Report of Health Services and MATCH Oversight for Children in Out-of-Home Placement (Foster Care) in Baltimore City Jan 2024-June 2024 for LJ v. Lopez 72nd Semi-Annual Report

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EXECUTIVE SUMMARY

This audit fulfills the qualitative assessment requirement for five health measures for the 72nd semi-annual report for the L.J. v. Lopez (formerly Massinga) Modified Consent Decree (MCD) (2009) for Baltimore City Department of Social Services (BCDSS), covering the six months from January 1, 2024 to June 30, 2024, by an external independent auditor.

The *L.J. v. Lopez* Modified Consent Decree (MCD) contains requirements for the Maryland Department of Human Services (DHS) and Baltimore City Department of Social Services (BCDSS) in five areas of care for children in the custody of BCDSS. One of those areas is Health Care and BCDSS contracts with HealthCare Access Maryland (HCAM) to provide these healthcare management services through the Making All the Children Healthy (MATCH) program.

Audit

These retrospective audits focus on understanding if the MATCH team is care coordinating quality care based on the health area measures for the children/youth in out-of-home placement . The measures include #79 (comprehensive health assessment (CHA)); # 82 (comprehensive health examinations); # 83 (annual EPSDT and dental exams); # 88(a) (all health needs met timely); and # 94 (Health care plans). The requirements for compliance evaluation with each measure are attached in Appendix 1 - LJ Measures.

The MATCH Program is responsible for compliance with several LJ measures dependent upon the timeliness or comprehensiveness of other parties, such as Department of Social Services workers or providers.

Methodology

The methodology remained the same as the 71st audit as the auditor received the lists of new entrant and continuing care cases provided by the Independent Verification Agent(s) (IVA), who also developed the methodology of case selection sourced from the eClinicalWorks (eCW) electronic medical record repository. This sample was divided between 30 new entrants and 70 continuing-care children/youth. Still, only a subset of each sample was reviewed for the EPSDT clinical element, 10 and 20 respectively, a smaller subset from the previous audit. All the cases are evaluated in the eCW (eClinical Works software) for care coordination documentation in the resource scheduler and the case management hub with the HRA (Health Risk assessment) as well as contact communication and visit notes and care plans in CJAMS (Baltimore City Child, Juvenile, Adult Management System).

Findings

New Entrant Children/Youth

Comprehensive health assessment (CHA)

There were 30 children/youth cases reviewed for a timely and thorough comprehensive health assessment (CHA). The auditor found that all of the children (100%) had their CHA mailed to caregivers and uploaded into CJAMS within the 70-day from entry into the foster system. Only 67% (19 of the 30) CHAs reflected all the information from the three required new entrants' exams (comprehensive assessments (medical, dental, and mental health) hindering full comprehensive information from guiding the child's /youth's care. For example, seven (7) comprehensive medical exams and five (5) dental exams were not completed within the 60-day window from the date of entry into the

foster system derived from five (5) children /youth missing their scheduled appointments and two (2) children hospitalized during the first 60- days unable to obtain dental care.

It should be mentioned that a few CHAs were written and mailed before day 60 without all the visit note information even though the visit notes were available before day 70. This comprehensive assessment represents the key initial communication to the youth, caregiver, primary care provider, and Baltimore City Department of Social Service workers to minimize gaps in care while in the care of the Baltimore City foster system. Sending this initial comprehensive assessment without all the information erodes the effectiveness of the care coordination.

Early, Preventive Screening, Diagnosis, and Treatment (EPSDT)

In the review of the EPSDT clinical elements, 10 children/youth who had timely comprehensive medical exams and timely dental exams (or waived dental exams) were selected randomly from the 30 cases in the new entrant sample. The auditor calculated the compliance rate at 95%, which exceeds the State of Maryland's 80% compliance target. Overall, the provider notes were understandable, and the significant treatments/referrals were noted in the CHA if the note was available. Assessing for tuberculosis and heart disease risks by questionnaire continues to be completed inconsistently by the providers. Some providers will order blood tests to assess risk rather than completing the risk questions.

The auditor found one (1) pre-operative clearance exam note instead of the comprehensive medical exam which did not include many of the Maryland Healthy Kids elements required, such as a review of health risks by questionnaire or immunization status. Going forward, these types of exams should not be accepted as the comprehensive medical exam.

Timely, All Needs Met

The auditor also audited each of the 30 cases to determine if each child/youth had timely, all their health needs met, which only will occur if all preventive needs are met within the 60-day window from DOE and all referrals or other needs are addressed. Only 19 of the 30 new entrant children/youth (63%) had all three of the required exams/assessments completed within the 60-day window from DOE (dental based on age). MATCH determined that 60% of the children/youth entering the foster system received timely, all their needs met versus the auditor's determination that only 47% had all needs met.

The "timely, all needs were met" determination is manually calculated using the MATCH documentation in the eCW HRA (Health Risk Assessment template). The current template only has fields to document preventive needs met and other needs met.

When determining whether preventive care was met, the child/youth must have completed the comprehensive medical exam, the dental exam if over 1 year, and the mental health assessment within the first 60 days after entry into the foster care system. To assign credit, the auditor and IVA require that all three visit notes be available in CJAMS to count. MATCH determination on the HRA template counts only if the appointment has occurred and does not factor in whether the note is uploaded to CJAMS. This is the main cause of the variance in the compliance score variance. (Reference Appendix 3)

When determining if "other needs" are met, any other immediate care needs outside of these initial exams, such as ED visits or referrals must be addressed. The auditor does not assign credit if any of the three initial new entrant exam notes are unavailable in CJAMS, since the information regarding needed referrals is unavailable and so "other needs" cannot be considered as met. In contrast, the MATCH team does not base their determination on whether the exam notes are available in CJAMS, but instead rely on the HRA template questions of ED admissions or behavioral needs.

The criteria used by MATCH to determine if "timely, all needs were met" does differ from the auditor's criteria (IVA methodology). It was recommended during the last audit that this criteria variance be discussed further in a large team with MATCH leadership, the MATCH clinical team, BCDSS, and the IVA.

Continuing Care Children/Youth

Annual Healthcare Plan

All seventy (70) children/youth that were still active had an annual healthcare plan sent to the caregivers and stakeholders and youth if applicable but not all the care plan were based on actual visit notes reviewed.
The care plans are assessed for quality by using six (6) criteria derived from the MATCH practice guidelines and IVA input. The aggregate compliance score was found to be 62%.

This was derived from the 11 out of 70 overdue EPSDT/annual well appointments and 18 out of 70 overdue dental appointments. The majority of these overdue appointments were missed appointments or never scheduled. Half of the overdue medical and dental exams were for youth 18 years and older. Several of the youths were incarcerated and one youth was AWOL.

In reviewing for completeness of the care plans, compliance for four (4) of six (6) criteria require visit notes from all medical well exams/EPSDT, relevant specialist(s) exams, and dental exams to be available in CJAMS for review. Based on the IVA opinion that if the provider documentation is not available for review, then the care plan communication is not complete.

Future audits should take in consideration what constitutes a complete care plan communication in regards the child/youth who missed an appointment(s) thus producing no visit note to review. The MATCH clinical team communicating missing appointments and an actionable plan to address the gap in the care plan should be considered acceptable.

Early, Preventive Screening, Diagnosis, and Treatment (EPSDT

The auditor reviewed 20 of the 70 medical and dental visit notes for EPSDT compliance and calculated the compliance rate at 92% exceeding the State of Maryland's 80% compliance rate. This is a vast improvement from the previous audit at an 82% compliance rate.

Two significant findings continue to impact the EPSDT/annual well exam compliance score: (1) documentation of health risk by questionnaire screening for tuberculosis and cholesterol/heart disease on the visit notes, (2) Missing

dental treatment notes for the two dental exams required per year. Five (5) children/youth did not meet the bi-annual dental standard due to missing notes in CJAMS.

