

Health Care Measures





LJ v. Massinga Reporting: Measure 73

Internal Success

Measure #	Measure
73	Percent of new entrants who received an initial health screen within 5 days of placement
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include the program assignment of "out of home" with a start date during the reporting period or within 8 days of the end of the previous 6-months reporting period and the date of the initial health screen documented in the health section.
	Measure Calculation Method
Definition(s)	<p>- "Initial health screen" means an initial health examination to determine the child's health status upon entry into care and to identify any important health problems that require immediate attention or are relevant to the selection of a suitable placement.</p> <p>- Each child in OHP must receive an initial health screen prior to placement, but, in any event, not later than five working days following placement in OHP. (LJ Consent Decree)</p>
Denominator	Number of children who entered OHP during the reporting period
Numerator	Number of children in the denominator whose initial health screen was completed within five working days
Exclusion(s)	<ul style="list-style-type: none"> ● Children in care less than 8 working days ● Children on runaway ● Children in adult correctional facilities on entry to OHP, or in a DJS detention center
Report Calculation Methodology	Identification of children with an "out of home" program assignment that started during the 6-months reporting period or within the last 8 days of the previous 6-months reporting period. The date of each child's initial health assessment will be determined and the number of business days between the removal date and the health assessment calculated to identify those less than or equal to five business days. This calculation will occur at the end of each 6-months report period.

Exit Standard Criteria	N/A Internal Success
Source/Criteria	
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pg. 29
	<p>D. Outcomes:</p> <ol style="list-style-type: none"> 1. Each child in OHP must receive an initial health screen prior to placement, but, in any event, not later than five working days following placement in OHP. <ol style="list-style-type: none"> a. Definitions: <ol style="list-style-type: none"> (1) An "initial health screen" is an initial health examination to determine the child's health status upon entry into care and to identify any important health problems that require immediate attention or are relevant to the selection of a suitable placement. (2) All provisions of the Standards that address the initial health screen are incorporated by reference into this definition. (3) The initial health screen cannot serve as the comprehensive health assessment. b. Internal Success Measures: <ol style="list-style-type: none"> (1) Percent of new entrants who received an initial health screen within five days of placement.
Federal Law & Reg (including CFR)	42 U.S.C. § 622(b)(15)(A)(i)
	<p>(b) Requisite features of State plans</p> <p>Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop, . . . a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <ol style="list-style-type: none"> (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
State Law	Family Law Art. § 5-1306(2)(i)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <p>...</p> <ol style="list-style-type: none"> (2) the percentage of eligible children entering foster care or kinship care who:

	(I) have been examined by a medical provider within 10 days of entry into the out-of-home placement;
State Regulations	COMAR 07.02.11.08 Medical Care
	(A. - I.)... J. The local department shall secure an initial health care screening for a child in out-of-home placement before placement or within 24 hours of placement, but not later than 5 working days following placement, except that a child who may have been abused shall receive immediate medical attention. (K. - L.)...
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	Local Departments of Social Services shall: <ul style="list-style-type: none"> • Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program preferably prior to or within 24 hours of removal, but no later than 5 days from removal.
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting: Measure 75

Exit Standard

Measure #	Measure
75	Beginning July 1, 2009, 95% of new entrants to OHP receive an initial health screen within 5 days of placement
Key Data	
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include the program assignment of "out of home" with a start date during the reporting period or within 8 days of the end of the previous reporting period and the date of the initial health screen documented in the health section.
Measure Calculation Method	
Definition(s)	<p>- "Initial health screen" means an initial health examination to determine the child's health status upon entry into care and to identify any important health problems that require immediate attention or are relevant to the selection of a suitable placement. (LJ Consent Decree)</p> <p>- Each child in OHP must receive an initial health screen prior to placement, but, in any event, not later than five working days following placement in OHP. (LJ Consent Decree)</p>
Denominator	Number of children who entered OHP during the reporting period
Numerator	Number of children in the denominator whose initial health examination was completed within five working days
Exclusion(s)	<ul style="list-style-type: none"> • Children in care less than 8 working days • Children on runaway • Children in adult correctional facilities or in the custody of DJS and in a detention facility on entry to OHP
Report Calculation Methodology	Identification of children with an "out of home" program assignment that started during the 6-months reporting period or within the last 8 days of the previous 6-months reporting period. The date of each child's initial health screen would be determined and the number of business days between the removal date and the health screen would be calculated to identify those less than or equal to five business days. This calculation would occur at the end of each 6-months report period.

Exit Standard Criteria	Compliance is achieved when the measure calculation for all six months totaled reaches at least 95% compliance.
	Source/Criteria
L.J. Consent Decree	LJ Consent Decree (MCD), Pg. 29
	<p>D. Outcomes:</p> <p>1. Each child in OHP must receive an initial health screen prior to placement, but, in any event, not later than five working days following placement in OHP.</p> <p>a. Definitions:</p> <p>(1) An "initial health screen" is an initial health examination to determine the child's health status upon entry into care and to identify any important health problems that require immediate attention or are relevant to the selection of a suitable placement.</p> <p>(2) All provisions of the Standards that address the initial health screen are incorporated by reference into this definition.</p> <p>(3) The initial health screen cannot serve as the comprehensive health assessment.</p> <p>b. Internal success measures</p> <p>c. Exit Standard:</p> <p>(1) Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.</p>
Federal Law & Reg (including CFR)	42 U.S.C. § 622(b)(15)(A)(i)
	<p>(b) Requisite features of State plans</p> <p>Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop, . . . a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <p>(i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;</p>
State Law	Family Law Art. § 5-1306(2)(i)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <p>...</p> <p>(2) the percentage of eligible children entering foster care or kinship care who:</p>

	(i) have been examined by a medical provider within 10 days of entry into the out-of-home placement;
State Regulations	COMAR 07.02.11.08 Medical Care
	<p>J. The local department shall secure an initial health care screening for a child in out-of-home placement before placement or within 24 hours of placement, but not later than 5 working days following placement, except that a child who may have been abused shall receive immediate medical attention.</p> <p>M. The primary care physician may make the professional decision to complete the initial and comprehensive health assessments at the same time, and shall forward all assessment results and any indicated follow-up to the local department.</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <ul style="list-style-type: none"> • Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program preferably prior to or within 24 hours of removal, but no later than 5 days from removal.
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting: Measure 76

Internal Success

Measure #	Measure
76	Percent of new entrants that received a comprehensive health assessment within 60 days of placement
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include the program assignment of "out of home" with a start date during the reporting period and the dates of the comprehensive health assessment and the mental health examination documented in the health section.
	Measure Calculation Method
Definition(s)	<p>"Comprehensive Health Assessment" means:</p> <ul style="list-style-type: none"> ● A thorough age-appropriate examination of a child by a qualified practitioner in each of the following domains: <ul style="list-style-type: none"> a. medical, b. dental, and c. mental health (including psychological, behavioral and developmental). <ul style="list-style-type: none"> i. The mental health portions of the comprehensive assessment must be conducted by a licensed mental health professional who is not responsible for the direct care of the child. (LJ Consent Decree) ● Documentation of an unclothed physical examination in a systems approach with age-appropriate assessments of vision and hearing, blood pressure measurement, growth measurements with BMI and nutritional assessment as specified by age. This also includes thorough examination of the oral cavity. (Healthy Kids EPSDT Screening Components)
Denominator	# of new entrants to foster care in OHP more than 60 days
Numerator	<ul style="list-style-type: none"> ● # of children in the denominator who received a comprehensive physical examination within 60 days of removal

	<ul style="list-style-type: none"> # of children in the denominator who received a behavioral health assessment within 60 days
Exclusion(s)	Children in care less than 8 days
Report Calculation Methodology	Identification of children with an “out of home” program assignment that started during the 6-months reporting period or within the last 8 days of the previous 6-months reporting period. The date of each child’s comprehensive health and mental health assessments will be determined, and the number of days between the removal date and the assessments will be calculated to identify those less than or equal to 60 days. This calculation will occur at the end of each 6-months report period.
Exit Standard Criteria	N/A
Source/Criteria	
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pg. 30
	<p>2. Each child in OHP must receive a comprehensive health assessment within sixty days of entry into OHP.</p> <p>a. Definitions:</p> <p>(1) “Comprehensive Health Assessment” means a thorough age-appropriate examination of a child by a qualified practitioner in each of the following domains: medical, dental, and mental health (including psychological, behavioral and developmental). The mental health portions of the comprehensive assessment must be conducted by a licensed mental health professional who is not responsible for the direct care of the child. In addition to assessing the child’s health in the above domains, the assessment also shall address the child’s educational status and needs based on the available information. Prior to the performance of the Comprehensive Health Assessment, the child’s complete and up-to-date health, mental health, dental, and educational records from the time prior to the child’s entry into care, plus the initial health screen, shall be obtained, if reasonably available, and provided to the assessing staff.</p> <p>(2) Before finalizing the health plan, BCDSS shall hold a team meeting to discuss results of the comprehensive assessment and obtain further information about the child. Following the team meeting, the assessment results shall be integrated into a single document, which will constitute the comprehensive assessment and be used to inform permanency planning. For every child in OHP, BCDSS shall develop and implement a health plan that is</p>

	<p>updated at least annually and more frequently when the child's health status changes materially.</p> <p>(3) Copies of the comprehensive assessment and health plan shall be provided within ten business days to the child's attorney and child's health care providers. Further distribution shall be at the discretion of BCDSS, subject to the child's clinical needs, applicable confidentiality laws, and decisions by the team meeting.</p> <p>(4) All provisions of the Standards that address the comprehensive assessment are incorporated by reference into this definition.</p> <p>c. Internal Success Measure:</p> <p>(1) Percent of new entrants into OHP received a comprehensive health assessment within sixty days of placement.</p> <p>(2. - 3.)...</p>
Federal Law & Reg (including CFR)	42 U.S.C. § 622(b)(15)(A)(i)
	<p>(b) Requisite features of State plans</p> <p>Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop, . . . a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <p>(i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;</p>
State Law	Family Code Ann. § 5-1306(1)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <p>...</p> <p>(1) the percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations for the early and periodic screening, diagnosis, and treatment program within 60 days of entering out-of-home placement;</p>
State Regulations	COMAR 07.02.11.08 Medical Care
	(A. - J.)

	<p>K. Within 10 working days of a child entering initial placement, the local department shall refer the child for a comprehensive health assessment. The local department shall ensure that every effort is made to secure the written assessment report by the 60th day of placement.</p> <p>L. If the child's primary health care provider does not do the initial health assessment, the local department shall make the results of the comprehensive health assessment available to the child's primary health care provider or providers.</p> <p>M. The primary care physician may make the professional decision to complete the initial and comprehensive health assessments at the same time, and shall forward all assessment results and any indicated follow-up to the local department.</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <p>.....</p> <ul style="list-style-type: none"> • Ensure each child has a completed comprehensive health assessment within 60 calendar days of entering out-of-home placement.
Other Relevant Standards or Requirements	Healthy Kids/EPSTD Screening Components
	<p>B. COMPREHENSIVE PHYSICAL EXAMINATION REQUIREMENT</p> <p>The comprehensive physical examination component of a Healthy Kids preventive visit must include documentation of an unclothed physical examination in a systems approach with age-appropriate assessments of vision and hearing, blood pressure measurement, growth measurements with BMI and nutritional assessment.</p>
Other Relevant Standards or Requirements	Maryland Healthy Kids Preventive Health Schedule
Other Relevant Standards or Requirements	Copies of the comprehensive assessment shall be provided within ten business days to the child's attorney and child's health care providers.



