Report of Health Services and MATCH Oversight for Children in Out-of-Home Placement (Foster Care) in Baltimore City July 2024 – December 2024 for LJ v. Lopez 73rd Semi-Annual Report

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EXECUTIVE SUMMARY

This audit fulfills the qualitative assessment requirement for five health measures for the 73rd 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 July 1, 2024 to December 31, 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 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 72nd 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. Only a subset of each sample was reviewed for the EPSDT clinical element, 10 and 20 respectively similar to the last 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 a CHA mailed to caregivers and uploaded into CJAMS within the 70-day from entry into the foster system.

(63%) (19/30) of the CHAs were written reflecting pertinent visit findings from the required comprehensive health exam, dental exam, and mental health assessment) and treatment recommendations. This is a significant improvement over the last several audits.

The remaining 37% (11/30) were written without all pertinent visit note documentation as follows:

> 20% (6/30) of the CHAs were written appropriately acknowledging missing visit notes due to child/youth never receiving care due to a runaway status or missed appointments.
>
> 17% (5/30) of the CHA's were written without having received all three visit notes available in CJAMS, although all notes were available when the auditor reviewed. Most of these missing notes were related to an appointment that occurred close to the end of the 60-day window from date of entry. The auditor found documentation of the difficulties in retrieving visit notes for several of these cases and included an example on page 11 of the main report.

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 91%, which exceeds the State of Maryland's 80% compliance target. The provider notes were understandable, and the significant treatments/referrals were noted in the CHA if the note was available. As in previous audits, the section for tuberculosis and heart disease risk assessment by questionnaire continues to inconsistently completed by providers.

All Needs Met

The auditor 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.

80% (24/30) of the new entrant children/youth were found to have received all three of the required exams/assessments completed within the 60-day window from DOE (dental based on age). MATCH determined that 73% of the children/youth entering the foster system received timely, all their needs met versus the auditor's determination that 77% had all needs met. This is an improvement since last audit.

The "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, pg. 5)

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" is different than the auditor's criteria (IVA methodology). It will be recommended again that steps be taken to finalize a one approach methodology used by the MATCH team and the auditor going forward.

Continuing Care Children/Youth

Annual Healthcare Plan

All seventy (70) children/youth that an annual healthcare plan sent to the caregivers and stakeholders and youth if applicable but not all the care plan were based on all the medical and dental appointment notes. The care plans are assessed for quality by using six (6) criteria derived from the MATCH practice guidelines and IVA input and require all relevant medical, dental, mental health, and other specialists' notes be available in CJAMS when the plan is written.

The overall annual health care plan compliance score was found to be 59% which is similar to the last two audits. This was determined based upon 56% (39/70) children/youth receiving timely medical and dental care along with having the visit note documentation uploaded to CJAMS.
30% (21/70) of the cases were missing well child or dental visit notes in CJAMS. This is a significant volume of visit note documentation that is key to determining if the child/youth is receiving adequate care and treatment. Of the 21 cases missing documentation in CJAMS, four (4) were youths 18 and older who did not sign a consent for MATCH to obtain their notes. 10 of the 21 cases were no longer active in the foster care

system, so the visit documentation could not be retrieved from the provider to upload to CJAMS for the audit. Difficulties obtaining visit notes from providers continues to be a challenge for the MATCH team and the auditor has made further recommendations to MATCH leadership to help close this gap.

13% (9/70) cases did not have current visit note documentation in CJAMS due to no well child or dental care was received, whether just appointments were never scheduled, appointments were scheduled, but the visit was missed including runaways.

The auditor found that the MATCH team did address gaps in care when the child/youth did not receive preventive care or treatment. The current criteria do not allow for this effort to be recognized and the auditor has made a recommendation to address this.

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 82% exceeding the State of Maryland's 80% compliance rate. This compliance score has decreased from the last audit of 92%, but correlates directly to missing well child visit notes from two (2) children who were found inactive in the foster system at time of audit.

The auditor found several well child visit notes lacking the documentation of health risk by questionnaire screening for tuberculosis and cholesterol/heart disease which continues to be a trend directly related to provider practice style.

Lastly, only a few well child notes reviewed were not a “full well child” visit note. In one case, the note was for a sports physical that did not address all the EPSDT elements. In two cases, the note was a “summary” of the visit which lacked key areas such as physical findings or testing.