In similar findings with the new entrants, the auditor did find one (1) sport clearance exam note instead of the comprehensive medical exam, which did not address many of the Maryland Healthy Kids elements required, such as a review of health risks by questionnaire or immunization status. Going forward, these types of exams should request that the caregiver or youth themselves, request a full physical exam.

Timely, All Needs Met

The auditor also audited each of the 70 cases to determine if each child/youth had "timely, all their needs met" if all preventive needs (EPSDT/annual well exam and dental exams) per age schedule were completed and if all referrals or other needs were handled. The MATCH team determined that the children's or youths' needs were all being met timely 57% of the time vs the auditor's determination at 47%. Again, similar to the new entrants, there were several reasons for the variance. The first is due to missing EPSDT/Annual or dental exams that did occur, but the notes were not found in CJAMS. The auditor will not assign credit for the service if the note is not found in CJAMS vs the MATCH team that does not factor this into their answers in the Health Risk Assessment in eCW. The second occurs when an EPSDT/Annual exam note is missing then preventive needs are not met but also other needs are not met since the MATCH staff does not know if referrals were indicated. The third reason is when a provider refers the child/youth for specialist care and the care plan notes the referrals but the HRA in eCW does not reflect the referrals.

The current stratification process used by the IVA in preparing the audit sample ensures that each age group is represented proportionally to their percentage in the total pool of eligible cases. This approach continues to result in a high percentage of 18-year-old and older youths (22%) who are less dependent on caregivers and require consent for the release of medical information creating a challenge to effective care coordination and impacting some of the measures' compliancy.

The auditor also reviewed the CJAMS contact note section in more detail to understand if the MATCH team and the BCDSS team documented the health status of each child/youth. There were several findings worth mentioning and should be considered for further review. The first finding was that the MATCH documentation, of whether all medical/dental needs were met, did not always coincide with the BCDSS worker(s) documentation. For example, a BCDSS worker noted the dates of a medical and dental appointment for a three (3) year old child named LP stating care was up to date but the MATCH entry documented care was not up to date. Also, these appointment dates were not found in any other MATCH documentation eCW areas. The second finding relates to the BCDSS monthly visit documentation which was duplicative (cut and paste) of previous notes, resulting in inaccurate information on the health care status. This documentation pattern varied by BCDSS writer. The third finding was linked to the lack of contact visit notes or comments by both MATCH and BCDSS When perusing several case records, the auditor would discover no entries as to whether medical/dental needs were met. For example, the last entries would stop in the fall of 2023, but the child was still in the foster system. The last finding is related to the lack of reason why the child/youth was unable to make their health appointments or any difficulty scheduling.

Child Welfare (MATCH) Care Coordination Program

The Child Welfare Care Coordination MATCH team works diligently to ensure that the children/youth entering and remaining in the foster care program receive timely and appropriate care. The table outlines a few areas in which the auditor found the staff performing well and some opportunities that would help transform their coordination.

Care Coordination – Going Well	Care Coordination – Opportunities
Comprehensive Health Assessments (CHAs) and annual healthcare plans (AHPs) are consistently being sent to stakeholders promptly. Both care plans are being written according to guidelines, including as much information as possible and noting if any exams have not taken place or if the exam has taken place, or that notes are still pending.	Revise the format of both care plans to reflect more of a personal health record specifically to capture DME (Durable medical equipment) providers and expanded medication information- (reason of medication, prescribing provider and start date).
Medically complex children/youth are very well care coordinated as all the specialists' notes are consistently available in CJAMS and the care plans are very detailed in providers by system diagnosis in regards to current status, medications, and appointments.	MATCH clinical team should document all the referrals in the Health Risk assessment section in the Case Management hub in eCW.
Release of medical information consents for the 18 and older youth are consistently being obtained and uploaded into CJAMS which is closing the gap of not being able to retrieve notes.	Develop more consistent workflows to obtain provider notes remain consistent so that information can be incorporated to the care plans, thus providing more effective coordination of the child's/youth's health. It was suggested by MATCGH leadership that out of home placement staff should be required to forward all medical documentation as they receive it to the MATCH mailbox. This process improvement would have documentation more readily available.

Summary

The Child Welfare Care Coordination MATCH team continues consistent, timely comprehensive communication of each child's/youth's health status through the CHA or HCP to relevant stakeholders.
This team, though, continues to face two challenges: (1) children not receiving timely health or dental exams due to missed appointments or health care appointments that did not occur for unknown reasons and (2) obtaining the visit notes from the providers' offices, particularly the dental offices. Each challenge will require a different approach to lessen the number of children/youth not receiving medical/dental/mental health care timely.

As mentioned in the previous report, the MATCH and Baltimore City Department of Social Services teams to collaborate to close the gaps of delayed appointment scheduling or appointment missed and rescheduling.
It should be noted that the MATCH care coordination's successful compliance with the LJ Measures is often dependent on other parties to complete tasks timely, such as the Baltimore City Department of Social Service staff workers and/or caregivers getting the new entrants to first appointments within 60 days (about 2 months) or comprehensively, such as the health care providers assessment/documentation of all required EPSDT exam standards.

INTRODUCTION

Rationale

Through regulations, the State of Maryland Department of Human Services requires each local jurisdiction in the state to provide specific health care to children in foster care/Out-of-home (OHP) placement. The 2009 L.J. v. Lopez (previously Massigna) MCD (modified consent decree), requires that the Baltimore City Department of Social Services (BCDSS) meet certain health care measures such as timely medical exams. BCDSS has contracted with Healthcare Access Maryland (HCAM)/ MATCH program to facilitate timely and quality care based on the health area measures. This audit is conducted under BCDSS' contract with HCAM/MATCH on a semi-annual cycle that allows the LJ v. Lopez Independent Verification Agent (IVA) to confirm that the quality of care of the children in OHP is meeting MCD compliance guidelines.

Audit Objectives

This semi-annual retrospective audit reviewed 100 open cases that were open during January 1, 2024 through June 30, 2024.

The objective of this audit was to:

1. Determine the level of qualitative compliance with measures 79 (comprehensive health assessment (CHA), 88(a) (all health needs met), and 94 (annual health plans) as they pertain to either the new entrant or continuing care children.
2. Assess the subset number of new entrant and continuing care cases to ensure the technical requirements for the EPSDT and dental exams were met as they pertain to measures 82 (comprehensive health examinations) and 83 (annual EPSDT and dental exams),
3. Evaluate the MATCH team documentation in eCW and CJAMS vs the CHA (aka. comprehensive health assessment) and the health care plans, for accuracy, completeness, continuity, and clarity.

The requirements for compliance evaluation with each measure are attached in Appendix 1.

METHODOLOGY AND SAMPLE

Sampling Method

The IVA identified the sample of cases for both new entrants in OHP and children/youth in continuing care in OHP using pools of eligible cases from the relevant MATCH reports for January 2024-June 2024. The sample consists of 30 cases for the new entrant children and 70 cases for the children in continuing care. To assess the quality of the well-child/EPSDT examinations and the dental examinations (Measures 82 and 83), the IVA ensured that 10 of the new entrant cases and 20 of the continuing care cases had examinations that fell within the required timeframe for analysis. See Appendix 2 for methodology.

For the continuing care sample, the cases were selected proportionally to the age of the children ((0-5, 6-13, 14-17, and 18-20) and the following MATCH-designated physical and mental health categories:

- Healthy Children ages 0-5 - nurse and care coordinators; case reviews every six months
- Healthy Children ages 6-17 – care coordinators; case reviews once a year
- Healthy Transitioning Youth ages 18-20 – care coordinators; case reviews once a year
- Children and Youth with Moderate and High Behavioral Risk – social work staff; case reviews every six months
- Pregnant and Parenting Youth – care coordinators; case reviews every three months
- Medically Fragile Children and Youth – nurses; case reviews every three months

For further information regarding the sampling process, see the IVA's memo attached as Appendix 2.