LJ v. Massinga Reporting: Measure 77

Internal Success

Measure #	Measure
77	% of all children that had a comprehensive health plan
Key Data	
Source	CJAMS
Data	<p>The data elements that will be used for reporting on this measure include the program assignment of "out of home" and the date of the most recent administratively-approved permanency progress plan with comprehensive health plan documented in the health section at the end of each 6-months reporting period.</p> <p>Each person who is involved in a services case is assigned a program area with a start and end date. Only those children with an "out of home" program assignment without a closed date will be included.</p>
Measure Calculation Method	
Definition	<ul style="list-style-type: none"> • "The (comprehensive) assessment results" means a single document, which constitutes the comprehensive assessment and is used to inform permanency planning. • "Comprehensive health plan" means a health plan that is updated at least annually and more frequently when the child's health status changes materially (LJ Consent decree) • "Documentation of the comprehensive health plan" means completing the health section of the permanency folder and updating as health status changes materially or at timeframes consistent with state regulations • "Permanency progress plan" is the equivalent of the documentation formerly known as the "caseplan"
Denominator	Number of children in OHP for at least 60 days during the reporting period
Numerator	Number of children in the denominator with an administratively approved case plan (which is inclusive of the comprehensive health plan documented in the health section of the permanency folder)

Exclusion(s)	Children in care less than 60 days Children under a Voluntary Placement for Disabilities Agreement
Report Calculation Methodology	Each child who has been in OHP for at least 60 days will be identified on the last day of the 6-months reporting period. The date of their most current administratively approved permanency progress' plan will be identified to determine if the comprehensive health plan is documented within it.
Exit Standard Criteria	N/A Internal Success
Source/Criteria	
L.J. Consent Decree	According to the LJ Consent decree, pg. 30
	<p>2. Each child in OHP must receive a comprehensive health assessment within sixty days of entry into OHP *</p> <p>a. Definitions:</p> <p>(1) "Comprehensive Health Assessment" means a thorough age-appropriate examination of a child by a qualified practitioner in each of the following domains: medical, dental, and mental health (including psychological, behavioral and developmental). The mental health portions of the comprehensive assessment must be conducted by a licensed mental health professional who is not responsible for the direct care of the child. In addition to assessing the child's health in the above domains, the assessment also shall address the child's educational status and needs based on the available information. Prior to the performance of the Comprehensive Health Assessment, the child's complete and up-to-date health, mental health, dental, and educational records from the time prior to the child's entry into care, plus the initial health screen, shall be obtained, if reasonably available, and provided to the assessing staff.</p> <p>(2) Before finalizing the health plan, BCDSS shall hold a team meeting to discuss results of the comprehensive assessment and obtain further information about the child. Following the team meeting, the assessment results shall be integrated into a single document, which will constitute the comprehensive assessment and be used to inform permanency planning. For every child in OHP, BCDSS shall develop and implement a health plan that is updated at least annually and more frequently when the child's health status changes materially.</p> <p>(3) Copies of the comprehensive assessment and health plan shall be provided within ten business days to the child's attorney and child's health care providers. Further distribution shall be at the discretion of BCDSS, subject to the child's clinical needs, applicable confidentiality laws, and decisions by the team meeting.</p>

	<p>(4) All provisions of the Standards that address the comprehensive assessment are incorporated by reference into this definition.</p> <p>b. Internal Success Measures:</p> <p>(1)...</p> <p>(2) Percent of children that had a comprehensive health plan.</p>
<p>Federal Law & Reg (including CFSR)</p>	<p>42 U.S.C. § 622(b)(15)(A)</p>
	<p>(b) Requisite features of State plans Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop . . . in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <ul style="list-style-type: none"> (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home; (iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record; (iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care; (v) the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications; (vi) how the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; (vii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and (viii) steps to ensure that the components of the transition plan development process required under section 675(5)(H) of this title that relate to the health care needs of children aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met;

	42 U.S.C. § 675(1)(B)-(C)(i), (iv)-(vii)
	<p>As used in this part of part B of this subchapter:</p> <p>(1) The term "case plan" means a written document which meets the requirements of section 675a of this title and includes at least the following:</p> <p>...</p> <p>(B) A plan for assuring that the child receives safe and proper care and that services address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan. . . .</p> <p>(C) The health and education records of the child, including the most recent information available regarding—</p> <ul style="list-style-type: none"> (i) the names and addresses of the child's health and educational providers; ... (iv) a record of the child's immunizations; (v) the child's known medical problems; (vi) the child's medications; and (vii) any other relevant health and education information concerning the child determined to be appropriate by the State agency.
State Law	N/A
State Regulations	COMAR 10.67.06.20 EPSDT Services
	<p>A. An MCO shall provide, to enrollees younger than 21 years old, medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, including:</p> <p>(1) EPSDT comprehensive well-child services provided in accordance with the EPSDT periodicity schedule and performed by an EPSDT-certified provider, including:</p> <ul style="list-style-type: none"> (a) A comprehensive health and developmental history, including an evaluation of both physical and mental health development; (b) A comprehensive unclothed physical exam; (c) Immunizations appropriate to age and health history; (d) Laboratory tests, including blood lead level assessment, as appropriate to age and risk; (e) Health education, including anticipatory guidance; and (f) Vision, hearing, and dental screening;
	COMAR 07.02.11.13 Case Planning for Permanency
	<p>(17) To the extent available and accessible, include the most recent health and education records of the child, including:</p> <ul style="list-style-type: none"> (a) The names and addresses of the child's health and educational providers; (b. - e.) (f) A record of the child's immunizations;

	<p>(g) The child's known medical problems;</p> <p>(h) The child's medications; and</p> <p>(i) Any other relevant health and education information required by Regulations .08 and .12 of this chapter</p>
SSA Policy	SSA-CW #10-21: Caseplan Documentation Clarification
	<p>Background:</p> <p>Caseplan was expanded in 2006 to include more precise information regarding the child, family and services. Some of the information entry fields allow the caseworker to choose an available option. Other areas direct the caseworker to discuss or explain certain points. The narratives provide an opportunity for full explanations crucial not only to the assessment/reassessment of the child and family's service needs, but also how those needs are being met. In addition it allows an opportunity to place in the record an assessment of the effectiveness of services rendered.</p> <p>I. Health</p> <p>Caseplan 2 sides 2, 3 and 4 require the detailed documentation of not only the child's health needs or condition (both somatic health and mental health), but also what services the child is receiving, medications prescribed, immunizations and any needs that remain unmet (and why). In addition to completing the health section the caseworker shall also discuss any other relevant health needs information concerning the child determined to be appropriate. This discussion shall be documented on Caseplan 2 Side 13 as part of Section II Services to Child, Item 13 "Discuss how the worker is addressing the child's needs." The discussion shall include an explanation of any relevant health need not discussed in the Health sections (Caseplan 2, Sides 2, 3 and 4) and how these needs are being met.</p>
	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
Other Relevant Standards or Requirements	Copies of the health plan shall be provided within ten business days to the child's attorney and child's health care providers.



LJ v. Massinga Reporting

QSR Measures 78



LJ v. Massinga Reporting: Measure 79

Exit Standard

Measure #	Measure
79	Percent of new entrants that received a comprehensive health assessment within 60 days of placement
Key Data	
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include the program assignment of "out of home" with a start date during the reporting period and the dates of the comprehensive health assessment and the mental health examination documented in the health section.
Measure Calculation Method	
Definition(s)	<p>"Comprehensive Health Assessment" means:</p> <ul style="list-style-type: none"> • A thorough age-appropriate examination of a child by a qualified practitioner in each of the following domains: <ul style="list-style-type: none"> a. medical, b. dental, and c. mental health (including psychological, behavioral and developmental). <ul style="list-style-type: none"> i. The mental health portions of the comprehensive assessment must be conducted by a licensed mental health professional who is not responsible for the direct care of the child. (LJ Consent Decree) • Documentation of an unclothed physical examination in a systems approach with age-appropriate assessments of vision and hearing, blood pressure measurement, growth measurements with BMI and nutritional assessment as specified by age. This also includes thorough examination of the oral cavity. (Healthy Kids EPSDT Screening Components)
Denominator	# of new entrants to foster care in OHP more than 60 days
Numerator	<ul style="list-style-type: none"> • # of children in the denominator who received a comprehensive physical examination within 60 days of removal • # of children in the denominator who received a behavioral health assessment within 60 days

Exclusion(s)	Children in care less than 8 days
Report Calculation Methodology	Identification of children with an "out of home" program assignment that started during the 6-months reporting period or within the last 8 days of the previous 6-months reporting period. The date of each child's comprehensive health and mental health assessments would be determined and the number of days between the removal date and the assessments would be calculated to identify those less than or equal to 60 days. This calculation would occur at the end of each 6-months report period.
Exit Standard Criteria	Compliance will be achieved when 90% of children entering OHP have a comprehensive health assessment within 60 days of placement
Source/Criteria	
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pg. 30
	<p>2. Each child in OHP must receive a comprehensive health assessment within sixty days of entry into OHP.</p> <p>a. Definitions:</p> <p>(1) "Comprehensive Health Assessment" means a thorough age-appropriate examination of a child by a qualified practitioner in each of the following domains: medical, dental, and mental health (including psychological, behavioral and developmental). The mental health portions of the comprehensive assessment must be conducted by a licensed mental health professional who is not responsible for the direct care of the child. In addition to assessing the child's health in the above domains, the assessment also shall address the child's educational status and needs based on the available information. Prior to the performance of the Comprehensive Health Assessment, the child's complete and up-to-date health, mental health, dental, and educational records from the time prior to the child's entry into care, plus the initial health screen, shall be obtained, if reasonably available, and provided to the assessing staff.</p> <p>(2) Before finalizing the health plan, BCDSS shall hold a team meeting to discuss results of the comprehensive assessment and obtain further information about the child. Following the team meeting, the assessment results shall be integrated into a single document, which will constitute the comprehensive assessment and be used to inform permanency planning. For every child in OHP, BCDSS shall develop and implement a health plan that is updated at least annually and more frequently when the child's health status changes materially.</p> <p>(3) Copies of the comprehensive assessment and health plan shall be provided within ten business days to the child's attorney and child's health care</p>

	<p>providers. Further distribution shall be at the discretion of BCDSS, subject to the child's clinical needs, applicable confidentiality laws, and decisions by the team meeting.</p> <p>(4) All provisions of the Standards that address the comprehensive assessment are incorporated by reference into this definition.</p> <p>c. Exit Standard:</p> <p>(1) Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within sixty days of placement</p>
Federal Law & Reg (including CFR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.08 Medical Care
	<p>(A. – J.)</p> <p>K. Within 10 working days of a child entering initial placement, the local department shall refer the child for a comprehensive health assessment. The local department shall ensure that every effort is made to secure the written assessment report by the 60th day of placement.</p> <p>L. If the child's primary health care provider does not do the initial health assessment, the local department shall make the results of the comprehensive health assessment available to the child's primary health care provider or providers.</p> <p>M. The primary care physician may make the professional decision to complete the initial and comprehensive health assessments at the same time, and shall forward all assessment results and any indicated follow-up to the local department.</p>
SSA Policy	SSA-CW 14-17 (4/14) Oversight and Monitoring of Health Care Services
	<ul style="list-style-type: none"> • Ensure that each child has a comprehensive physical examination within 60 calendar days of entering out-of-home placement
Other Relevant Standards or Requirements	Healthy Kids/EPSTD Screening Components
	B. COMPREHENSIVE PHYSICAL EXAMINATION REQUIREMENT

	The comprehensive physical examination component of a Healthy Kids preventive visit must include documentation of an unclothed physical examination in a systems approach with age-appropriate assessments of vision and hearing, blood pressure measurement, growth measurements with BMI and nutritional assessment.
Other Relevant Standards or Requirements	Maryland Healthy Kids Preventive Health Schedule
Other Relevant Standards or Requirements	Copies of the comprehensive assessment shall be provided within ten business days to the child's attorney and child's health care providers.