All Needs Met

The auditor also reviewed each of the 70 cases to determine if each child/youth had “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 addressed. The auditor determined that the children's or youths' needs were all being met timely 56% aligning with the MATCH team’s determination at 56%.

Although the auditor and MATCH team agreed that the children/youth that continue in the foster system were receiving appropriate care 56% of the time, the auditor did not always agree with MATCH. There were instances when MATCH determined that a child/youth had received preventive care since they were aware of the dates of service but the auditor did not find the actual visit notes in CJAMS. A few times MATCH team documented that the child/youth did not receive preventive care but the visit notes were found in CJAMS usually due to timing of when the AHP was written.

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
New entrants are receiving the necessary care timely and the most of the CHAs are written with the visit findings.	Re-assess medical record retrieval process to increase timely access to all pertinent visit notes.
The medically complex children/youth have their care consistently managed with all visit note documentation available in CJAMS and the health plan thorough and action-oriented.	Increase communication with providers and caregivers and document in care plans.
Health Risk Assessments from eCW are consistently being uploaded into CJAMS.	Continue to document all the referrals in the Health Risk assessment section in the Case Management hub in MATCH care management system.

Summary

The Child Welfare Care Coordination MATCH team continues consistent, timely comprehensive communication of each child's/youth's health status through the comprehensive health assessment (CHA) and annual heath plan (AHP) to relevant stakeholders.

The auditor found significant improvements in the care coordination efforts for new entrants into the foster care system. The majority of CHAs (67%) were written comprehensively with visit notes available in CJAMS, an EPSDT compliance rate of 91%, and an 80% rate of assuring all the new entrants had all their needs met timely.

The auditor also found no changes from previous audits in the care coordination efforts of the children/youth who continue in the foster care system. 59% of the AHPs were written comprehensively with all pertinent notes available in CJAMS, the EPSDT compliance rate dropped to 82%, and the both the auditor and MACTH team agreed that these children/youth were having all their needs met timely 56% of the time.

With this said, all the scores previously notes are directly affected by the high number of missing visits note documentation (30%) not received from providers to be uploaded timely into CJAMS. The MATCH team, continues to face the challenge of retrieving visit notes from all the providers' offices, but particularly the dental offices.

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 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, pg. 23.

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.

FINDINGS AND CONCLUSIONS

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	19	19	19	18	15
No	0	11	11	11	12	15
Score	100%	63%	63%	63%	60%	50%
Averaged Score	**67%**					

*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 67% 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 MATCH team continues to write the CHA's according to the MATCH format guidelines and mailing out by day 70 after the child's entry into the foster system.
    - 63% (19/ 30) CHAs were written reflecting all the three (3) new entrant exam/ assessment documentations uploaded into CJAMS.
    - The remaining 37% (11/30) CHAs were written without having all three notes available for review in CJAMs.
      - 17% (5/30) CHAs were written without the all the visit notes available. Most of these exams occurred close to the end of the 60-day window from date of entry. All notes were found in CJAMS by the auditor during the review.
      - The remaining 20% (6/30) CHAs were written noting that the youth was in a runaway status did not receive care or the child/youth missed appointments or the appointments were never scheduled.
    - The MATCH team has been documenting in eCW when visit note documentation has been requested. Many times, the team needs to make several requests before the documentation is received. This is especially true when trying to obtain visit notes from dental offices.
    - Here is one example that demonstrate the difficulties the MATCH team experiences when attempting to request medical/dental notes from providers:

Example

1st fax sent 8/9/2024 LM worker made me aware child was seen.2nd fax sent 8/15/2024 LM 10/3- Requested Docs -AKEARNEY3rd fax sent 8/26/2024 LM 4th fax sent 9/12/2024 LM 9/26- 1st request, called office was told the randallstown office has been closed for a while. They will look to see where child was seen and send me the docuementation. r.johnson10/3- Confirm Appt, Docs Requested -AKEARNEY10/09- called office. was told they will send the request. rjohnson10/11- re-faxed request. rjohnson10/18- spoke with office was asked to re-fax request. rjohnson10/24- called office, left voicemail. rjohnson11/01- called office, left voicemail. Request for documentation is being forwarded to Deborah Logan to assist. rjohnson 11/1/2024: Called the dental office. Call went to voice mail. Will call again. dlogan11/4/2024: Have been in communication with the office. It is not clear as to which office the youth was seen at. The office did additional research and the youth may have been seen at the Garrison location. Called the Garrison location and left a message. dlogan11/4/2024: While waiting on a return call from the Garrison location, I called MD Healthy Smiles to see which location filed a claim. Per MD Healthy Smiles, the 7/22/2024 dental claim was filed by Today's Dental on Rolling Rd. Placed a call to Today's Dental and it was confirmed that the youth was seen there on 7/22/2024 as a new patient. Requested the documenation and changed the Facility. If the documentation is not recevied the NE Coordinator (Latoya) will follow up on the documentation request. dlogan2/19- re-faxed request to office. rjohnson2/28- called office to request docs. rjohnson3/14- called office was asked to re-fax request and they will send the documentation to me. rjohnson

2. Measure 82- Comprehensive Medical, Dental, And Mental Health Exams

- Definition: Children entering OHP from July 1, 2024 through December 31, 2024 receive 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	4.1	6.6	3	0.2	9	7.75	5	
No	.01	0.3	2	0.4	1	0.25	0	
EPSDT element not applicable due to child's/ youth's age or not applicable due to other factors	5.8	3.1	5	9.4	.0	2	4.5	
Score	**97%**	**95%**	**60%**	**33%**	**90%**	**97%**	**100%**	**91%**
Target	80%	80%	80%	80%	80%	80%	80%	80%
Met/Not met	**Met**	**Met**	**Not met**	**Not met**	**Met**	**Met**	**Met**	**Met**

**Numerator scores above are averaged

- Quantitatively
  - Measured through CJAMS.

- Qualitatively
  - The overall EPSDT performance score was 91% (10/30) case reviews, which exceeded the State of Maryland's 80% compliance target, but is slightly lower than last audit at 95%.

  - 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. See Appendix 5 and 6 for periodicity schedules.

  - 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 should collaborate with the providers to close any care gaps not addressed at the medical or dental visit. I do not see this care coordination communication documented in eCW or CJAMS at this time. (Recommendation #1)

- The review of these cases revealed similar findings to previous audits. The areas of low compliance continue to fall to the same two areas:
  - Risk assessment by questionnaire 60% compliance was related to four (4) children/youth. The common assessments not documented were tuberculosis and heart disease.
  - Risk assessment by lab testing – relates to just two (2) children out of 10. Only one of the two children had risk assessment labs ordered and the other child had no labs ordered.

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

3. Measure 88 – 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? All needs + all other needs must be yes for all needs to meet to be yes.
Auditor review of cases	80% (24/30)	80% (24/30)	80% (24/30)
MATCH review of cases in eCW	77% (23/30)	97% (29/30)	77% (23/30)**

****Manually determined since eCW -Health Risk Assessment does not include this field.**

Auditor agreement to MATCH team determination whether All Needs Met

Percent Auditor agreed to MATCH	97% (29/30)	83% (25/30)	97% (29/30)

Reasons for All Needs Not Being Met

Reason N=30	**#**	**%**
No issues	24	80%
Missed appointments/not rescheduled timely	3	10%
Runaway- missed appts	2	7%
Delay in receiving services or not scheduled	1	3%
Total	**30**	**100%**

- Quantitatively
  - Measured through CJAMS.

- Qualitatively
  - Overall compliance for the children/youth entering the foster care system received "all other needs timely" within the first 60-days at 80% per the auditor's findings closely aligning to MATCH's determination at 77%. This compliance rate is higher than the previous two audits demonstrating much improvement.

    - 80% (24/30) new children/youth entering the foster system received care with little or no issues although only 16 of the cases had all the medical, dental and behavioral health notes uploaded to CJAMS by the time the CHA was mailed. The remaining eight (8) notes were received and uploaded but after the CHA was mailed.

- Only six (6) cases were problematic- two (2) youths were runaways, three (3) children missed their appointments, and only one (1) child had a delay in receiving care as the appointment was just never scheduled.

  - The auditor's review found that "preventive needs" were met 80% of the time as compared to the MATCH team determining that all needs at 77% of the time. The auditor agreement is in close alignment to MATCH.