Scoring

The scoring answers were "yes", "no", or "n/a" to any criteria or questions. One exception is when the independent auditor evaluated the MATCH team's response in eCW, "agreed" or "disagreed" was used.

New Entrant Children

1. Measure 79 Comprehensive Health Assessment

- Definition entering OHP has completed a comprehensive health assessment and mailed within 70 days (about 2 and a half months) of placement.

Qualitative Questions N=30	Does the CHA contain all elements required in the MATCH Guidelines and in the format required by the CHA Outline?	Were necessary medical records and other information obtained for a completed CHA assessment?	Were the results of examinations and recommendations translated accurately and understandably?	Does the CHA address all current problems, and Does the CHA address all current problems and recommendations by examining and from each provider? Professionals?	Does the CHA address all unmet health needs?	Are recommendations sufficient and clear enough to guide the development of the health care plan and to guide the caseworker and caregiver in providing care for the child?
Criteria	The answer is Yes if all the IHE, CME, DE, MHE, Ed hx, and plan were included in the body of the CHA with a summary of each exam and that each document was uploaded into CJAMS)	The answer is Yes if the CHA writer had IHE, CE, DE ME, and education documentation uploaded into CJAMS and a summary of each included in CHA.	The answer is Yes if the first documents are uploaded and reviewed in CJAMS and then accurately summarized.	The answer is Yes if all documents are uploaded and reviewed in CJAMS and then all recommendations and referrals from each provider.	The answer is Yes if CHA documents any special reasons - missed appts, runaway, etc.- and notes the need to reschedule or discrepancies found in exams, such as immunization conflicts	The answer is Yes if all documents are uploaded and reviewed in CJAMS, then captured all recommendations and referrals from each provider and then summarized clearly for readers)
Yes/N/A	**30**	**15**	**13**	**13**	**13**	**11**
No	**0**	**15**	**17**	**17**	**17**	**19**
Score	**100%**	**50%**	**43%**	**43%**	**43%**	**37%**
Averaged Score	**53%**					

*Acronyms- IHE- Initial Health Examination, CME-Comprehensive Medical Examination, DE- Dental Exam, MHE- Mental Health Exam, ED HX- Education history

- Quantitatively
  - Measured through CJAMS report

- Qualitatively
  - Overall, after assessing each case, the aggregate performance score was 53% based on the average of each of the six (6) criteria in the table above. A few criteria referenced in 2021/2022 MATCH

practice guidelines are referenced in the table above, but the official criteria used in this table were provided by the IVA team.

- The CHA's reviewed have been consistent to the MATCH format guidelines and was met at 100%. Still, the subsequent criteria (left to right) would not be met if any or all the comprehensive medical, dental, or mental health assessments were beyond 60 days (about 2 months), or the notes were not uploaded to CJAMS.

  For example, if exam appointments were missed or delayed scheduling, resulting in no exam notes, the subsequent criteria would not be met. This quality compliance methodology does not reflect any MATCH action(s)to close any gaps.

- 100% (30 of the 30) CHAs were written and mailed by day 70 meeting the target, but only 50% (15 of 30) of the CHAs written reflected information from all three exams (the comprehensive medical exam, dental exam, if age-appropriate, and mental health assessment) that occurred within 60 days after entry.

- The remaining 50% (15/30) CHAs reviewed documented that an exam was still pending and/or exam was completed but visit note documentation had not yet been received.

  - 77% (23 of 30) of individuals received a comprehensive medical exam by day 60. The seven (7) individuals who had not completed a comprehensive exam by day 60 were a result of missing their initial appointment or last in scheduling an appointment date within the 60-day window.
  - 78% (18 of 23) of eligible individuals received a dental exam by day 60. Of the five (5) individuals who did not receive a dental exam timely, two (2) were hospitalized during the first 60 days and had no access to dental care, and the remaining (3) were late in scheduling an appointment within the 60-day window.
  - 100% (30/30) of children/youth had completed their mental health assessment by day 60 post-entry.

- After reviewing the CJAMS Contact section monthly BCDSS notes and MATCH notes, minimal documentation was found regarding missed appointments or lateness in scheduling. It would be important to understand the root cause of the delays, whether caregiver or provider unavailability related. (Recommendation 3)

2. Measure 82- Comprehensive medical, dental, and mental health exams

- Definition: Children entering OHP from Jan 1, 2024-June 30, 2024 receive timely comprehensive medical, dental, and behavioral examinations. (Reference Appendix 4)

EPSDT N=10	Health and Dev Hx	Physical Exam	Risk Assessment by Questionnaire	Risk Assessment by Lab Testing	Immunizations	Anticipatory Guidance	Dental	Overall Average Score
Yes (Avg'd Numerator)	5	7.7	4.6	1.2	7.5	7.8	6	
No (Averaged)	.1	.6	.8	0	.5	.8	.5	
EPSDT element not applicable due to child's/ youth's age (Avg'd Numerator)	4.9	1.8	4.6	8.8	2	1.5	3.5	
Score	99%	94%	92%	100%	95%	93%	95%	**95%**
Target	80%	80%	80%	80%	80%	80%	80%	**80%**
Met/Not met	Met	Met	Met	Met	Met	Met	Met	**Met**

- Quantitatively
  - Measured through CJAMS

- Qualitatively
  - The overall performance score for the ten (10) EPSDT case reviews was 95%, which exceeded the State of Maryland's 80% compliance target.

  - The chart above illustrates the compliance performance based on the standards outlined in the Maryland Healthy Kids ESPDT schedule. Early Periodic, Screening, Diagnosis, and Treatment). It should be noted that compliance with following the EPSDT schedule and assuring that he/she addresses these components is the healthcare provider(s) responsibility.

  - The (EPSDT) schedule includes numerous components that should be addressed based on a child's age, which means each child is unique to the components that should be screened. The audit is performed by first noting the child/youth's age and identifying which of the various scheduled components are due based on the EPSDT schedule. From there, the assessment is made if the services were addressed or not. The MATCH team is to collaborate with the providers to close any care gaps not addressed at the medical or dental visit.

  - The review of these cases revealed similar findings from previous audits. There was no trending issues found but instead a few cases of single issues.

- Risk assessment by questionnaire is an area not completely addressed by medical providers as per the Maryland Healthy Kids schedule. Heart disease/cholesterol screening via questionnaire is not always addressed. Two (2) of the ten (10) children/youth were missing provider risk assessment documentation in the visit note.
- For one (1) case, a pre-operative exam to be cleared for dental surgery was used as the comprehensive medical exam due to the timing of DOE, but the pre-op clearance exam does not address all the EPSDT components required. (Recommendation 6)
- In another case, a one (1) year old who was seen by the dentist, but the treatment note did not document whether fluoride prophylaxis was applied.
- In yet another case, the provider did not document that he addressed the immunization status.

- Dental exams were all completed timely, and fluoride was applied for ages up to five years, except for one case. The treatment notes did include the services performed and any future treatment if necessary.

3. Measure 88 – Timely, All Needs Met

- Definition- Children in OHP received timely, all-needed health care services.

Auditor Review N=30	Were all preventive needs met?	Were all "other" needs met?	Were "all" needs met in a timely manner? All needs + all other needs must be yes for all needs to be timely met to be yes.
Auditor review of cases	57% (17)	47% 14)	50% (15)
MATCH review of cases in eCW	57% (17)	93% (26)	60% (18)**
Percent Auditor agreed to MATCH	87% (26)	53% (16)	77% (23)

** Manually calculated since there is no field in eCW-HRA

Reasons for All Needs Not Being Met Timely

Reason N=30	**#**	**%**
No issues	19	63%
Delay in receiving services or not scheduled	6	20%
Missed appointments/not rescheduled timely	5	17%
Total	**30**	**100%**

- Quantitatively
  - Measured through CJAMS

- Qualitatively
  - Overall, the auditor determined that all needs were met 50% of the time vs. determining needs were met at 60%.