LJ v. Massinga Reporting: Measure 80

Internal Success

Measure #	Measure
80	Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include an open program assignment of "out of home" with a start date during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services) and behavioral health assessments at the end of each 6-months reporting period.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> • "EPSDT examinations" means periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols. • Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services. (SSA-CW 14-17 Oversight and Monitoring of Health Care Services)
Denominator	# of children entering OHP during report period
Numerator	<ol style="list-style-type: none"> 1. Initial health screen completed within 5 working days 2. Comprehensive health examination completed within 60 calendar days 3. Behavioral health assessment within 60 calendar days
Exclusion(s)	<ul style="list-style-type: none"> • Initial health screen - Children on runaway, in adult correctional facility, or in DJS custody and in a youth detention facility on entry to OHP • Children in OHP less than 8 days • Children in OHP under a Voluntary Placement for Disabilities agreement

Report Calculation Methodology	For children with an open "out of home" program assignment and the removal date during the 6-months reporting period, the dates of their initial, comprehensive (including dental screening and any age appropriate services) and behavioral health assessments at the end of each 6-months reporting period will be identified and calculated based on the entry date.
Exit Standard Criteria	N/A Internal Success
Source/Criteria	
L.J. Consent Decree	LJ Consent Decree (MCD), Pg. 30
	<p>3. Each child in OHP must receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="padding-left: 40px;">a. Definition: "EPSDT examinations" are periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols.</p> <p style="padding-left: 40px;">b. Internal Success Measures: (1) Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>
Federal Law & Reg (including CFR)	42 U.S.C. § 622(b)(15)(A)(i)-(iii)
	<p>(b) Requisite features of State plans Each plan for child welfare services under this subpart shall—</p> <p style="text-align: center;">...</p> <p>(15)(A) provides that the State will develop . . . in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <p style="padding-left: 40px;">(i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;</p>

	<p>(ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;</p> <p>(iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;</p>
State Law	Family Law Art. § 5-1302(a)-(b)(1)
	<p>(a) Development and implementation of system. -- The Secretary and the Secretary of Budget and Management shall develop and implement an outcome-based system of accountability for measuring the efficiency and effectiveness of child welfare services for children and families in the State.</p> <p>(b) Requirements. -- The outcome measurement systems shall:</p> <p>(1) Address areas of safety . . . and well-being for all children in the State child welfare system;</p>
	Family Law Art. § 5-1306(1)-(2)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <p>(1) the percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations for the early and periodic screening, diagnosis, and treatment program within 60 days of entering out-of-home placement;</p> <p>(2) the percentage of eligible children entering foster care or kinship care who:</p> <ul style="list-style-type: none"> (i) have been examined by a medical provider within 10 days of entry into the out-of-home placement; and (ii) have a designated health care provider within 10 days of entry into the out-of-home placement;
	Family Law Art. § 5-1308(c)(2)(i)-(ii)
	<p>(c) In-depth child and family case reviews. --</p> <p>(1) . . .</p> <p>(2) The child and family case reviews shall determine whether:</p> <ul style="list-style-type: none"> (i) children are safe; (ii) the needs of children are met, specifically that the children: <ul style="list-style-type: none"> 1. . . . 2. have all timely medical, dental, and mental health services, based on the child's needs;

State Regulations	COMAR 07.02.11.08 Medical Care
	<p>(A. - M.)</p> <p>N. Whenever health care needs are identified for a child in out-of-home placement, the local department shall ensure that appropriate follow-up appointments are made for evaluation, diagnosis, and treatment to meet the child's health care needs.</p> <p>O. The local department shall ensure that all children in out-of-home placement follow the EPSDT schedule of preventive health care that includes screening components based on age from infancy through adolescence.</p> <p>P. The local department shall schedule dental care for children 1 year old and older which shall include check-ups every 6 months and necessary dental treatment to be provided by the managed care organization or fee-for-service dental provider.</p> <p>Q. All children in out-of-home placement shall have a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.</p> <p>R. The local department shall encourage adolescents 10 years old and older to openly discuss any questions and concerns with health care providers related to sexuality and reproductive health care.</p> <p>S. The local department shall request:</p> <ul style="list-style-type: none"> (1) A substance abuse screening if the child's behavior or physical health indicates the likelihood of substance abuse; and (2) A full-scale assessment of the child to address the child's treatment needs if the screening results indicate substance abuse. <p>(T. - Z.)...</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <ul style="list-style-type: none"> • Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Health Kids Early and Periodic Screening, Diagnosis, and Treatment (ESPDT) Program, preferably prior to or within 24 hours of removal, but no later than 5 days from removal. • Ensure each child has a comprehensive health assessment within 60 calendar days of entering out of home placement. • Ensure children in the care of a local department shall have an annual well-child examination.

	<ul style="list-style-type: none"> ● Ensure that appropriate follow-up appointments are made and that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs. ● Ensure that all children in OHP follow the EPSDT schedule of preventive health care. ● Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider. ● Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam. . . .
<p>Other Relevant Standards or Requirements</p>	<p>N/A</p>

LJ v. Massinga Reporting: **Measure 81****Internal Success**

Measure #	Measure
81	Beginning July 1, 2010, percent of children in OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include an open program assignment of "out of home" during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services), behavioral health assessments, EPSDT examinations, annual health (including any age appropriate services including those concerning reproductive health), dental and vision examinations at the end of each 6-months reporting period.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> • "EPSDT examinations" means periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols. • Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services. (SSA-CW 14-17 Oversight and Monitoring of Health Care Services)
Denominator	Number of children in OHP during report period for at least 60 days
Numerator	Number of children in the denominator with mandated preventive health care services delivered timely during the reporting period
Exclusion(s)	<ul style="list-style-type: none"> - Voluntary placement for disabilities agreement - For timely initial health screening: youth on runaway, in youth detention facilities, or adult correctional facilities at the time of entry into OHP

	<ul style="list-style-type: none"> - For dental examinations, children under the age of 1 during the reporting period - Children in care less than 8 days
Report Calculation Methodology	For children with an open "out of home" during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services), behavioral health assessments, EPSDT examinations, annual health (including any age appropriate services including those concerning reproductive health), dental and vision examinations that were required during each 6-months reporting period. This information will be collected at the end of each 6-months reporting period.
Exit Standard Criteria	N/A Internal success
Source/Criteria	
L.J. Consent Decree	LJ Consent Decree (MCD), Pg. 30 - 31
	<p>3. Each child in OHP must receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="padding-left: 40px;">a. Definition:</p> <p style="padding-left: 80px;">"EPSDT examinations" are periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols.</p> <p style="padding-left: 40px;">b. Internal Success Measures:</p> <p style="padding-left: 80px;">(1) Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="padding-left: 80px;">(2)...</p>
Federal Law & Reg (including CFR)	42 U.S.C. § 622(b)(15)(A)(i)-(iii)
	<p>(b) Requisite features of State plans</p> <p>Each plan for child welfare services under this subpart shall—</p>

	<p>(15)(A) provides that the State will develop . . . in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <ul style="list-style-type: none"> (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home; (iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;
State Law	Family Law Art. § 5-1302(a)-(b)(1)
	<p>(a) Development and implementation of system. -- The Secretary and the Secretary of Budget and Management shall develop and implement an outcome-based system of accountability for measuring the efficiency and effectiveness of child welfare services for children and families in the State.</p> <p>(b) Requirements. -- The outcome measurement systems shall:</p> <p>(1) Address areas of safety . . . and well-being for all children in the State child welfare system;</p>
	Family Law Art. § 5-1306(1)-(2)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <ul style="list-style-type: none"> (1) the percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations for the early and periodic screening, diagnosis, and treatment program within 60 days of entering out-of-home placement; (2) the percentage of eligible children entering foster care or kinship care who: <ul style="list-style-type: none"> (i) have been examined by a medical provider within 10 days of entry into the out-of-home placement; and (ii) have a designated health care provider within 10 days of entry into the out-of-home placement;
	Family Law Art. § 5-1308(c)(2)(i)-(ii)
	(c) In-depth child and family case reviews. --

	<p>(1) . . .</p> <p>(2) The child and family case reviews shall determine whether:</p> <p>(i) children are safe;</p> <p>(ii) the needs of children are met, specifically that the children:</p> <p>1. . . .</p> <p>2. have all timely medical, dental, and mental health services, based on the child's needs;</p>
<p>State Regulations</p>	<p>COMAR 07.02.11.08N-Q</p>
	<p>N. Whenever health care needs are identified for a child in out-of-home placement, the local department shall ensure that appropriate follow-up appointments are made for evaluation, diagnosis, and treatment to meet the child's health care needs.</p> <p>O. The local department shall ensure that all children in out-of-home placement follow the EPSDT schedule of preventive health care that includes screening components based on age from infancy through adolescence.</p> <p>P. The local department shall schedule dental care for children 1 year old and older which shall include check-ups every 6 months and necessary dental treatment to be provided by the managed care organization or fee-for-service dental provider.</p> <p>Q. All children in out-of-home placement shall have a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.</p>
<p>SSA Policy</p>	<p>SSA-CW #14-17: Oversight and Monitoring of Health Care Services</p>
	<p>Local Departments of Social Services shall:</p> <ul style="list-style-type: none"> • . . . • Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Health Kids Early and Periodic Screening, Diagnosis, and Treatment (ESPDT) Program, preferably prior to or within 24 hours of removal, but no later than 5 days from removal. • Ensure each child has a comprehensive health assessment within 60 calendar days of entering out-of-home placement. • Ensure children in the care of a local department shall have an annual well-child examination. • Ensure that appropriate follow-up appointments are made and that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs. • Ensure that all children in OHP follow the EPSDT schedule of preventive health care. • Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider. • Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam. . . .