  - The auditor's review found "other needs were met" also at 80% whereas the MATCH staff documented at 97%, with the auditor agreeing a majority of the time at 83%. The discrepancy will continue until one single methodology approach is finalized. (Recommendation #2)

  - Overall, the auditor agreed with the MATCH team that the "all needs were met" at 97%.

  - Determination of "preventive needs" met," other needs" met and "all needs met timely" is as follows:

    - To determine "preventive care needs" were 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

    - To determine if "all needs were met timely", 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."

Continuing Care Children

4. Measure 94- Annual 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	39	39	38	39	38
No	0	32	32	32	32	33
Score	100%	56%	56%	53%	29%	54%
Averaged Score	**59%**					

- Quantitatively
  - Measured through CJAMS.

- Qualitatively
  - Annual health care plans compliance for the six (6) criteria was 59%, which has remained unchanged from the last several audits as retrieving medical and dental notes remain a significant challenge at 30% of the time. (Recommendation #3)
  - The Annual Health Care Plans were reviewed for these individuals to assess for continuity. Most mid-year health plans have been phased out. The MATCH medical clinical managers and care coordinators continue to write the annual care plans consistently following the preset MATCH format guidelines.
  - The annual care plan measure scoring is anchored on the premise that for the MATCH team to receive full compliance credit, the child/youth must have received all required care (well child, dental or significant other health visit) and the associated visit documentation be uploaded into CJAMS, as well as, the findings be mentioned in the care plan. When a child/youth does not actually receive any or all the care, there will be missing visit note documentation in CJAMs. For example, if exam appointments were missed or delayed scheduling, resulting in no exam notes, the subsequent criteria would not be met. The auditor is recommending that the criteria scoring be revised to give credit to the MATCH if they have tried to care coordinate missed or delayed health services and provides documentation that the services were not

received and the plan to correct the situation if possible. This represents the core foundation of care coordination. (Recommendation #4)

- Similarly to past audits, 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 July 1, 2024-December 31, 2024, but the annual care plans were written before this period and the subsequent care plan was written after this period.
- Many of the care plans do not document communication with the child's/youth's caregivers and medical/dental providers when care gaps occur and care actions are necessary. (Recommendation #1)
- Pertaining to the 18-year-olds and older youths, there were several health plans not addressed to the youths. (Recommendation #5)

- Special program categories:
  - Medically complex-
    - 10 of the 70 cases were categorized as medically complex
    - 80% (8/10) of the children/youth in this category, received all required care.
    - 20% (2/10) were found not to have received all their care. One (1) child was no longer active at the time of audit so the dental and well child note could not be obtained and the other child was missing his dental exam.
    - Care plan documentation continues to be consistent and comprehensive especially retrieving all specialists' notes to upload into CJAMS

  - Behavioral, moderate, and high-risk
    - 22 of the 70 cases were categorized as having medium to high behavioral needs and one-third were over 18 years of age.
    - Only 45% (10/22) children/youth (had all both preventive and other needs met.
    - The remaining 55% (12/22) youth did not have their needs met.
    - 58% (7/12) cases were documented as receiving all care, but visit documentation was not found in CJAMs with two (2/7) cases or 29% were lacking a consent.
    - Three (3) were noted as runaways.
    - Two (2/12) cases pr 17% were overdue for care.
    - Behavioral therapy notes and psychiatry consultations were found in CJAMS for these cases as were the psychotropic medication consents if applicable.

  - Pregnant and Parenting
    - 4% (3/70) were categorized as post- partum/ parenting cases.
    - All three (3) youths were not compliance in receiving an annual physical or dental care.
    - One case noted the youth lived alone in her own apartment with her two children but did not mention the status of how she was managing.

5. Measure 83- EPSDT Medical and Dental Exams

- Definition- Children in OHP from July 1, 2024 to December 31,2024 receive 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 (2 dentals)	Overall Score
Yes	8.4	14.2	8.0	2.6	13.5	15.75	11.5	
No	1.78	3.1	2.8	0.6	3.0	2.5	1.5	
Not eligible for EPSDT element based on age or other factors	9.78	2.67	9.2	16.8	3.5	1.75	7.0	
Score	**83%**	**82%**	**74%**	**81%**	**82%**	**86%**	**88%**	**82%**
Target	80%	80%	80%	81%	80%	80%	80%	80%
Met/Not met	Met	Met	Not met	Met	Met	Met	Met	Met

**Numerator scoring is averaged

- Quantitatively-
  - Measured through CJAMS.