  - The methodology used by the MATCH team vs the auditor in determining if "timely, all needs met" creates the discrepancy in the compliance scores.

  - To determine if "timely, all needs were met", the auditor manually calculated this answer for the MATCH team since the eCW HRA does not include this field. Preventive needs and other needs are separated into two columns, so both columns must be "yes" for the All needs timely met to be "yes."

    - To determine preventive care was met, the child/youth must have completed the comprehensive medical exam, the dental exam if over 1 year, and the mental health assessment within the first 60 days after entry into the foster system. In addition, all three visit notes must be available in CJAMS to count as care received for the auditor to assign credit.

- To determine if "other needs" are met, any other immediate care needs outside of these initial exams, such as ED visits or referrals must be addressed. If any of the three initial new entrant exam notes are not found in CJAMS, the auditor cannot determine if any referrals were needed, so "other needs" cannot be considered as met. In contrast, the MATCH team determines if other needs are met if there is a plan in place to address any gaps such as missed appointments in their care plan. BCDSS, should work with MATCH leadership to resolve the two different approaches in determining if other needs are met or not. (Recommendation 7)

- The auditor's review of the 30 children/youth cases found only 15 (50%) had met their preventive needs. The main reason was due to one or more of the initial required exams that did not occur until after day 60 from DOE. This was not a trend in the last audit. A review of the contact notes did not reveal the reasons for the delays. (Recommendation 1)

- The MATCH staff documented similarly in the eCW Health Risk Assessment (HRA) that only 17 out of 30 children/youth had their preventive needs met by day 60. The other children/youth, who the auditor determined that their preventive needs were met, was a timing issue for when the MATCH team updated the HRA.

- The auditor and MATCH team did vary in assessing whether all other needs were met. The MATCH staff documented that 29 of the 30 children had their other needs met vs the auditor at 23 children/youth due to missing referral documentation in the HRA.

- The reasons found by the auditor for all needs not being timely met were as follows:
  - Care delayed due to late appointment scheduling -47%
  - Missed appointments and rescheduled and completed by day 60 -7%
  - Insufficient documentation one dental note not uploaded to CJAMS -3%

  The auditor is unsure of why many appointments are not occurring within the 60-day window. There is scant documentation that reflects any provider's schedule unavailability for the next available appointment or if the care giver is not timely in getting the appointment made or is unclear of the timeframe. (Recommendation 4)

Continuing Care Children

4. Measure 94- Health care plans

- Definition- Children in OHP have a health care plan updated and distributed to the children's caregivers at least annually.

Qualitative Questions N=70	Does the Health care plan contain all the elements required in the MATCH Guidelines?	Do the records reflect that the MATCH staff member took the steps required for the review according to the MATCH Guidelines?	Does the Health care plan provide continuity from the prior Health Plan?	Does the Health care plan address all current problems and recommendations by evaluating/treating professionals?	Does the Health Plan address all unmet health needs and contain plans to address those needs promptly?	Are the Health Plan recommendations sufficient and clear enough to guide caseworker/caregiver /older youth in providing care?
Yes/N/a	70	70	32	30	30	28
No	0	0	38	40	40	42
Score	100%	100%	46%	43%	43%	40%
Averaged Score	**60%**					

- Quantitatively
  - Measured through CJAMS

- Qualitatively
  - The Annual Health Care Plans were reviewed for these individuals to assess for continuity, but the mid-year care plans were also reviewed for content.
  - Overall, after assessing each case, the performance score was 68% based on the average of each of the six (6) criteria in the table above. A few criteria referenced in 2021/2022 MATCH practice guidelines are referenced in the table above, but the official list of criteria referenced in the table was provided by the IVA team. This score has improved since the last audit, as the format of the AHP and the documentation by the MATCH staff.
  - The MATCH medical clinical managers and care coordinators and were consistent in following the MATCH format guidelines.
  - They were also consistent in documenting when appointments were completed and if visit note documentation had not been received, and efforts had been taken to obtain these notes or if the appointment was missed, the need to reschedule immediately.
  - Still, the subsequent criteria (left to right) would not be met if any or all the comprehensive medical, dental, or mental health assessments were beyond 60 days (about 2 months), or the notes were not

uploaded to CJAMS. This quality compliance methodology does not reflect the MATCH team care action(s)to close any gaps. (Recommendation 1)

For example, if exam appointments were missed or delayed scheduling, resulting in no exam notes, the subsequent criteria would not be met.

- 77% (54 of the 70) annual health care plans written referenced that the children/youth received timely EPSDT/well exam visit notes. Sixteen (16 of the 70) did not receive timely care or received care but the visit notes were not available in CJAMS.
    - Eleven (11/70) (16%) of the children/youth did not have scheduled or missed appointment and did not receive the service.
    - Five (5/70) 7%) of the children/youth did receive a completed EPSDT or well exam as per BCDSS documentation in the contact note section, care plan notation, and/or the eCW HRA and resource scheduler, but the visit note was not found in CJAMS.
- 50% (35 of the 70) annual health care plans written referenced that the children/youth received timely bi-annual dental exams, if beyond year 1. Thirty-five (35) either did not receive timely care or received care, but the visit notes were unavailable in CJAMS.
    - Eighteen (18/70) (25%) of the children/youth did not have scheduled appointments and thus did not receive the service. Seven (7) were 18 years old or older.
    - Seventeen (17/70) of the children/youth did receive a recently completed dental exam but visit treatment notes were not found in CJAMS.
- When reviewing the health care plans, the auditor found overdue care noted. Provider-directed care and referrals were captured consistently in the updated plan. Dates or timing of future care was also noted in the plans.
- There were a few annual health care plans that would state either or both well care or dental was overdue when visit notes of care were found in CJAMS. This is a timing issue of when the care plan is written vs. the audit timeframe. For instance, this audit timeframe reviewed care received from January 1, 2024 through June 30, 2024 but the annual care plans were written before this period and the subsequent care plan was written after this period.

- Special program categories:
    - Medically complex- of the seven (7) children/youth in this category, all but one received all required care. This one (1) youth was overdue for a well exam but did complete a dental. Unfortunately, since consent was not obtained, the dental note was unretrievable.
      Care plan documentation and consistently of retrieving all specialists' notes to upload into CJAMS was exceptional.

    - Behavioral, moderate, and high-risk
        - There were 26 children/youth that fell into this category, ten (10) ere overdue for well exams and/or dental exams. Four (4) of the children were 18 years or older.
        - Five (5) of the 26 children, had documented dental exams, but the visit notes were not found in CJAMS.

- One (1) youth categorized as high-risk behavioral had a 12/2022 AHP but the next one was not until 7/2024 which is 18 months in time.
- There were two cases where the care plan either did not match the list of medications or did not list any medications when compared to the providers' notes.
- Behavioral therapy notes and psychiatry consultations were found in CJAMS.

- Pregnant and Parenting
  - There were two (2) post-partum/ parenting cases to review.
    - For one youth, BCDSS mentions that the new mom did attend the Teen Mom Challenge program, but MATCH does not mention this attendance in the AHP. (Recommendation 3)
    - For the other youth, neither MATCH nor BCDSS mentions attending parenting classes.