<p>Other Relevant Standards or Requirements</p>	<p>N/A</p>
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LJ v. Massinga Reporting: Measure 82

Exit Standard

Measure #	Measure
82	Beginning December 1, 2009, 90% percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.
	Key Data
Source	CJAMS QA Record Review
Data	The data elements that will be used for reporting on this measure include an open program assignment of "out of home" with a start date during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services) and behavioral health assessments at the end of each 6-months reporting period.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> • "EPSDT examinations" means periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols. • Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services. (SSA-CW 14-17 Oversight and Monitoring of Health Care Services)
Denominator	Number of children entering OHP during the reporting period
Numerator	Number of children in the denominator for whom: <ol style="list-style-type: none"> 1. Initial health screen was completed within 5 working days 2. Comprehensive health examination was completed within 60 calendar days 3. Behavioral health assessment was completed within 60 calendar days

Exclusion(s)	<ul style="list-style-type: none"> ● Voluntary for disabilities ● Children in care less than 8 days ● For initial health screen time frame, youth on runaway or in adult correctional facilities at the time of placement
Report Calculation Methodology	<p>For children with an open "out of home" program assignment and the removal date during the 6-months reporting period, the dates of their initial, comprehensive (Including dental screening and any age appropriate services) and behavioral health assessments at the end of each 6-months reporting period will be identified and calculated based on the entry date.</p>
Exit Standard Criteria	<p>Compliance will be achieved when 90% percent of children entering OHP during the reporting period receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>
Source/Criteria	
L.J. Consent Decree	<p>LJ v. Massinga, Modified Consent Decree (MCD), Pg. 30</p>
	<p>3. Each child in OHP must receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="margin-left: 40px;">a. Definition:</p> <p style="margin-left: 80px;">"EPSDT examinations" are periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols.</p> <p style="margin-left: 40px;">b. Internal Success Measures:</p> <p style="margin-left: 80px;">(1)...</p> <p style="margin-left: 80px;">(2) Beginning July 1, 2010, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>
Federal Law & Reg (including CFSR)	<p>42 U.S.C. § 622(b)(15)(A)(i)-(iii)</p>
	<p>(b) Requisite features of State plans</p> <p>Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop . . . in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for</p>

	<p>the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <ul style="list-style-type: none"> (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home; (iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;
State Law	Family Law Art. § 5-1302(a)-(b)(1)
	<p>(a) Development and implementation of system. -- The Secretary and the Secretary of Budget and Management shall develop and implement an outcome-based system of accountability for measuring the efficiency and effectiveness of child welfare services for children and families in the State.</p> <p>(b) Requirements. -- The outcome measurement systems shall:</p> <p>(1) Address areas of safety . . . and well-being for all children in the State child welfare system;</p>
	Family Law Art. § 5-1306(1)-(2)
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <ul style="list-style-type: none"> (1) the percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations for the early and periodic screening, diagnosis, and treatment program within 60 days of entering out-of-home placement; (2) the percentage of eligible children entering foster care or kinship care who: <ul style="list-style-type: none"> (i) have been examined by a medical provider within 10 days of entry into the out-of-home placement; and (ii) have a designated health care provider within 10 days of entry into the out-of-home placement;
	Family Law Art. § 5-1308(c)(2)(i)-(ii)
	<p>(c) In-depth child and family case reviews. --</p> <ul style="list-style-type: none"> (1) . . . (2) The child and family case reviews shall determine whether:

	<p>(i) children are safe;</p> <p>(ii) the needs of children are met, specifically that the children:</p> <ol style="list-style-type: none"> 1. . . . 2. have all timely medical, dental, and mental health services, based on the child's needs;
State Regulations	COMAR 07.02.11.08 Medical Care
	<p>(A. - M.)</p> <p>N. Whenever health care needs are identified for a child in out-of-home placement, the local department shall ensure that appropriate follow-up appointments are made for evaluation, diagnosis, and treatment to meet the child's health care needs.</p> <p>O. The local department shall ensure that all children in out-of-home placement follow the EPSDT schedule of preventive health care that includes screening components based on age from infancy through adolescence.</p> <p>P. The local department shall schedule dental care for children 1 year old and older which shall include check-ups every 6 months and necessary dental treatment to be provided by the managed care organization or fee-for-service dental provider.</p> <p>Q. All children in out-of-home placement shall have a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <ul style="list-style-type: none"> • • Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Health Kids Early and Periodic Screening, Diagnosis, and Treatment (ESPDT) Program, preferably prior to or within 24 hours of removal, but no later than 5 days from removal. • Ensure each child has a comprehensive health assessment within 60 calendar days of entering out-of-home placement. • Ensure children in the care of a local department shall have an annual well-child examination. • Ensure that appropriate follow-up appointments are made and that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs. • Ensure that all children in OHP follow the EPSDT schedule of preventive health care. • Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCCO or fee-for-service dental provider.

	<ul style="list-style-type: none"> ● Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam. . . .
<p>Other Relevant Standards or Requirements</p>	<p>N/A</p>

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LJ v. Massinga Reporting: Measure 83

Exit Standard

Measure #	Measure
83	Beginning July 1, 2010, 90 percent of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include an open program assignment of "out of home" during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services), behavioral health assessments, EPSDT examinations, annual health (including any age appropriate services including those concerning reproductive health), dental and vision examinations at the end of each 6-months reporting period.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> "EPSDT examinations" means periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols. Early and Periodic Screening, Diagnosis Treatment (EPSDT) means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services. (SSA-CW 14-17 Oversight and Monitoring of Health Care Services)
Denominator	Number of children in OHP
Numerator	Number of children in the denominator with mandated preventive health care services delivered timely during the reporting period
Exclusion(s)	<ul style="list-style-type: none"> - Voluntary placement for disabilities, in juvenile detention facilities, or in adult correctional facilities at the time of entry into OHP - For dental examinations, children under the age of 1 during the reporting period - Children in care less than 8 days

<p>Report Calculation Methodology</p>	<p>For children with an open "out of home" during the 6-months reporting period and the dates of their initial, comprehensive (including dental screening and any age appropriate services), behavioral health assessments, EPSDT examinations, annual health (including any age appropriate services including those concerning reproductive health), dental and vision examinations that were required during each 6-months reporting period. This information will be collected at the end of each 6-months reporting period.</p>
<p>Exit Standard Criteria</p>	<p>Compliance will be achieved when 90 percent of children in OHP receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>
<p>Source/Criteria</p>	
<p>L.J. Consent Decree</p>	<p>LJ v. Massinga, Modified Consent Decree (MCD), Pg. 30 - 31</p>
	<p>3. Each child in OHP must receive timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="padding-left: 40px;">a. Definition: "EPSDT examinations" are periodic medical, dental, and developmental examinations in accordance with the EPSDT protocols.</p> <p style="padding-left: 40px;">b. Internal Success Measures:</p> <p style="padding-left: 80px;">(1)...</p> <p style="padding-left: 80px;">(2) Beginning July 1, 2010, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p> <p style="padding-left: 40px;">c. Exit Standards:</p> <p style="padding-left: 80px;">(1)...</p> <p style="padding-left: 80px;">(2) Beginning December 1, 2010, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>
<p>Federal Law & Reg (including CFR)</p>	<p>42 U.S.C. § 622(b)(15)(A)(i)-(iii)</p>

	<p>(b) Requisite features of State plans Each plan for child welfare services under this subpart shall—</p> <p>...</p> <p>(15)(A) provides that the State will develop . . . in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—</p> <ul style="list-style-type: none"> (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home; (iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;
<p>State Law</p>	<p>Family Law Art. § 5-1302(a)-(b)(1)</p>
	<p>(a) Development and implementation of systems. -- The Secretary and the Secretary of Budget and Management shall develop and implement an outcome-based system of accountability for measuring the efficiency and effectiveness of child welfare services for children and families in the State.</p> <p>(b) Requirements. -- The outcome measurement systems shall:</p> <p>(1) Address areas of safety . . . and well-being for all children in the State child welfare system;</p>
	<p>Family Law Art. § 5-1306(1)-(2)</p>
	<p>The effectiveness of efforts to address the health, mental health, education, and well-being of a child committed to the Department shall be measured by:</p> <p>(1) the percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations for the early and periodic screening, diagnosis, and treatment program within 60 days of entering out-of-home placement;</p> <p>(2) the percentage of eligible children entering foster care or kinship care who:</p> <ul style="list-style-type: none"> (i) have been examined by a medical provider within 10 days of entry into the out-of-home placement; and (ii) have a designated health care provider within 10 days of entry into the out-of-home placement;

	Family Law Art. § 5-1308(c)(2)(i)-(ii)
	<p>(c) In-depth child and family case reviews. --</p> <p>(1) . . .</p> <p>(2) The child and family case reviews shall determine whether:</p> <p>(i) children are safe;</p> <p>(ii) the needs of children are met, specifically that the children:</p> <p>1. . . .</p> <p>2. have all timely medical, dental, and mental health services, based on the child's needs;</p>
State Regulations	COMAR 07.02.11.08 Medical Care
	<p>(A. - M.)</p> <p>N. Whenever health care needs are identified for a child in out-of-home placement, the local department shall ensure that appropriate follow-up appointments are made for evaluation, diagnosis, and treatment to meet the child's health care needs.</p> <p>O. The local department shall ensure that all children in out-of-home placement follow the EPSDT schedule of preventive health care that includes screening components based on age from infancy through adolescence.</p> <p>P. The local department shall schedule dental care for children 1 year old and older which shall include check-ups every 6 months and necessary dental treatment to be provided by the managed care organization or fee-for-service dental provider.</p> <p>Q. All children in out-of-home placement shall have a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <p>...</p> <ul style="list-style-type: none"> ● Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Health Kids Early and Periodic Screening, Diagnosis, and Treatment (ESPDT) Program, preferably prior to or within 24 hours of removal, but no later than 5 days from removal. ● Ensure each child has a comprehensive health assessment within 60 calendar days of entering out-of-home placement. ● Ensure children in the care of a local department shall have an annual well-child examination. ● Ensure that appropriate follow-up appointments are made and that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs.