- Qualitatively-
  - The overall performance score for the 20 EPSDT case reviews was 82% which exceeded the State of Maryland's 80% compliance target. This compliance score was directly affected by two (2) missing annual physical notes in CJAMS that could not be reviewed.

  - The compliance to providers performing and documenting the age appropriate EPSDT elements is similar to prior audits but is affected by the following:

    - Risk assessment by questionnaire is the one EPSDT area that is not consistently documented, specifically the risk for tuberculosis and heart disease/cholesterol. Again, this seems to be provider practice style specific.

    - Two (2) youth received their well child examinations, but the notes were not found in CJAMS and were inactive and the visit notes could no longer be requested.

- One (1) 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, although enough information was available to document sufficiently except for risk screening and anticipatory guidance. The auditor also found a few after visit summaries that "looked similar" to a full note, but without key portions of the note. (Recommendation #6)
- Only 3 (three) children/youth did not receive two dental exams per the AADP guidelines.

- 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.

6. Measure 88 – 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	53% (37/70)	69% (48/70)	53% (37/70)
MATCH review of cases in eCW	57% (40/70)	96% (67/70)	56% (39/70)**

****Manually determined since eCW -Health Risk Assessment does not include this field.**

Auditor agreement to MATCH team determination whether All Needs Met

Percent Auditor agreed to MATCH	71% (50/70)	67% (47/70)	71% (50/70)

Reasons for All Needs Not Being Met

Reason N=70			#	%
No issues			39	56%
Lack of visit note documentation in CJAMS			21	30%
Visit notes missing -Inactive status	10	48%		
Visit notes missing -Active status	7	33%		
Visit notes missing - No consent on file	4	19%		
Overdue care or missed appts			6	9%
Incarcerated or AWOL			3	4%
Delay in care			1	1%
Total			**70**	**100%**

- Quantitatively -
  - Measured through CJAMS.

- Qualitatively -
  - Overall, the auditor determined that 37 of the 70 children/youth (53%) had all their needs met timely aligning closely to MATCH's determination that 39 of the 70 children/youth (56%) had their needs met timely. This represents a slight improvement over the last two audits as more children/youth that remain in the foster system are having all their needs met timely.

  - Overall, the auditor agreed with the MATCH team that the "all needs were met" at 71%.This lower percentage is mostly driven by the auditor finding notes that documented preventive care

that the MATCH team did not have at time of their determination in the eCW HRA or the lack of referral documentation in the HRA.

- The reasons found by the auditor for all needs not being timely met were as follows:
  - 30% (21/70) cases were for children/youth that received well child and dental care, but the visit documentation was not found in CJAMS. Almost one-half of these (10/21) cases or 48% were inactive at time of audit, so the MATCH team could not go back to the provider of care and obtain visit notes to upload to CJAMS for review. Another 19%, (4/21) youth were missing a signed consent for release of medical records to MATCH. The remaining one-third 33% (7/21) were active cases, but the visit notes were not found in CJAMS.
  - 9% (6/70) of the children/youth were overdue for care as the appointments were not scheduled or the appointments were missed.
  - 4% (3/70) were youth who were AWOL and appointment were not scheduled.
  - 1% (1/70) was for a child who had a delay in receiving dental care due to the dentist was located in West Virginia and the child needed dental insurance for dental care in West Virginia. 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.

Overall, the auditor agreed with the MATCH team that the "all needs were met" at 97%.

- Determination of preventive needs, other needs and all needs met is the same as defined on page 15.

RECOMMENDATIONS

Below are the additional recommendations to prior report recommendations and/or considerations to address the significant findings in the report.

1. Formalize the care coordination process to include MATCH communication with the caregivers and providers and how to document. The auditor does not regularly see this communication documented when reviewing CJAMS contact note section or in eCW.

2. Formalize one single methodology to assess whether "other needs are met for Measure 88. Presently, the MATCH team follows the eCW HRA template to make that determination. The auditor is following the IVA team directive in whether all referrals have been completed to be compliant. The criteria are not the same.