5. Measure 83- Timely EPSDT medical and dental exams

- Definition- Children in OHP from January 1, 2024 to June 30, 2024 receive timely periodic EPSDT examinations and all other appropriate health assessments and examinations, including examinations and care targeted for adolescents and teen parents. (Reference Appendix 4)

N=20	Health and Dev Hx	Physical Exam	Risk Assessment by Questionnaire	Risk Assessment by Lab Testing	Immunizations	Anticipatory Guidance and Health Ed	Dental	Overall Score
Yes (numerator) (Averaged)	9.9	15	9.6	1.0	16	16.8	11	
No (Averaged)	1.0	2.3	2.8	0	1.5	1.8	4	
EPSDT element not eligible for child/youth based on age (Numerator)	9.1	2.7	7.6	19.0	2.5	1.5	5	
Score	95%	88%	86%	100%	93%	91%	88%	**92%**
Target	80%	80%	80%	80%	80%	80%	80%	**80%**
Met/Not met	**Met**	**Met**	**Met**	**Met**	**Met**	**Met**	**Met**	**Met**

- Quantitatively-
  - Measured through CJAMS

- Qualitatively-
  - The overall performance score for the 20 EPSDT case reviews was 92%, which exceeded the State of Maryland's 80% compliance target.

  - The chart above illustrates the compliance performance based on the standards outlined in the Maryland Healthy Kids ESPDT schedule. Early Periodic, Screening, Diagnosis, and Treatment). It should be noted that compliance with following the EPSDT schedule and assuring that he/she addresses these components is the healthcare provider(s) responsibility.

  - The (EPSDT) schedule includes numerous components that should be addressed based on a child's age, which means each child is unique to the components that should be screened. The audit is performed by first noting the child/youth's age and identifying which of the various scheduled components are due based on the EPSDT schedule. From there, the assessment is made if the services were addressed or not. The MATCH team is to collaborate with the providers to close any care gaps not addressed at the medical or dental visit.

- The review of these cases revealed similar findings from previous audits. No significant trending issues were found, just a few cases of single issues as mentioned in the new entrants' reviews.

  - Risk assessment by questionnaire continues to be the lower-scoring section for each audit. Risk for tuberculosis and heart disease/cholesterol is not always at each visit and seems to be provider practice style specific.

  - For one (1) case, the youth was seen for a sports physical that was used also as the annual physical which did not address all EPSDT schedule components for the age. For example, the youth's immunization status, anticipatory guidance, risk screening, and depression/substance abuse screening were not addressed during the visit. (Recommendation 6)

  - For one other case, the youth was seen but the note was not found in CJAMS. The MATCH team was unable to retrieve the visit note from the provider's office since the youth aged out of the foster system.

6. Measure 88 – Timely, All Needs Met

- Definition- Children in OHP received timely all needed health care services.

Auditor Review N=70	Were all preventive needs met?	Were all "other" needs met?	Were "all" needs in a timely met? All needs + all other needs must be yes for all needs to be timely met to be yes.
Auditor review of cases	47% (33)	47% (32)	46% (32)
MATCH review of cases in eCW	57% (40)	94% (66)	56% (39) **
Percent Auditor agreed to MATCH	77% (54)	49% (33)	73% (51)

****Manually calculated since eCW -HRA does not include this field.**

Reasons for All Needs Not Being Met Timely

Reason N=70	#	%
No issues	34	49%
Insufficient documentation/or unclear if care received	18	26%
Delay in receiving services or not scheduled	12	17%
Incarcerated or AWOL	4	6%
Missed appts/not scheduled timely	2	3%
Total		

- Quantitatively -
  - Measured through CJAMS

- Qualitatively -
  - Overall, the auditor determined that 32 of the 70 children/youth (46%) had all their needs met timely vs. MATCH determination that 39 of the 70 children/youth (56%) had their needs met timely. In determining whether each child/youth had all their needs met timely, both the preventive needs and the other needs must have been met based on the IVA methodology. This is a manual calculation for both the auditors and MATCH. This variance exists because the auditor determines if "timely all needs were met" only if visit notes were uploaded to CJAMS compared to the MATCH team bases their determination if the appointment being verified, not that the visit note is in CJAMS. (Recommendation

  - To determine if "Timely, All Needs Were Met", the auditor manually calculated this answer for the MATCH team since the eCW HRA does not include this field The evaluation of preventive needs and other needs are separated into two columns, thus both columns must be "yes" for the All needs timely met to be "yes."

    - To determine preventive care was met, the child/youth must have received their EPSDT exam / annual physical within the Maryland Health Kids schedule and their bi-annual dental exam. In addition, all exam notes must be available for review in CJAMS.

- To determine if "other needs" are met, any other immediate care needs outside of these initial exams, such as ED visits or referrals must be addressed. If any of well exam or dental exam notes are not available in CJAMS, the auditor cannot determine if any referrals were needed, and so "other needs" cannot be considered as met. In contrast, the MATCH team does not base their determination on whether the exam notes are available in CJAMS, but instead rely on the HRA template questions of ED admissions or behavioral needs.

- The contact note section in CJAMS when documenting whether "timely, all needs are met", did not always match the entries made by the MATCH staff in the HRA and/or the annual health care plan. (Recommendation 3)

- When reviewing the cases to determine if each child/youth had their preventive needs met, the auditor found only 33 children/youth out of the 70 (47%) who either had their medical EPSDT/well exams and/or dental exams completed. The remaining 37 out of 70, either had their exams but the notes were not found in CJAMS or they missed appointments or never scheduled the appointments. The majority of missing notes were dental and were not sent over from the dental offices after multiple requests. Only eight (8) of the 37 were 18 and older youths.

- The reasons found by the auditor for all needs not being timely met were as follows:
  - Insufficient documentation – not able to find visit note documentation in CJAMS (28%)
  - Care delayed in getting scheduled or not scheduled (17%)
  - Incarcerated or AWOL (6%)
  - Missed appointments – 3%

RECOMMENDATIONS

Below are the additional recommendations for consideration to address the significant findings in the report.

1. Collaborate with BCDSS and IVA team to revise the care plan review criteria that will better reflect the care coordination quality.
    - Current criterion does not adequately measure the coordination of care based on missing documents from missing appointments.
    - The auditor and MATCH team must use the same criteria to evaluate whether all services are met.
2. Since CJAMS has been deemed the official depository of all relevant medically related documents/notes for each child/youth while in care. According to the MATCH management team, the administration team is retrieving all medical documentation from the MATCH mailbox and uploading into CJAMS. The auditor has recommended a dedicated team to handle all medical records, but will monitor the staffing workflow change in upcoming audits.
3. MATCH and BCDSS leadership should review other approaches to writing CJAMS contact notes per each situation:
    - Many BCDSS notes were found duplicated and updated with only new information leaving the current medical status of the child unchanged (not noting unchanged)
    - Contact notes should reflect more information regarding missing or delayed appointments for medical, dental or behavioral exams. This information is usually not found in the comments.
    - MATCH and BCDSS notes regarding medical or dental exam status do not always concur. The communication appears fragmented between the parties.
4. Investigate is the reasons for delays in scheduling appointments that occur beyond the 60-day target for new entrants or well exam schedule for children/youth in continuing care to understand the barriers. Collect this data for further analysis Some providers' next available appointments can be out several weeks. Also, if an appointment is missed or canceled, rescheduling another appointment may push out the next available appointment farther than needed.
5. Schedule meetings with MATCH clinical staff and auditor so the team can become more familiar with the expectations in the semi-annual audits. Discuss the variance in audit guidelines specifically in determining if “timely, all needs were met”.
6. Pre-operative and sports physical clearance examinations do not usually focus on addressing all the Maryland Healthy Kids/EPSDT standards based on age. Therefore, the MATCH and BCDSS teams should make sure the child/youth is scheduled for a regular EPSDT/annual well exam based on LJ Measure timeframes.
7. BCDSS leadership should work with MATCH leadership to review the two different methodologies used by the MATCH team vs. the auditor as directed by the IVA in determining if other needs are met or not for each child/youth.