	<ul style="list-style-type: none">• Ensure that all children in OHP follow the EPSDT schedule of preventive health care.• Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.• Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam. . . .
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting: Measure 84

Internal Success

Measure #	Measure
84	Beginning July 1, 2009, % of new entrants under age 3 who were referred for a Part C assessment within 10 days of placement
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include an open program assignment of "out of home" with a start date during the 6-months reporting period as well as the date of the service log "Infants and Toddler" referral for all children whose date of birth shows them to be zero to three during the reporting period.
	Measure Calculation Method
Definition(s)	"Part C" of the Individuals with Disabilities Education means the Program for Infants and Toddlers with Disabilities
Denominator	Number of new entrants ages 0 - 3 during the reporting period
Numerator	Number of children in the denominator with a referral for a Part C assessment completed within 10 days of removal date
Exclusion(s)	<ul style="list-style-type: none"> • Children ages 3+ • Voluntary placements for disabilities
Report Calculation Methodology	Those children with a program assignment of "out-of-home" that started during the 6 month reporting period and are aged zero to three based on their date of birth will have the date of their "Infants and Toddlers (0-3)" referral identified to determine if it was within 10 days of the child's removal. This will be completed at the end of each 6-months reporting period.
Exit Standard Criteria	N/A Internal Standard
	Source/Criteria
L.J. Consent Decree	LJ Consent Decree (MCD), Pg. 31

	<p>4. Each child in OHP must receive timely all health services that the child needs, consistent with either of the COMAR regulations addressing OHP medical care in effect as of December 9, 2008 (07.02.11.28(M) and (N) (attached as Exhibit 3)) ("Needed Health Care Services").</p> <p>a. Definitions:</p> <p>(1)...</p> <p>(2) For each child under the age of three, within ten days of the child's entry into OHP and, thereafter, within thirty days of observation of developmental or other delays, BCDSS shall refer the child to early intervention services, including those funded under Part C of the Individuals with Disabilities Education Act. BCDSS shall support the child and his or her caregiver in obtaining appropriate therapy, pre-school, and other services to address identified limitations.</p> <p>b. Internal Success Measures:</p> <p>(1) Beginning on July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement</p>
<p>Federal Law & Reg (including CFSR)</p>	<p>20 U.S.C. § 1435(a)(5)</p>
	<p>(a) In general A statewide system described in section 1433 of this title shall include, at a minimum, the following components: ... (5) A comprehensive child find system, consistent with subchapter II, including a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources and that ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for services under this subchapter that will reduce the need for future services.</p>
	<p>34 C.F.R. § 303.302(a)(1)-(3)</p>
	<p>(a) General. Each system must include a comprehensive child find system that—</p> <p>(1) Is consistent with part B of the Act . . . ;</p> <p>(2) Includes a system for making referrals to lead agencies or EIS providers under this part that—</p> <p>(i) Includes timelines; and</p> <p>(ii) Provides for participation by the primary referral sources described in § 303.303(c);</p>

	(3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services;
State Law	Education Art. § 8-416(a)-(d)
	<p>(a) Establishment; purpose. --</p> <p>(1) There is a Maryland Infants and Toddlers Program in the Department [of Education].</p> <p>(2) The purpose of the Program is to provide a statewide, community-based interagency system of comprehensive early intervention services to eligible infants and toddlers, from birth until the beginning of the school year following a child's 4th birthday, and their families.</p> <p>(b) Lead agency. -- The Department shall be the lead agency for supervising and monitoring the Program.</p> <p>(c) Composition. -- The Program shall include the early intervention services provided or supervised by the Department, the Maryland Department of Health, including the Early Hearing Detection and Intervention Program established under Title 13, Subtitle 6 of the Health - General Article, and the Department of Human Services.</p> <p>(d) Administration. -- The Program shall be administered in accord with the applicable requirements of Part C of the Individuals with Disabilities Education Act and other applicable federal and State laws.</p>
State Regulations	COMAR 07.02.11.12 Education for the Child in Out of Home Placement
	<p>(A. - G.)</p> <p>H. When the local department believes that a child younger than 5 years old is developmentally disabled, the local department shall request an assessment from the Maryland State Department of Education, Maryland Infant and Toddler's Program/Preschool Services Branch if no prior assessment has been completed.</p>
	COMAR 13A.13. Provision of Early Intervention Services to Infants and Toddlers and their Families
	<p>.01 Purpose. The purpose of this chapter is to implement Part C of the Individuals with Disabilities Education Act (IDEA), 34 CFR 303, and Education Article, Title 8, Subtitle 4, Annotated Code of Maryland, which assure the provision of services for all eligible infants and toddlers, birth until the beginning of the school year following the child's fourth birthday, and their families, in accordance with the child's Individualized Family Service Plan (IFSP).</p> <p>(.02 - .04)</p> <p>.05 Evaluation and Assessment.</p> <p>A. Evaluation Procedures.</p> <p>F. Assessments.</p>

SSA Policy	N/A
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting

QSR Measures 85



LJ v. Massinga Reporting

QSR Measures 86



LJ v. Massinga Reporting

QSR Measures 87



LJ v. Massinga Reporting

QSR Measures 88



LJ v. Massinga Reporting: Measure 89


Internal Success

Measure #	Measure
89	Percent of new entrants who had a complete health passport and MA number that were distributed to caregivers promptly
	Key Data
Source	CJAMS MATCH QA review of Health Passport receipt date
Data	All children with an "out-of-home" placement assignment that started during the 6-months reporting period along with identification of document upload identified as receipt for a health passport that would have been signed by the caregiver along with the date of the upload. QA Review <ul style="list-style-type: none"> Review uploaded health passport receipts for 10 day requirement MATCH Records (ECM system) <ul style="list-style-type: none"> Date of a request for medical assistance for new entrant into OHP The receipt of the number/card by BCDSS, and The card and the Health Passport distributed to the caseworker.
	Measure Calculation Method
Definition(s)	Of new entrants into OHP who stayed at least 10 business days, those for whom within those 10 days: <ol style="list-style-type: none"> the child's Health Passport was distributed to the child's caregiver; AND the medical assistance card was distributed to the child's caregiver within three working days of its receipt by BCDSS.
Denominator	Number of new entrants into OHP during the reporting period
Numerator	Number of children in the denominator for whom, within 10 business days of the child's date of entry into OHP: <ol style="list-style-type: none"> the child's Health Passport was distributed to the child's caregiver; AND

	<p>2. the medical assistance card was distributed to the child's caregiver within three working days of its receipt by BCDSS</p>
Exclusion(s)	<p>Voluntary placements for disabilities Child on runaway, in juvenile detention, or adult correctional facilities on entry to OHP</p>
Report Calculation Methodology	<p>At the end of each 6-months reporting period, all children with an "out-of-home" placement assignment that started during the 6-months reporting period along with a document upload identified as "receipt for a health passport" that would have been signed by the caregiver along with the date of the upload will be identified.</p> <ol style="list-style-type: none"> 1. At the end of the reporting period, the ECW system will produce a report documenting timely distribution of Medical Assistance numbers for new entrants 2. At the end of the reporting period, QA will compile the results of a 100% review of all receipts for Health Passports <p>The percentage will be calculated to produce the percentage for the reporting period</p>
Exit Standard Criteria	<p>N/A, Internal measure</p>
Source/Criteria	
L.J. Consent Decree	<p>LJ v. Massinga, Modified Consent Decree (MCD), pp. 32-33</p>
	<p>III. HEALTH CARE</p> <p>D. Outcomes</p> <p>5. Each child in OHP must have a completed health passport and a medical assistance card, which are provided promptly to each child's caregiver.</p> <p style="padding-left: 40px;">a. Definitions:</p> <p>(1) A "health passport" is an abbreviated health care record with at least the following information:</p> <ol style="list-style-type: none"> (a) The medical facilities where the child usually receives care; (b) The child's condition at placement as documented by his or her physician; and (c) The child's immunization record, allergies/adverse reactions, chronic health problems, and present medications. <p>(2) For a completed health passport, "promptly" means that the passport shall be provided at the time of placement if possible but no later than ten working days following placement. The child's caregiver shall be provided with</p>

	<p>the health passport completed and updated at the time of a child's placement and thereafter as additional Health Care information is obtained.</p> <p>(3) For a medical assistance card, "promptly" means that the card shall be provided at the time of placement if possible, but, if the card is not available at the time of placement or when BCDSS becomes aware of the need for a replacement card, BCDSS shall make the request for a card within one working day of (a) the shelter care hearing when a child is first placed in OHP; (b) the date of placement if no shelter hearing is held; or (c) when BCDSS otherwise learns of the need for a card. BCDSS shall deliver the card to the caregiver within three working days of its receipt by BCDSS unless the child has an urgent need for it sooner, in which case delivery shall occur immediately.</p>
Federal Law & Reg (including CFR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.08. Medical Care
	<p>G. Children in the custody or care of a local department shall be enrolled in Maryland's Medical Assistance Program.</p> <p>T. The local department shall develop and use a health passport for each child in out-of-home placement, which shall be kept current and accompany the child through the out-of-home placement system.</p> <p>U. The health passport shall include the following information:</p> <p>(1) The identity of the medical facilities where the child usually receives care;</p> <p>(2) The health care visit report on the child's condition at placement as documented by the child's physician;</p> <p>(3) The child's immunization record, allergies/adverse reactions, chronic health problems, and present medications;</p> <p>(4) Developmental status for a child younger than 4 years old, or for a child with a disability;</p> <p>(5) Consents to health care and release of records; and</p> <p>(6) Receipts for health care and release of records.</p> <p>V. At the time of a child's placement, the local department shall provide the child's out-of-home placement provider with the health passport, which has been completed to the extent possible.</p>

SSA Policy	N/A
Other Relevant Standards or Requirements	N/A

Case Information	
Case Number	
Case Title	
Case Status	
 LJ v. Massinga Reporting	
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Reporting Period	
Reporting Date	
Reporting Agency	
Reporting Officer	
Reporting Category	
Reporting Sub-Category	
Reporting Description	
Reporting Details	
Reporting Notes	
Reporting Date	



LJ v. Massinga Reporting: Measure 91

Internal Success

Measure #	Measure
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed
	Key Data
Source	CARES (Record of dates of a request for a replacement medical assistance card, the receipt of the card by BCDSS, and its delivery to the caregiver). MATCH System of Record
Data	Out-of-Home placement activity
	Measure Calculation Method
Definition(s)	Of all children in OHP for whom a replacement medical assistance card was requested, those for whom the medical assistance card was delivered to the child's caregiver within three days of its receipt by BCDSS
Denominator	Number of children in OHP for whom a replacement medical assistance card was requested.
Numerator	Number of children in the denominator for whom the replacement medical assistance card was delivered to the child's caregiver within three days of its receipt by BCDSS
Exclusion(s)	Children in OHP under a Voluntary Placement for Disabilities Agreement
Report Calculation Methodology	The percentage will be calculated monthly to produce the percentage for the reporting period.
Exit Criteria	N/A

	Source/Criteria
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pp. 32 and 33
	<p>III. HEALTH CARE</p> <p>D. Outcomes</p> <p>(1-4) ...</p> <p>5. Each child in OHP must have a completed health passport and a medical assistance card, which are provided promptly to each child's caregiver.</p> <p>a. Definitions: For a medical assistance card, "promptly" means that the card shall be provided at the time of placement if possible, but, if the card is not available at the time of placement or when BCDSS becomes aware of the need for a replacement card, BCDSS shall make the request for a card within one working day of</p> <p>(a) the shelter care hearing when a child is first placed in OHP;</p> <p>(b) the date of placement if no shelter hearing is held; or</p> <p>(c) when BCDSS otherwise learns of the need for a card.</p> <p>BCDSS shall deliver the card to the caregiver within three working days of its receipt by BCDSS unless the child has an urgent need for it sooner, in which case delivery shall occur immediately.</p>
Federal Law & Reg (including CFR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.08
	<p>(A. - F.)</p> <p>G. Children in the custody or care of a local department shall be enrolled in Maryland's Medical Assistance Program.</p>
SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services:
	<p>Local Departments of Social Services shall:</p> <p>....</p>

	<ul style="list-style-type: none"> Enroll the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after initial placement.
<p>Other Relevant Standards or Requirements</p>	<p>2020-2025 Inter-Governmental Agreement between the Maryland Department of Human Services and Health Care Access Maryland, Inc., Appendix A:</p>
	<p>4.0 OBJECTIVES</p> <p>HCAM shall provide a MCM [medical case management] program to coordinate and oversee the health care of children in Out-of-Home Placement (OHP) by ensuring that:</p> <p>E. Each child in OHP who is receiving MCM services will have a completed health passport and a Medical Assistance (MA) card provided promptly or within ten (10) working days following placement to each child's caregiver.</p>