3. Re-assess the medical record retrieval process. Per the auditor's understanding, each team is assigned an administrative staff member who is responsible for contacting the provider offices and requesting copies of visit note documentation to upload to CJAMS. Since the number of missing visit notes in CJAMS is still significant, close to 30%, further processes maybe needed to reduce the missing notes.

    - Consider setting internal quality target of 90% medical/dental/behavioral notes retrieval rate.
    - Consider adding a formal quarterly reconciliation of missing visit notes in CJAMS.

4. Revise the health plan criteria set forth for both new entrant and continuing care cases to reflect actual MATCH effort in the care coordination. Presently, the IVA established the criteria which is dependent on whether all visit notes have been received and are uploaded into CJAMS. These criteria do not reflect MATCH coordination efforts for those children/youth who are non-compliant whereas visit notes would not be found in CJAMS.
5. Remind the MATCH team to also address the annual health care plans to the youths who are 18 and older.

6. Continue the education of acceptable well child documentation. The number of unacceptable visit note documentation for both medical and dental has decreased significantly. Assure the child/youth undergo another well check if only a sports physical is completed. Also, review the non-EPIC EMR type notes to make sure the note is not a "summary" vs. full note.

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- Comprehensive dental and mental health exams.

- Definition: Children entering OHP during the audit review period, receive 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- EPSDT and dental exams

- Definition- Children in OHP receive 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 July 2024-December 2024 (73rd 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 July 1 - December 31, 2024. The sample cases were selected by randomizing using the Excel randomizer.

New Entrant Cases

BCDSS and IVA created a sample of 30 cases randomly selected from a pool of 214 cases that remained open for at least 70 days after removal and whose 70th day occurred during the reporting period of July 1 - December 31, 2024. All 30 children/youth's cases were reviewed for Measure 79, Comprehensive Health Assessment, and Measure 88a, whether 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) exams were reviewed in detail to determine if the care providers met the state standards for the EPSDT and dental exams (Measure 82). Seven of those 10 were children with comprehensive dental exams; three of those 10 were children for whom the dental exam was waived because the child was under one year of age. 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 711 cases open for at least one year and 70 days after removal between July 1 – December 31, 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 program type categories created from MATCH-designated physical and mental health program types: (1) Healthy (combining program types Early Childhood 0-5, Healthy 6-17 and Healthy 18+); (2) Medically Complex; (3) Moderate or High Behavioral Risk (combining Moderate Risk – Behavioral and High Risk – Behavioral); and (4) Pregnant or Parenting (combining Reproductive Health Pregnant/Postpartum and Parenting).

The percentages of the pool by children in the four age categories were: 0-5 (26%); 6-13 (30%); 14-17 (22%) and 18-20 (22%). Within each age category, sub-pools were created for the program type categories that applied to that age group.

The final sample of 70 continuing care cases fell into the following age and program type categories:

Age Groups		Total Children	Healthy	Medically Complex	Moderate or High Behavioral Risk	Pregnant or Parenting
0-5		18	14	4	0	0
6-13		21	13	3	5	0
14-17		16	5	2	8	1
18-20		15	3	1	9	2
Total Sample		70	35	10	22	3

All 70 cases were reviewed for Measure 94, the annual or interim health care plan, and Measure 88a, whether All Health Needs Were Met Timely. 20 of those 70 cases that had an annual exam between July 1 – December 31, 2024, and at least one dental exam in the year between January 1 – December 31, 2024, were reviewed in detail to determine if the care providers met the state standards for the EPSDT and dental exams. (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.