APPENDIX 1

LJ AUDIT MEASURES DETAILED DEFINITIONS

New Entrant Children

Measure 79 Comprehensive Health Assessment

- Definition entering OHP have completed a comprehensive health assessment and mailed within 70 days of placement.
- Quality Assessment-
    - Does the CHA contain all of the elements required in the MATCH Guidelines and in the format required by the CHA Outline?
    - Were necessary medical records and other information obtained for a complete CHA assessment?
    - Were the results of examinations and recommendations translated accurately and understandably?
    - Does the CHA address all current problems and recommendations by treating professionals?
    - Does the CHA address all unmet health needs? Are there any health issues overlooked?
    - Were recommendations sufficient and clear enough to guide the development of the health care plan and to guide the primary care physician, caseworker, and caregiver in providing care for the child?
- Reference-
    - MATCH Guidelines (April 2021), the CHA should integrate, in a holistic manner, details regarding the child's physical, dental, emotional, educational, and developmental status and needs.
    - Per the Modified Consent Decree AKA MCD, the "Comprehensive Health Assessment" is a single document that synthesizes the comprehensive examinations – "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)."

Measure 82- Timely comprehensive dental and mental health exams.

- Definition: Children entering OHP during the audit review period, receive timely comprehensive medical, dental, and behavioral examinations.
- Quality assessment:
    - Did the EPSDT/Well exams/physicals meet all the requirements of the EPSDT guidelines for the child's age"?
    - Did the dental exam(s) result in a treatment plan indicating what was done in the examination, any problems discovered, and, for any problems, what the plan was for remediation?
- Reference- MCD "EPSDT examinations" are periodic medical, dental, and developmental examinations per the EPSDT protocols.
    - Age 0-5 years: Preventive health assessments and exams completed are defined, child exams completed according to the EPSDT periodicity schedule, and a dental exam completed if age appropriate. Well-child exams should include age-appropriate immunizations and developmental screening. Documentation to support that the required well-child exams and dental exams have been completed according to the EPSDT preventive health needs schedule should be in the medical chart.

- Age 6-17 years: Preventive health assessments and exams are defined as a well-child exam completed within the past year and two dental exams completed within the past year.
- Age 18+ years: Preventive health assessments and exams completed are defined as the young adult reports receiving an annual physical exam, can identify their primary care and dental provider, and receives two (2) dental exams in the past year.

Continuing Care Children

Measure 94- Health Care Plan

- Definition- Children in OHP have a health care plan updated and distributed to the children's caregivers at least annually.
- Quality Assessment-
  - Did the records reflect that the MATCH staff member took the steps required for the review according to the MATCH Guidelines?
  - Did the Health Plan contain all the elements required in the MATCH Guidelines.
  - Did the Health Plan provide continuity from the prior Health Plan? If you read the health plans in order, could you follow the child's health history from the time of entry in OHP?
  - Did the Health Plan address all current problems and recommendations by treating professionals?
  - Did the Health Plan address all unmet health needs/issues and contain plans to promptly address those needs/issues?
  - Were the Health Plan recommendations sufficient and clear enough to guide the caseworker and caregiver in providing care for the child? What about older youth receiving a copy of the Health Plan?
- Reference- MCD, 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.

Measure 83- Timely EPSDT and dental exams

- Definition- Children in OHP receive timely periodic EPSDT examinations and all other appropriate health assessments and examinations, including examinations and care targeted for adolescents and teen parents.
- Quality Assessment-
  - Did the EPSDT/Annual exams meet all the requirements of the EPSDT guidelines for the child's age?
  - Did the dental exam(s) result in a treatment plan indicating what was done in the examination, any problems discovered, and, for any problems, what the plan was for remediation?
- Reference- MCD "EPSDT examinations" are periodic medical, dental, and developmental examinations per the EPSDT protocols.
  - Age 0-5 years: Preventive health assessments and exams completed are defined, child exams completed according to the EPSDT periodicity schedule, and a dental exam completed if age appropriate. Well-child exams should include age-appropriate immunizations and developmental screening. Documentation to support that the required well-child exams and dental exams have been completed according to the EPSDT preventive health needs schedule should be in the medical chart.
  - Age 6-17 years: Preventive health assessments and exams are defined as a 'well child' exam completed within the past year and two dental exams completed within the past year.

- Age 18+ years: Preventive health assessments and exams completed are defined as the young adult reports receiving an annual physical exam, can identify their primary care and dental provider, and receives two (2) dental exams in the past year.

New Entrants and Continuing Care Children

Combined Measure 88 a-All Needed Health Services Timely

- Definition- Children in OHP received timely all needed health care services.
- Quality Assessment-
  - Review the MATCH worker's "All Health Needs Met" assessment in eCW dated during the review timeframe. Does it accurately reflect the documentation?
  - Do the CJAMS and eCW records reflect that the MATCH staff member took the steps required for review according to the MATCH Guidelines, which require that *the MCM/CC will contact the caregiver, any placement agency, BCDSS OHP worker, medical providers, dental providers, and mental health providers to obtain information about health care access since the prior review and current and future health care needs.*
  - During the relevant period, were there any health needs/issues, including mental health, developmental or behavioral issues?
  - For any health needs/issues, was there a prompt, appropriate response by BCDSS and MATCH? For example:
    - If a referral was made directly by a doctor's office, was the appointment scheduled and attended, and were any recommendations followed? If no appointment was scheduled or attended, is there documentation of why? If so, was it not scheduled or canceled based on professional advice?
    - If medication was prescribed, was the prescription filled promptly? If not, was the reason out of the control of BCDSS/caregiver, e.g., medication not available? Was prompt follow-up made to the doctor's office if unable to be filled? Was contact with the prescribing physician if any adverse side effects were reported?
    - If the problem could not be resolved during the applicable timeframe, are plans to address the problem timely documented in the Health Plan?
    - Were concerns with the child's behavior or other indicators of a possible problem followed up by scheduling appropriate screening, assessment, testing, or treatment?

- Reference- In the MATCH Guidelines, the definitions of "All health needs to be met" are:
  - The child is current on all well-child exams, dental exams, mental health assessments, or any other clinically necessary exams or assessments. No unmet health needs have been identified.
  - To determine if a child's health is not at risk, the healthcare provider establishes a clinical plan to address any unmet physical or mental health identified, including from the caseworker, caregiver, or the child, within a clinically appropriate time. The appropriate licensed clinical staff must create or approve any clinical plans. In addition, health needs for the following case categories must show documentation of the following:

- Pregnant youth: health needs being met are further defined as the youth receiving appropriate Obstetric care and being referred for prenatal home visiting.
- Parenting youth: health needs being met is further defined as the youth being educated in or attending classes to understand their child's developmental needs and appropriate health care services.
- Moderate and High-Risk behavioral health youth: health needs are defined as the youth having a current (within six months) psychosocial/mental health assessment or updated treatment plan and receiving the recommended therapeutic services. A psychiatric case review has been completed.
- Medically complex children/youth: health needs are further defined as the youth's current appropriate nursing care plan, home health care plan, and medication and therapy orders.

- Reasons why a child or youth may be determined as not having their health needs met timely:
  - Insufficient Documentation: Insufficient documentation verifies whether health services are being accessed and treatment needs are being met.
  - Refusing Services: The child or youth refused to use or participate in recommended health services, or there has been a delay in scheduling necessary appointments on time.
  - Missed Appointments: The child/youth has missed appointments not rescheduled within a clinically appropriate time for that child/youth.
  - Youths over 18 years old and older are unwilling to consent to share health information or are non-compliant with care.
  - Youths over 18 years old are awol/runaways and missing appointments. (added)
  - Youths over 18 comply with care, but no consent is on file. (added)
  - Service Unavailable: Recommended health services are unavailable.