LJ v. Massinga Reporting: Measure 92

Internal Success

Measure #	Measure
92	Percent of all children for whom BCDSS delivered an MA card promptly
	Key Data
Source	CARES (Record of dates of a request for a medical assistance card, the receipt of the card by BCDSS, and its delivery to the caregiver). MATCH System of Record
Data	Out-of-Home placement activity
	Measure Calculation Method
Definition(s)	Of new entrants into OHP, those for whom the medical assistance card was delivered to the child's caregiver within three working days of its receipt by BCDSS.
Denominator	Number of new entrants into OHP during the period under review.
Numerator	Number of children in the denominator for whom the medical assistance card was delivered to the child's caregiver within three working days of its receipt by BCDSS
Exclusion(s)	Children in OHP under a Voluntary Placement for Disabilities Agreement
Report Calculation Methodology	The percentage will be calculated monthly to produce the percentage for the reporting period.
Exit Criteria	N/A

	Source/Criteria
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pp. 32 and 33
	<p>III. HEALTH CARE</p> <p>D. Outcomes</p> <p>(1-4) ...</p> <p>5. Each child in OHP must have a completed health passport and a medical assistance card, which are provided promptly to each child's caregiver.</p> <p>a. Definitions: For a medical assistance card, "promptly" means that the card shall be provided at the time of placement if possible, but, if the card is not available at the time of placement or when BCDSS becomes aware of the need for a replacement card, BCDSS shall make the request for a card within one working day of</p> <p>(a) the shelter care hearing when a child is first placed in OHP;</p> <p>(b) the date of placement if no shelter hearing is held; or</p> <p>(c) when BCDSS otherwise learns of the need for a card.</p> <p>BCDSS shall deliver the card to the caregiver within three working days of its receipt by BCDSS unless the child has an urgent need for it sooner, in which case delivery shall occur immediately.</p>
Federal Law & Reg (including CFR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.08 Medical Care
	<p>(A. - F.)...</p> <p>G. Children in the custody or care of a local department shall be enrolled in Maryland's Medical Assistance Program.</p>
SSA Policy	SSA-CW 14-17): Oversight and Monitoring of Health Care Services
	Local Departments of Social Services shall:

	<ul style="list-style-type: none"> ● Enroll the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after initial placement.
<p>Other Relevant Standards or Requirements</p>	<p>2020-2025 Inter-Governmental Agreement between the Maryland Department of Human Services and Health Care Access Maryland, Inc., Appendix A:</p>
	<p>4.0 OBJECTIVES</p> <p>HCAM shall provide a MCM [medical case management] program to coordinate and oversee the health care of children in Out-of-Home Placement (OHP) by ensuring that:</p> <p>E. Each child in OHP who is receiving MCM services will have a completed health passport and a Medical Assistance (MA) card provided promptly or within ten (10) working days following placement to each child's caregiver.</p>

LJ v. Massinga Reporting: **Measure 93****Exit Standard**

Measure #	Measure
93	90 Percent of all new entrants had a complete health passport that was distributed to the children's caregivers promptly
	Key Data
Source	CJAMS MATCH QA review of Health Passport date of receipt
Data	All children with an "out-of-home" placement assignment that started during the 6-months reporting period along with identification of document upload identified as receipt for a health passport that would have been signed by the caregiver along with the date of the upload. QA Review <ul style="list-style-type: none"> Review uploaded health passport receipts for 10 day requirement MATCH Records (ECM system) <ul style="list-style-type: none"> Date of a request for medical assistance for new entrant into OHP The receipt of the number/card by BCDSS, and The card and the Health Passport delivered to the caseworker.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> "Health passport" means an abbreviated health care record with, at a minimum, a physician's documentation of the child's condition on entry to OHP, the medical facilities where the child usually receives care; and the child's immunization record, allergies/adverse reactions, chronic health problems, and present medications "Promptly" means at the time of placement if practicable but no later than ten working days following placement
Denominator	Number of new entrants into OHP during the reporting period
Numerator	The number of new entrants in the denominator for whom there was a completed Health Passport distributed to the child's caregiver within 10 days of placement

Exclusion(s)	Voluntary placements for disabilities agreement Child on runaway or in adult or juvenile correctional facilities on entry to OHP
Report Calculation Methodology	At the end of each 6-months reporting period, all children with an "out-of-home" placement assignment that began during the 6-month reporting period with an uploaded document identified as "receipt for a health passport" signed by the caregiver will be identified, along with the date of the upload At the end of the reporting period, QA will compile the results of a 100% review of all Health Passports receipts
Exit Standard Criteria	Compliance will be achieved when 90 percent of the health passports for new OHP entries are distributed within 10 working days
Source/Criteria	
L.J. Consent Decree	LJ v. Massinga, Modified Consent Decree (MCD), pp. 32-33
	<p>III. HEALTH CARE</p> <p>D. Outcomes</p> <p>5. Each child in OHP must have a completed health passport and a medical assistance card, which are provided promptly to each child's caregiver.</p> <p style="padding-left: 40px;">a. Definitions:</p> <p>(1) A "health passport" is an abbreviated health care record with at least the following information:</p> <p style="padding-left: 80px;">(a) The medical facilities where the child usually receives care;</p> <p style="padding-left: 80px;">(b) The child's condition at placement as documented by his or her physician; and</p> <p style="padding-left: 80px;">(c) The child's immunization record, allergies/adverse reactions, chronic health problems, and present medications.</p> <p>(2) For a completed health passport, "promptly" means that the passport shall be provided at the time of placement if possible but no later than ten working days following placement. The child's caregiver shall be provided with the health passport completed and updated at the time of a child's placement and thereafter as additional Health Care information is obtained.</p> <p>(3) For a medical assistance card, "promptly" means that the card shall be provided at the time of placement if possible, but, if the card is not available at the time of placement or when BCDSS becomes aware of the need for a replacement card, BCDSS shall make the request for a card within one working day of (a) the shelter care hearing when a child is first placed in OHP;</p>

	<p>(b) the date of placement if no shelter hearing is held; or (c) when BCDSS otherwise learns of the need for a card. BCDSS shall deliver the card to the caregiver within three working days of its receipt by BCDSS unless the child has an urgent need for it sooner, in which case delivery shall occur.</p> <p>b. Internal Standards</p> <p>Exit Standards:</p> <p>(1) 90 percent of all new entrants had a complete health passport that was distributed to the children's caregivers promptly</p>
Federal Law & Reg (including CFSR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.08. Medical Care
	<p>G. Children in the custody or care of a local department shall be enrolled in Maryland's Medical Assistance Program.</p> <p>T. The local department shall develop and use a health passport for each child in out-of-home placement, which shall be kept current and accompany the child through the out-of-home placement system.</p> <p>U. The health passport shall include the following information:</p> <ul style="list-style-type: none"> (1) The identity of the medical facilities where the child usually receives care; (2) The health care visit report on the child's condition at placement as documented by the child's physician; (3) The child's immunization record, allergies/adverse reactions, chronic health problems, and present medications; (4) Developmental status for a child younger than 4 years old, or for a child with a disability; (5) Consents to health care and release of records; and (6) Receipts for health care and release of records. <p>V. At the time of a child's placement, the local department shall provide the child's out-of-home placement provider with the health passport, which has been completed to the extent possible.</p>

SSA Policy	SSA-CW #14-17: Oversight and Monitoring of Health Care Services
	<p>Local Departments of Social Services shall:</p> <p>.....</p> <ul style="list-style-type: none"> ● Maintain the child's Health Passport which contains historical and current medical information needed by the caretaker and physician or clinic to ensure that the child's health needs have been identified and are being addressed. <p>.....</p> <p>Health Passport (DHR/SSA 631-A-C series, See Appendix III)</p> <p>The passport shall be given to the caregiver at the time of placement and is required to be taken to every appointment. . . .</p>
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting

QSR Measures 94

Education Measures





LJ v. Massinga Reporting: Measure 95

Internal Success

Measure #	Measure
95	Percent of new entrants who were enrolled in and begin to attend school within five days of placement.
	Key Data
Source	CJAMS
Data	All children with a placement assignment of "out-of-home" with a start date during the 6-months reporting period will be identified along with the date of birth to determine if the child was eligible for school enrollment. The education record will be examined to determine the school enrollment start date.
	Measure Calculation Method
Definition(s)	<p>"Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new-school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school.</p> <p>"School-age children" means those who are 5 years old as of 9/1</p> <p>"School days" means following the Baltimore City school calendar.</p>
Denominator	# of school age children (ages 5 and up as of 9/1) entering OHP during the six month review period
Numerator	# of children in the denominator who have a school enrollment date within 5 school days of removal.
Exclusion(s)	<p>Children under the age of 5 before 9/1</p> <p>Children in OHP for less than 8 days</p> <p>Children who are high school graduates</p>

Report Calculation Methodology	All children who had a program assignment of "out-of-home" with a start date during the 6-months reporting period and were five years or older will be identified and the date of their school enrollment will be examined to determine if it was within 5 school days from the removal. This will be done at the end of each 6-months reporting period to determine the percentage of all children who were removed and entered school within 5 school days during the 6-months reporting period.
Exit Standard Criteria	N/A
Source/Criteria	
L.J. Consent Decree	Pg. 34
	<p>1. "Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change in placement."</p> <p style="padding-left: 40px;">a. Definitions:</p> <p style="padding-left: 80px;">(1. - 2.)...</p> <p style="padding-left: 80px;">(3) "Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new-school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school.</p> <p style="padding-left: 40px;">b. Internal Success Measures:</p> <p style="padding-left: 80px;">(1) Percent of new entrants who were enrolled in and begin to attend school within five days of placement.</p> <p style="padding-left: 80px;">(2. - 4.)...</p>
Federal Law & Reg (including CFR)	N/A
State Law	N/A
State Regulations	COMAR 07.02.11.12
	12. Education for the Child in Out-of-Home Placement.

