIVE HEALTH CARE MONITORING PROGRAM.**

**8–1101.**

**(A) THERE IS A STATE MEDICAL DIRECTOR 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.**

**(C) THE STATE MEDICAL DIRECTOR FOR CHILDREN IN  
OUT-OF-HOME PLACEMENT 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 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.

(B) (1) THE STATE MEDICAL DIRECTOR FOR CHILDREN IN OUT-OF-HOME PLACEMENT 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;

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

3 (IV) HEALTH CARE APPOINTMENTS WERE KEPT; AND

4 (V) ANY FOLLOW-UP HEALTH CARE APPOINTMENTS ARE  
5 SCHEDULED;

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

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

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

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

19 (III) IDENTIFYING APPROPRIATE SPECIALISTS WHEN NEEDED;

20 (IV) ADDRESSING HEALTH EMERGENCIES;

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

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

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

30 (VIII) ENSURING THAT ALL CHILDREN UNDER THE AGE OF 4  
31 YEARS HAVE PROMPT ASSESSMENTS FOR LEARNING, LANGUAGE, MOTOR, AND

1 OTHER DEVELOPMENTAL DELAYS OR CONCERNS AND THAT THESE CHILDREN ARE  
2 PROMPTLY REFERRED FOR SERVICES AS NEEDED;

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

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

9 (XI) MONITORING MEDICATION MANAGEMENT;

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

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

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

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

22 (E) A REGIONAL MEDICAL DIRECTOR AND ALL PERSONNEL SUPERVISED  
23 BY THE REGIONAL MEDICAL DIRECTOR SHALL HAVE ACCESS TO ALL CONFIDENTIAL  
24 INFORMATION AND RECORDS AVAILABLE TO, OR IN THE POSSESSION OF, THE LOCAL  
25 DEPARTMENT.

26 8-1104.

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



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

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

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