APPENDIX 2

L.J. IVA MEMO ON SAMPLING PROCESS

Health Assessment for January – June 2024 (72nd L.J. Report)

BCDSS and the L.J. Independent Verification Agent (IVA) identified the sample of cases for both new entrants in OHP and children/youth in continuing care in OHP using pools of eligible cases from the relevant MATCH reports for January – June 2024. The sample cases were selected by randomizing using the Excel randomizer.

New Entrant Cases

BCDSS and the IVA created a sample that consisted of 30 cases randomly selected from a pool of 196 cases that remained open for at least 70 days after removal and whose 70th day occurred during the reporting period of January 1– June 30, 2024. All 30 children/youth's cases were reviewed for Measure 79, Comprehensive Health Assessment, and Measure 88a, If All Health Needs Were Met Timely. 10 of those 30 cases in which the children received the comprehensive medical and dental (unless under one year of age) exam were reviewed in detail to determine adequate compliance with the EPSDT/Well exam/physical exam and dental technical requirements (Measure 82). No other criterion was used to create the sample.

Continuing Care Cases

BCDSS and the IVA also created a sample of 70 cases randomly selected from a pool of 793 cases open for at least one year and 70 days after removal between January 1– June 30, 2024. To create a sample that was representative of the pool, the pool was stratified by age (0-5, 6-13, 14-17, and 18-20) and MATCH-designated physical and mental health categories: Healthy Children ages 0-5; Healthy Children ages 6-17; Healthy Transitioning Youth ages 18-20; Children and Youth with Moderate and High Behavioral Risk; Pregnant and Parenting Youth; and Medically Fragile Children and Youth.

The percentages of the pool by children in the four age categories were: 0-5 (26%); 6-13 (28%); 14-17 (22%) and 18-20 (24%). Within each age category, sub-pools were created for the MATCH-designated program categories that applied to that age group. In order to have cases representative of each available program category at each age level included in the final sample, the final percentage of cases in the 14–17-year-old category was increased to 24%, and the final percentage of cases in the 18-20-year-old category was reduced to 22%.

The final sample of 70 cases broke down as follows:

Age Groups	Total Children	Healthy	Medically Fragile	Medium or High Behavioral Risk	Pregnant or Parenting
0-5	18	15	3	0	0
6-13	20	12	2	6	0
14-17	17	4	1	11	1
18-20	15	4	1	9	1
Total Sample	70	35	7	26	2

All 70 children/youth cases were reviewed for Measure 94 - the annual or interim health care plan and Measure 88a- whether All Health Needs Were Met. A randomly selected group of 20 of those cases that had an

annual exam between January 1– June 30, 2024, and at least one dental exam between July 1, 2023 - June 30, 2024, was selected for the detailed review to determine adequate compliance with the EPSDT/well exam/physical exam and dental technical requirements. (Measure 83). No other criterion was used to create the sample.

APPENDIX 3

BALTIMORE CITY EPSDT ASSESSMENT PROCESS

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is a federal requirement that mandates that States cover certain benefits for Medicaid recipients from birth through 20 years of age that are not necessarily covered for individuals 21 years of age and older. In the state of Maryland, the EPSDST program, known as Healthy Kids, allows for early detection and treatment of health problems before they become chronic and costly. The Maryland Healthy Kids Preventive Health Schedule adheres to standards established by state and federal regulations and defines how often the child/youth should have a preventive care visit or screening. (Healthy/Maryland.gov)

The Baltimore City EPSDT audit process for the foster care program follows a similar methodology to the State of Maryland process auditing the nine managed care organizations. The audit assesses whether the child/youth is receiving all directed EPSDT services by primary care providers based on their age.

The Maryland Healthy Preventive Kids schedule consists of multiple components each with several sub-components:

- Health history and development
- Physical exam
- Risk assessments by questionnaire
- Risk assessments by lab testing
- Immunizations
- Health education
- Oral health with fluoride varnish

During the Baltimore City audit, the Independent Verification Agents provided the auditor with a list of randomly selected children/youth in two categories; newly entered into the foster care program and continuing in the foster care program.

The independent auditor reviews all pertinent exam notes in CJAMS from preventive care visits, medical specialists, behavioral health, and dental for comparison to the EPSDT subcomponents based on age.

If the exam notes document that the component was addressed, then the scoring is “yes”. If the subcomponent was not addressed by lacking documentation, then the score is “no”. If the subcomponent is not applicable based on age, then the score is “n/a”.

A compliance score is calculated for each component section by the following steps:

1- Summing down all ‘yes’ and “n/a” answers for each sub-component (numerator)

2- Summing down all the cases, less the “n/a” answers for each sub-component (denominator).

3- Summing across all the “yes” and “n/a” numerators

4- Summing across all the case denominators

5- Dividing the aggregate numerator by the aggregate denominator to determine the compliance percentage rate.

Example: The compliance score for this component is 91% for these 10 cases based on age of entry and exam timing. Numerator = 82 ((Yes = 40 + n/a = 42) / Denominator = 90 = 91% compliance

Health and Developmental History

Case No.	Age at Date of Entry	Prenatal hx (birth-1 mos)	Medical/Family History (birth -1 mos, 12 mos - 24 mos + at each EPSDT visit)	Psycho-Social History/Environmental assessment -(birth -1mo -12 mos, then 24 mos at each EPSDT visit)	Subjective Development Surveillance (Day 3 and at each EPSDT visit)	Developmental Screening ASQ (tool used (9 mos +Peds Dev 18 mos A &S + PD 24 mos A & S, PD)	Developmental Screening Autism MCHAT (18 mos & - 24/30 mos)	Mental Health/Behavioral Assessment (36 mos and at each EPSDT visit)	Developmental Screening - Depression (11yr,-20 yrs) (*no maternal)	Developmental Screening-Substance Abuse (11-20 yrs)	Total
1	**10**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	Yes	Yes	
2	**6**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	n/a	n/a	
3	**1**	n/a	Yes	Yes	Yes	n/a	n/a	n/a	n/a	n/a	
4	**15**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	Yes	Yes	
5	**0**	n/a	Yes	Yes	Yes	n/a	n/a	n/a	n/a	n/a	
6	**8**	n/a	Yes	No	Yes	n/a	n/a	Yes	n/a	n/a	
7	**13**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	No	Yes	
8	**7**	n/a	No	No	No	n/a	n/a	No	n/a	n/a	
9	**14**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	Yes	Yes	
10	**13**	n/a	Yes	Yes	Yes	n/a	n/a	Yes	No	no	
Yes -compliant			9	8	9			7	3	4	40
No-Not compliant			1	2	1			1	2	1	8
Does not apply		10	0	0	0	10	10	2	5	5	42
Total		10	10	10	10	10	10	10	10	10	90
% compliant (total less n//a)		**n/a**	**90%**	**80%**	**90%**	**n/a**	**n/a**	**88%**	**60%**	**80%**	**83%**