	A. The local department shall ensure that, within 5 school days of being placed in out-of-home placement, a child of school age is attending school, unless this is unattainable for reasons outside the control of the local department.
	COMAR 13A.08.07.03-1 Enrollment Process
SSA Policy	SSA 09-19: School Enrollment and Education Decision-making for Children in State-supervised Care
Other Relevant Standards or Requirements	Access to Education for Children in State Supervised Care Handbook



LJ v. Massinga Reporting: Measure 96

Internal Success

Internal Success	
Measure #	Measure
96	Percent of children in OHP who were enrolled in and begin to attend school within five days of a change of placement.
	Key Data
Source	CJAMS
Data	All children with a program assignment of "out-of-home" with a new placement date during the 6-months reporting period will be identified along with the date of birth to determine if the child was eligible for school enrollment. The education record will be examined to determine if there was a change in the school enrollment and start date was within 5 days of placement change, or the child remained in the same school.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> • "School-age children" means those who are 5 years old as of 9/1 • "Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school. (LJ Consent Decree)
Denominator	# of school-age children who experienced a change of placements
Numerator	# of children in the denominator enrolled in school within 5 school days of change in placement.
Exclusion(s)	Children under age 5 as of 9/1 Children with no change of placement Children who have a high school diploma Voluntary placements for disabilities

<p>Report Calculation Methodology</p>	<p>All children who had a program assignment of "out-of-home" with a new placement start date during the 6-months reporting period and were five years old will be identified and the date of their school enrollment will be examined to determine if it was within 5 school days from the date of the new placement or if the school placement was able to remain the same.</p> <p>This will be completed at the end of each 6-months reporting period to determine the percentage of all children who experienced a placement change during the 6-months reporting period and were enrolled in school within 5 school days.</p>
<p>Exit Standard Criteria</p>	<p>N/A</p>
<p>Source/Criteria</p>	
<p>L.J. Consent Decree</p>	<p>According to the LJ Consent Decree (MCDT), 10/09/09, p. 34:</p>
	<p>1. "Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change in placement."</p> <p>a. Definitions:</p> <p>(1 - 2)...</p> <p>(3) "Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school.</p> <p>(4) ...</p> <p>b. Internal Success Measures:</p> <p>(1) Percent of new entrants who were enrolled in and begin to attend school within five days of placement.</p> <p>(2. - 4.)...</p>
<p>Federal Law & Reg (including CFR)</p>	<p>42 U.S.C. § 675(1)(G)(ii)(II)</p>
	<p>As used in this part of part B of this subchapter:</p> <p>(1) The term "case plan" means a written document which meets the requirements of section 675a of this title and includes at least the following:</p> <p>....</p>

	<p>(G) A plan for ensuring the educational stability of the child while in foster care, including—</p> <p>(ii)</p> <p>(II) if remaining in such school is not in the best interests of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.</p>
State Law	N/A
State Regulations	COMAR 07.02.11.12
	<p>12. Education for the Child in Out-of-Home Placement.</p> <p>A. The local department shall ensure that, within 5 school days of being placed in out-of-home placement, a child of school age is attending school, unless this is unattainable for reasons outside the control of the local department.</p>
SSA Policy	SSA 09-19: School Enrollment and Education Decision-making for Children in State-supervised Care
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting

QSR Measures 97



LJ v. Massinga Reporting: Measure 98

Internal Success

Measure #	Measure
98	% of children ages 3 to 5 who were enrolled in a preschool program
	Key Data
Source	CJAMS
Data	All children with a placement assignment of "out-of-home" with a date of birth that shows that the child is between three and five years of age will be identified. The education record will be examined to determine if the child was enrolled in a preschool program during the 6-months reporting period.
	Measure Calculation Method
Definition(s)	"Preschool" means an early learning program for children younger than those eligible for kindergarten
Denominator	Number of children ages 3 - 5
Numerator	Number of children in the denominator enrolled in a preschool program
Exclusion(s)	Children ages 0 – 3 and 5 and above
Report Calculation Methodology	<p>All children with a placement assignment of "out-of-home" with a date of birth identifying the child is between three and five years of age will then have their education record examined to determine if the child was enrolled in a preschool program during the 6-months reporting period.</p> <p>This will be completed at the end of each 6-months reporting period to determine the percentage of all children enrolled in pre-school during the 6-months reporting period.</p>
Exit Standard Criteria	N/A
	Source/Criteria

L.J. Consent Decree	According to the LJ Consent Decree, pg. 35
	<p>D. Outcomes:</p> <p>1. Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change of placement.</p> <p>a. Definitions:</p> <p>(1. – 3.)</p> <p>(4) For children who are not yet school age, "enrolled" means, where appropriate, referral to Head Start, child care, family child care or other equivalent early learning program.</p> <p>b. Internal Success Measures:</p> <p>(1. – 3.)</p> <p>(4) Percent of children ages three to five who were enrolled in a pre-school program.</p>
Federal Law & Reg (including CFSR)	N/A
State Law	N/A
State Regulations	<p>07.02.11.12</p> <p>H. When the local department believes that a child younger than 5 years old is developmentally disabled, the local department shall request an assessment from the Maryland State Department of Education, Maryland Infant and Toddler's Program/Preschool Services Branch if no prior assessment has been completed.</p> <p>13A.13.01</p> <p>13A.16.01</p>
SSA Policy	N/A
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting: Measure 99

Exit Standard

Measure #	Measure
99	90% of children were enrolled in and began to attend school within 5 days of entry into OHP or change in placement
Key Data	
Source	CJAMS
Data	<p>All children with a placement assignment of "out-of-home" open during the 6-months reporting period will be identified along with the date of birth to determine if the child was eligible for school enrollment. Additionally, placements for all school-aged children will be examined to determine if there was a placement change during the 6-months reporting period. The education record will be examined to determine if the school enrollment start date was within five days of entry or placement change.</p> <ol style="list-style-type: none"> 1. Date of removal/date of enrollment 2. Date of change in placement/date of enrollment
Measure Calculation Method	
Definition(s)	<ul style="list-style-type: none"> • "Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new-school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school. • "School-age children" means those who are 5 years old as of 9/1 • "School days" means following the Baltimore City school calendar
Denominator	<ol style="list-style-type: none"> 1. # of school age children (ages 5 and up as of 9/1) entering OHP during the six month reporting period 2. # of school age children (ages 5 and up as of 9/1) who experience a change of placements

Numerator	<ol style="list-style-type: none"> 1. # of children in denominator #1 who were enrolled in school within 5 school days of removal 2. # of children in denominator #2 who were enrolled in a new school within 5 days of replacement or did not change school
Exclusion(s)	<p>Children in OHP fewer than 8 days</p> <p>Children with a high school diploma or certificate of completion</p>
Report Calculation Methodology	<p>All children with a placement assignment of "out-of-home" open during the 6-months reporting period will be identified along with the date of birth to determine if the child was eligible for school enrollment. Placements for all school-aged children will be examined to determine if there was a placement change during the 6-months reporting period. The education record will be examined to determine if the school enrollment start date was within five days of entry or placement change.</p> <p>This date will be reviewed at the end of each 6-months reporting period to determine the percentage of all children who were in school within five school days of entry or had a placement change.</p>
Exit Standard Criteria	<p>Compliance will be achieved when 90% of children were enrolled in and began to attend school within 5 days of entry into OHP or change in placement</p>
Source/Criteria	
L.J. Consent Decree	<p>LJ Consent Decree (MCD), p. 34</p>
	<ol style="list-style-type: none"> 1. Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change in placement <ol style="list-style-type: none"> A. Definitions: <ol style="list-style-type: none"> (1) The child's "home school" is the school that the child attended prior to placement in OHP or prior to change of placement (2) The child's "new school" is the school in which the child is placed, if the home school is not in the child's best interest, after placement in OHP or a change in placement. (3. - 4.) ... 1. "Each child in OHP shall be enrolled in and begin attending the child's home school or a new school immediately after entry into OHP and after any change in placement." <ol style="list-style-type: none"> a. Definitions: <ol style="list-style-type: none"> (1. - 2.)...

	<p>(3) "Enrolled" and "attending" means that the child has begun to attend classes, that the child's educational records have been provided to the new-school or that BCDSS has made reasonable efforts to obtain and deliver the records to the new school, and BCDSS has taken all reasonable steps to ensure that the child's special education plan is accepted and will be implemented by the new school.</p> <p>b. Internal Success Measures</p> <p>c. Exit Standard:</p> <p>(1) 90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.</p>
<p>Federal Law & Reg (including CFR)</p>	<p>Public Law 114-95 - Every Student Succeeds Act, as codified at 20 U.S.C. § 6311(g)(1)(E)(ii)-(iii)</p>
	<p>(g) Other Plan Provisions.—</p> <p>(1) Descriptions.—Each State plan shall describe—</p> <p>...</p> <p>(E) the steps a State educational agency will take to ensure collaboration with the State agency responsible for administering the State plans under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq. and 670 et seq.) to ensure the educational stability of children in foster care, including assurances that—</p> <p>...</p> <p>(ii) when a determination is made that it is not in such child's best interest to remain in the school of origin, the child is immediately enrolled in a new school, even if the child is unable to produce records normally required for enrollment;</p> <p>(iii) the enrolling school shall immediately contact the school last attended by any such child to obtain relevant academic and other records;</p>
<p>State Law</p>	<p>N/A</p>
<p>State Regulations</p>	<p>COMAR 07.02.11.12</p>
	<p>12. Education for the Child in Out-of-Home Placement.</p>

	A. The local department shall ensure that, within 5 school days of being placed in out-of-home placement, a child of school age is attending school, unless this is unattainable for reasons outside the control of the local department.
	COMAR 13A.08.07.03-1
	Enrollment Process
SSA Policy	SSA 09-19: School Enrollment and Education Decision-making for Children in State-supervised Care
Other Relevant Standards or Requirements	Access to Education for Children in State Supervised Care Handbook



LJ v. Massinga Reporting: Measure 100

Internal Success

Measure #	Measure
100	% of children who had an attendance rate of 85% or higher in Baltimore City Public School system
	Key Data
Source	Baltimore City Public Schools Attendance Report for Children in OHP CJAMS
Data	BCPS Attendance report for children in OHP
	Measure Calculation Method
Definition(s)	"Attendance" means that a student is present at school on a regular school day and includes participation in school-sponsored activities (COMAR 13A.08.01.01).
Denominator	# of children in OHP enrolled in Baltimore City Public Schools
Numerator	# of children in the denominator attending school 85% or more of school days
Exclusion(s)	Children enrolled in a school district other than the Baltimore City Public Schools for the entire reporting period
Report Calculation Methodology	Attendance record for children in OHP attending Baltimore City Public Schools for all or part of the reporting period will be calculated monthly and averaged at the conclusion of the reporting period
Exit Standard Criteria	N/A
	Source/Criteria
L.J. Consent Decree	Pg. 36
	2. Each child's case plan shall include an educational plan for ensuring the child's educational stability and progress while in foster care and BCDSS shall monitor the child's educational progress.