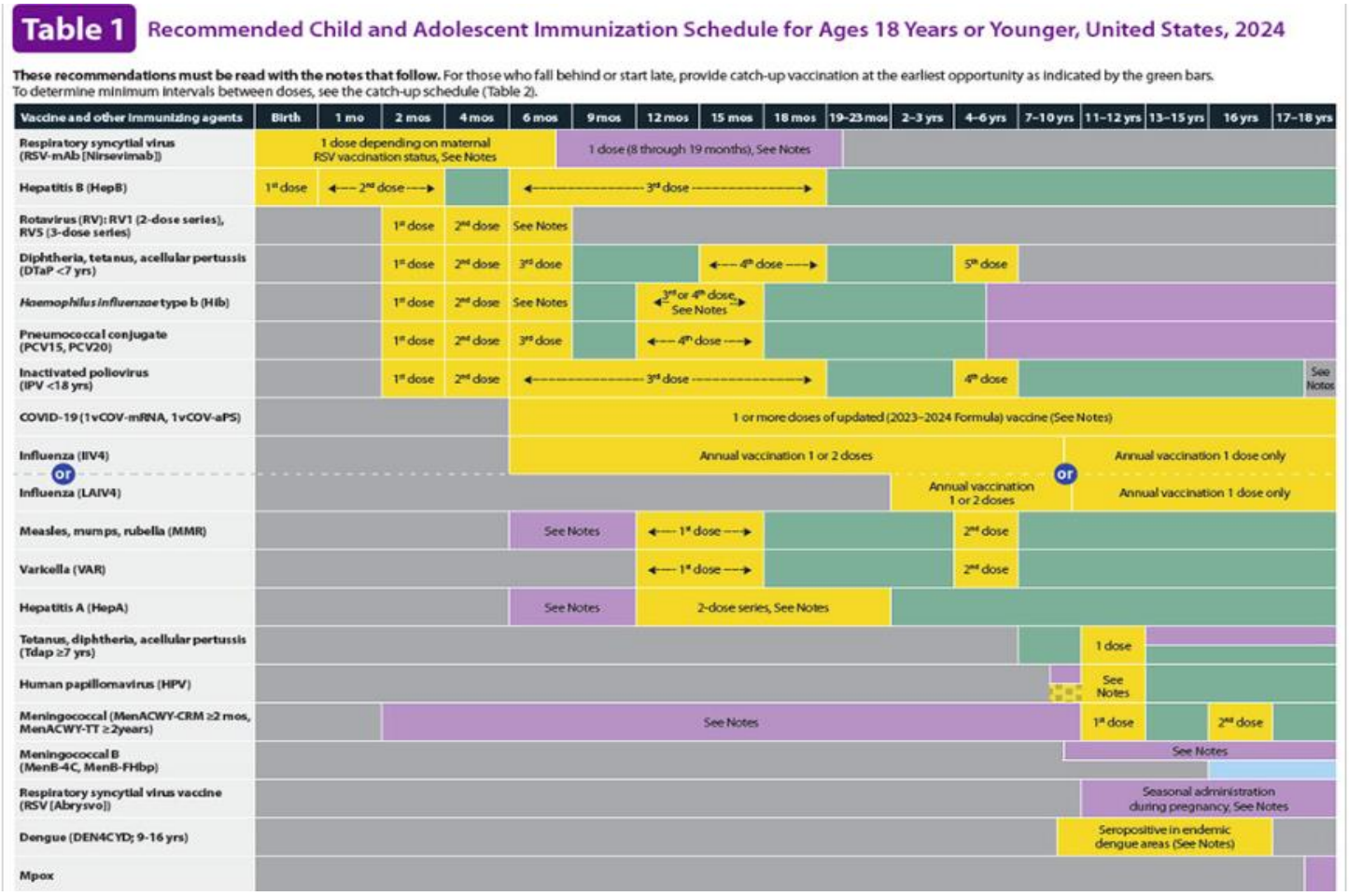
http://mmcp.dhmh.maryland.gov/epsdt

Healthy Kids Program

Effective 01/01/2024

APPENDIX 5

CDC IMMUNIZATION SCHEDULE 2024



APPENDIX 6

ORAL HEALTH – AMERICAN ACADEMY OF PEDIATRIC DENTISTRY RECOMMENDATIONS

Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references. Refer to the text in the Recommendations on the Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents (*www.aapd.org/policies/*) for supporting information and references.

AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth®	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination [1]	•	•	•	•	•
Assess oral growth and development [2]	•	•	•	•	•
Caries-risk assessment [3]	•	•	•	•	•
Radiographic assessment [4]	•	•	•	•	•
Prophylaxis and topical fluoride [3,4]	•	•	•	•	•
Fluoride supplementation [5]	•	•	•	•	•
Anticipatory guidance/counseling [6]	•	•	•	•	•
Oral hygiene counseling [7]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling [8]	•	•	•	•	•
Injury prevention counseling [9]	•	•	•	•	•
Counseling for nonnutritive habits [10]	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants [11]			•	•	•
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.