APPENDIX 4

MARYLAND EPSDT SCHEDULE 2024

Maryland Healthy Kids Preventive Health Schedule

Components	Infancy (months)							Early Childhood (months)							Late Childhood (yrs.)								Adolescence (yrs.)							
Health History and Development	Birth	3-5 d	1	2	4	6	9	12	15	18	24	30	36	48	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Medical and family history/update	X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Peri-natal history	X	X	X	→	→	→	→	→	→	→																				
Psycho-social/environmental assessment/update	X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental Surveillance (Subjective)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental Screening (Standard Tools)[1]							X	→	→	X	X	→																		
Autism Screening										X	X	→																		
Mental health/behavioral assessment													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Substance use assessment																					X	X	X	X	X	X	X	X	X	X
Depression Screening																					X	X	X	X	X	X	X	X	X	X
Maternal Depression Screening			X	X	X	X																								
Physical Exam																														
Systems exam	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision/hearing assessments[2]	O[2]	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	S	S
Oral/dentition assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Measurements and graphing: Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Measurements and graphing: Head Circumference	X	X	X	X	X	X	X	X	X	X	X																			
Measurements and graphing: BMI											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Blood Pressure[3]													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Risk Assessments by Questionnaire																														
Lead assessment by questionnaire						X	X	X	X	X	X	X	X	X	X															
Tuberculosis *			X	→	→	X	→	X	→	→	X	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Heart disease/cholesterol *											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sexually transmitted infections (STI) *																					X	X	X	X	X	X	X	X	X	X
Anemia *																					X	X	X	X	X	X	X	X	X	X
Laboratory Tests																														
Newborn Metabolic Screening	X		X	→																										
Blood lead Test								X	→	→	X	→	→	→	→															
Anemia Hgb/Hct								X	→	→	X	→	→	→	→															
Dyslipidemia Test																			X	→	→							X	→	→
HIV Test																									X	→	→	→		
Immunizations																														
History of immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vaccines given per schedule	X	→	→	X	X	X	→	X	X	X	→	→	→	→	→	→	→	→	→	→	X	X	→	→	→	→	→	→	→	→
Fluoride Varnish Program[4]							X	X	X	X	X	X	X	X	X															
Health Education																														
Age-appropriate education/guidance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Counsel/referral for identified problems	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental education/referral								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Scheduled return visit	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Key : X Recommended; → Recommended if not previously done; S Subjective by history /observation; O Objective by standardized testing; * Counseling/testing recommended when positive

The Schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 3 years through 20 years. [1]Refer to AAP 2006 Policy Statement referenced in the Healthy Kids Program Manual.-Screening required using standardized tools. [2]Newborn Hearing Screen follow-up recommended for abnormal results. [3]Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years. [4]The fluoride varnish may be administered by either a primary care provider or a dentist.

http://mmcp.dhmh.maryland.gov/epsdt — *Healthy Kids Program* — *Effective 01/01/2024*

APPENDIX 4

CDC IMMUNIZATION SCHEDULE 2024

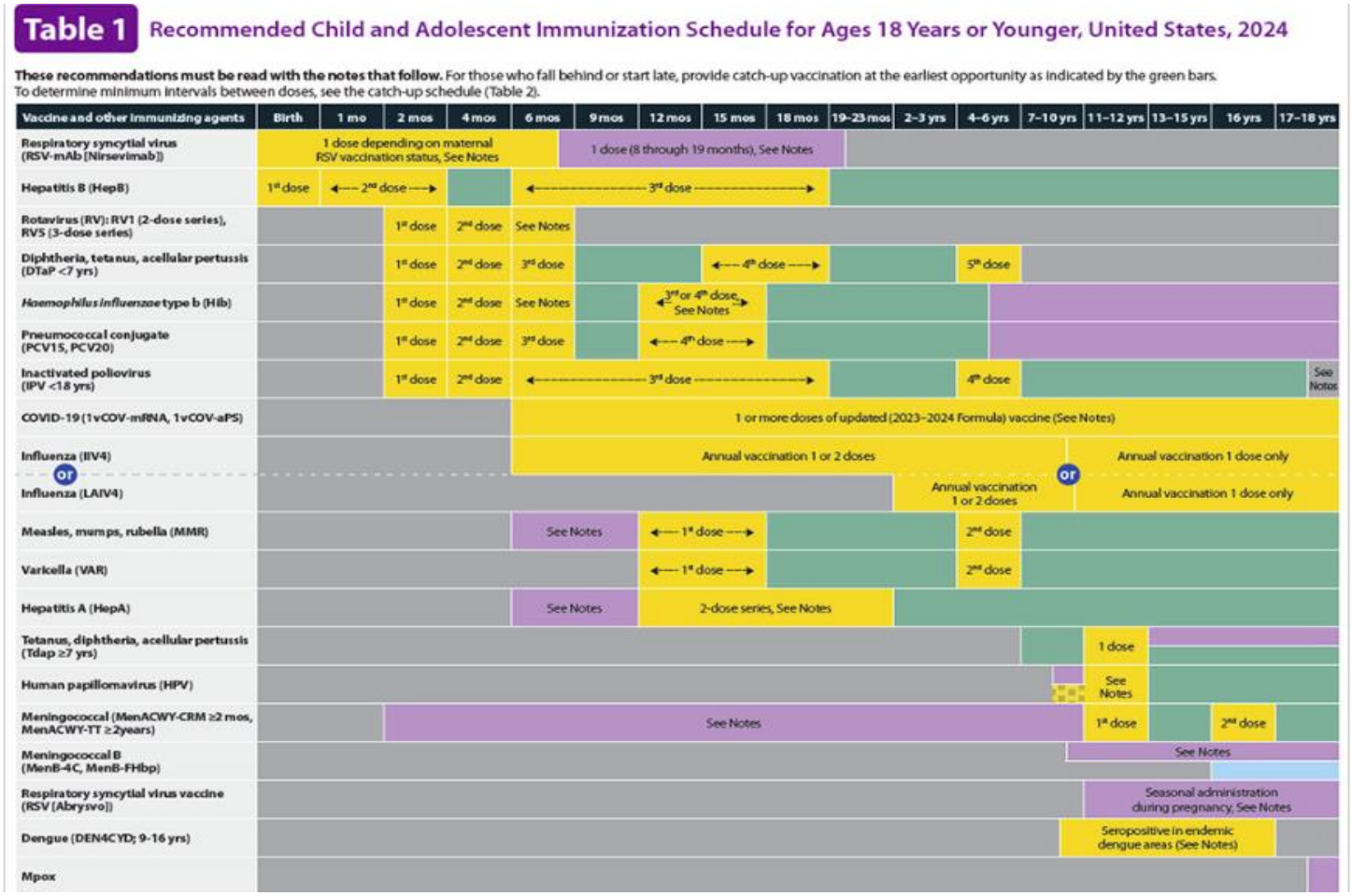
Table 1
Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024
These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).
Vaccine and other immunizing agents
Birth
1 mo
2 mos
4 mos
6 mos
9 mos
12 mos
15 mos
18 mos
19–23 mos
2–3 yrs
4–6 yrs
7–10 yrs
11–12 yrs
13–15 yrs
16 yrs
17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])
1 dose depending on maternal RSV vaccination status, See Notes
1 dose (8 through 19 months), See Notes
Hepatitis B (HepB)
1st dose
2nd dose
3rd dose
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)
1st dose
2nd dose
See Notes
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)
1st dose
2nd dose
3rd dose
4th dose
5th dose
Haemophilus influenzae type b (Hib)
1st dose
2nd dose
See Notes
3rd or 4th dose, See Notes
Pneumococcal conjugate (PCV15, PCV20)
1st dose
2nd dose
3rd dose
4th dose
Inactivated poliovirus (IPV <18 yrs)
1st dose
2nd dose
3rd dose
4th dose
See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)
1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)
Influenza (IIV4)
Annual vaccination 1 or 2 doses
or
Annual vaccination 1 dose only
Influenza (LAIV4)
Annual vaccination 1 or 2 doses
or
Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)
See Notes
1st dose
2nd dose
Varicella (VAR)
1st dose
2nd dose
Hepatitis A (HepA)
See Notes
2-dose series, See Notes
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)
1 dose
Human papillomavirus (HPV)
See Notes
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)
See Notes
1st dose
2nd dose
Meningococcal B (MenB-4C, MenB-FHbp)
See Notes
Respiratory syncytial virus vaccine (RSV [Abrysvo])
Seasonal administration during pregnancy, See Notes
Dengue (DEN4CYD; 9-16 yrs)
Seropositive in endemic dengue areas (See Notes)
Mpox