	<p>a. Definitions:</p> <p>(1) An "educational plan" means a plan that identifies the child's current educational status and needs, discusses any barriers in meeting those needs, and sets forth the services that the child needs to meet those needs.</p> <p>(2) The plan must be developed with participation of the child, as age-appropriate, the child's caregiver, the child's attorney, the child's parents, and appropriate professionals, to the extent that these individuals are willing and available to participate.</p> <p>(3) The education plan must be incorporated into the initial case plan and updated in all case plans thereafter.</p> <p>(4) The plan should identify the particular services and supports that the child needs and the steps that BCDSS will take to obtain those services and supports from the school system or third parties to ensure that the child's educational needs and goals are met.</p> <p>(5) The plan shall specify who has primary responsibility for accomplishing each of the education-related tasks.</p> <p>(6) A copy of the plan shall be provided to each person with such responsibility as well as to the child's attorney.</p> <p>(7) "Monitoring" the child's educational progress means that the child's case worker shall:</p> <p>(a) Review the child's educational progress through discussion with the caregiver, teacher and child;</p> <p>(b) Review the child's report cards, progress reports and attendance records; and</p> <p>(c) Take reasonable steps to support the child's educational progress and achievement.</p> <p>b. Internal Success Measures:</p> <p>(1) Percent of children who had attendance rates of 85 percent or higher in the Baltimore City Public School System.</p> <p>(2. - 4.)...</p>
<p>Federal Law & Reg (including CFSR)</p>	<p>N/A</p>
<p>State Law</p>	<p>Education Art. § 7-301(a-1)(1)</p>
	<p>(a-1) Who must attend. --</p> <p>(1) Except as otherwise provided in this section, each child who resides in this State and is 5 years old or older and under 18 shall attend a public school regularly during the entire school year.</p>

State Regulations	COMAR 13A.02.06.02 Definitions
	.02 Definitions (1. - 4.) (5) "Attendance" means that a student is present at school on a regular school day and includes participation in school-sponsored activities as specified in COMAR 13A.08.01.01. (7. - 16.)
	COMAR 13A.08.01.01 Attendance
	(A. - D.) E. Daily Attendance Record. A record of the daily attendance of each student shall be kept in accordance with regulations of the State Board of Education and the Maryland Student Records System Manual 2020, which is incorporated by reference in COMAR 13A.08.02.01.
SSA Policy	N/A
Other Relevant Standards or Requirements	ESSA MOU



LJ v. Massinga Reporting: Measure 101

Internal Success

Measure #	Measure
101	% of children who have an educational plan
Key Data	
Source	CJAMS
Data	<p>The data elements that will be used for reporting on this measure include the program assignment of "out of home" and the date of the most recent administratively-approved permanency progress plan with an education plan documented in the education section at the end of each 6-months reporting period.</p> <p>Each person who is involved in a services case is assigned a program area with a start and end date. Only those children with an "out of home" program assignment without a closed date will be included.</p>
Measure Calculation Method	
Definition(s)	<p>An "educational plan" means a plan that identifies the child's current educational status and needs, discusses barriers to meeting those needs, and identifies the services necessary to meet those needs.</p> <p>The education plan must be incorporated into the initial case plan and updated in all case plans thereafter. (LJ Consent decree)</p> <p>The permanency progress plan is the equivalent of what was formerly known as the case plan.</p>
Denominator	Number of children in care ages 5 (as of 9/1) and older
Numerator	Number of children in the denominator with an administratively approved permanency progress plan
Exclusion(s)	<p>Children in in care less than 8 days</p> <p>Children who are younger than age 5 by 9/1</p> <p>High school graduates</p>

<p>Report Calculation Methodology</p>	<p>Each child who has been in OHP for at least 60 days will be identified on the last day of the 6-months reporting period. The date of their most current administratively approved permanency progress plan will be identified to determine if the education plan is documented within it.</p>
<p>Exit Standard Criteria</p>	<p>N/A Internal Success</p>
<p>Source/Criteria</p>	
<p>L.J. Consent Decree</p>	<p>According to the L.J. Consent Decree, pg. 36</p>
	<p>a. Definitions:</p> <p>(1) An "educational plan" means a plan that identifies the child's current educational status and needs, discusses any barriers in meeting those needs, and sets forth the services that the child needs to meet those needs.</p> <p>(2) The plan must be developed with participation of the child, as age-appropriate, the child's caregiver, the child's attorney, the child's parents, and appropriate professionals, to the extent that these individuals are willing and available to participate.</p> <p>(3) The education plan must be incorporated into the initial case plan and updated in all case plans thereafter.</p> <p>(4) The plan should identify the particular services and supports that the child needs and the steps that BCDSS will take to obtain those services and supports from the school system or third parties to ensure that the child's educational needs and goals are met.</p> <p>(5) The plan shall specify who has primary responsibility for accomplishing each of the education-related tasks.</p> <p>(6) A copy of the plan shall be provided to each person with such responsibility as well as to the child's attorney.</p> <p>(7) "Monitoring" the child's educational progress means that the child's caseworker shall:</p> <p style="padding-left: 40px;">(a) Review the child's educational progress through discussion with the caregiver, teacher and child;</p> <p style="padding-left: 40px;">(b) Review the child's report cards, progress reports and attendance records; and</p> <p style="padding-left: 40px;">(c) Take reasonable steps to support the child's educational progress and achievement.</p> <p>b. Internal Success Measures:</p> <p style="padding-left: 40px;">(1)...</p>

	(2) Percent of children who had an educational plan.
Federal Law & Reg (including CFR)	42 U.S.C. § 675(1)(G)
	<p>As used in this part of part B of this subchapter:</p> <p>(1) The term "case plan" means a written document which meets the requirements of section 675a of this title and includes at least the following:</p> <p>....</p> <p>(G) A plan for ensuring the educational stability of the child while in foster care, including—</p> <p>(i) assurances that each placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and</p> <p>(ii)</p> <p>(I) an assurance that the State agency has coordinated with appropriate local educational agencies (as defined under section 7801 of title 20) to ensure that the child remains in the school in which the child is enrolled at the time of each placement; or</p> <p>(II) if remaining in such school is not in the best interests of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.</p>
State Law	N/A
State Regulations	COMAR 07.02.11.13 Case Planning for Permanency
	<p>(A.)...</p> <p>B. The local department shall:</p> <p>(17) To the extent available and accessible, include the most recent health and education records of the child, including:</p> <p>(a) The names and addresses of the child's health and educational providers;</p> <p>(b) The child's grade-level performance;</p>

	<p>(c) The child's school record;</p> <p>(d) Assurances that the child's placement in out-of-home placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement;</p> <p>(e) Assurances that the child who is 5 years old or older:</p> <p>(i) Is enrolled, or in the process of enrolling, in a full-time elementary or secondary school program;</p> <p>(ii) Has completed secondary school;</p> <p>(iii) Is participating in, or scheduled to participate in, an independent study program administered by a local school district; or</p> <p>(iv) If a child is incapable of attending school on a full-time basis due to a medical condition, the incapacity must be documented and regularly updated in the case plan;</p>
SSA Policy	SSA #10-21: Caseplan Documentation Clarification
Other Relevant Standards or Requirements	N/A



LJ v. Massinga Reporting

QSR Measures 102

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LJ v. Massinga Reporting

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LJ v. Massinga Reporting

QSR Measures 103

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LJ v. Massinga Reporting: Measure 104

Exit Measure

Measure #	Measure
104	90% of children had an educational plan
	Key Data
Source	CJAMS
Data	The data elements that will be used for reporting on this measure include the program assignment of "out of home" and the date of the most recent administratively-approved permanency progress plan with an education plan documented in the education section at the end of each 6-months reporting period.
	Measure Calculation Method
Definition(s)	<ul style="list-style-type: none"> • An "educational plan" means a plan that identifies the child's current educational status and needs, discusses barriers to meeting those needs, and identifies the services necessary to meet those needs. • The education plan must be incorporated into the initial case plan and updated in all case plans thereafter. (LJ Consent decree) • The "permanency progress plan" is the equivalent of what was formerly known as the case plan. • "School-age children" means children age 5 by September 1st
Denominator	Number of children in care ages 5 (as of 9/1) and older
Numerator	Number of children in the denominator with an administratively approved permanency progress plan
Exclusion(s)	Children in in care less than 8 days Children who are younger than age 5 by 9/1 High school graduates Children under a Voluntary Placement for Disabilities Agreement
Report Calculation Methodology	Each child who has been in OHP for at least 60 days will be identified on the last day of the 6-months reporting period. The date of their most current administratively approved permanency progress' plan will be identified to determine if the education plan is

	documented within it. This will be calculated at the end of each 6-months reporting period to determine the percentage of children with a permanency progress' plan including an education plan.
Exit Standard Criteria	90% of children had an educational plan
	Source/Criteria
L.J. Consent Decree	According to the L.J. Consent Decree, pg. 35
	<p>a. Definitions:</p> <p>(1) An "educational plan" means a plan that identifies the child's current educational status and needs, discusses any barriers in meeting those needs, and sets forth the services that the child needs to meet those needs.</p> <p>(2) The plan must be developed with participation of the child, as age-appropriate, the child's caregiver, the child's attorney, the child's parents, and appropriate professionals, to the extent that these individuals are willing and available to participate.</p> <p>(3) The education plan must be incorporated into the initial case plan and updated in all case plans thereafter.</p> <p>(4) The plan should identify the particular services and supports that the child needs and the steps that BCDSS will take to obtain those services and supports from the school system or third parties to ensure that the child's educational needs and goals are met.</p> <p>(5) The plan shall specify who has primary responsibility for accomplishing each of the education-related tasks.</p> <p>(6) A copy of the plan shall be provided to each person with such responsibility as well as to the child's attorney.</p> <p>(7) "Monitoring" the child's educational progress means that the child's case worker shall:</p> <p>(a) Review the child's educational progress through discussion with the caregiver, teacher and child;</p> <p>(b) Review the child's report cards, progress reports and attendance records; and</p> <p>(c) Take reasonable steps to support the child's educational progress and achievement.</p> <p>b. Internal Success Measures</p> <p>c. Exit Standards:</p> <p>(1) 90 percent of children had an educational plan.</p>

	(2. - 3.)...
Federal Law & Reg (including CFR)	42 U.S.C. § 675(1)(G)
	<p>As used in this part of part B of this subchapter:</p> <p>(1) The term "case plan" means a written document which meets the requirements of section 675a of this title and includes at least the following:</p> <p>.....</p> <p>(G) A plan for ensuring the educational stability of the child while in foster care, including—</p> <p>(i) assurances that each placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and</p> <p>(ii)</p> <p>(I) an assurance that the State agency has coordinated with appropriate local educational agencies (as defined under section 7801 of title 20) to ensure that the child remains in the school in which the child is enrolled at the time of each placement; or</p> <p>(II) if remaining in such school is not in the best interests of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.</p>
State Law	N/A
State Regulations	COMAR 07.02.11.13: Case Planning for Permanency
	<p>(1. - 16.)...</p> <p>(17) To the extent available and accessible, include the most recent health and education records of the child, including:</p> <p>(a) The names and addresses of the child's health and educational providers;</p> <p>(b) The child's grade-level performance;</p>

	<p>(c) The child's school record;</p> <p>(d) Assurances that the child's placement in out-of-home placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement;</p> <p>(e) Assurances that the child who is 5 years old or older:</p> <ul style="list-style-type: none"> (i) Is enrolled, or in the process of enrolling, in a full-time elementary or secondary school program; (ii) Has completed secondary school; (iii) Is participating in, or scheduled to participate in, an independent study program administered by a local school district; or (iv) If a child is incapable of attending school on a full-time basis due to a medical condition, the incapacity must be documented and regularly updated in the case plan;
<p>SSA Policy</p>	<p>SSA #10-21: Caseplan Documentation Clarification</p>
<p>Other Relevant Standards or Requirements</p>	<p>N/A</p>



LJ v. Massinga Reporting

QSR Measures 105



LJ v. Massinga Reporting

QSR Measures 106



LJ v. Massinga Reporting

QSR Measures 107



LJ v. Massinga Reporting

QSR Measures 108



LJ v. Massinga Reporting

QSR Measures 109



LJ v. Massinga Reporting

QSR Measures 110



LJ v. Massinga Reporting

QSR Measures 111