

Special Review

**Department of Human Services
Social Services Administration
Follow-up Review**

July 2022



**OFFICE OF LEGISLATIVE AUDITS
DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY**

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Victoria L. Gruber
Executive Director

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

Gregory A. Hook, CPA
Legislative Auditor

July 6, 2022

Senator Clarence K. Lam, M.D., Senate Chair, Joint Audit and Evaluation Committee
Delegate Carol L. Krimm, House Chair, Joint Audit and Evaluation Committee
Members of Joint Audit and Evaluation Committee
Annapolis, Maryland

Ladies and Gentlemen:

We have conducted a follow-up review of actions taken by the Department of Human Services (DHS) – Social Services Administration (SSA) to address the findings in our June 3, 2021 audit report. In that report, we concluded that SSA's accountability and compliance rating was unsatisfactory.

DHS, on behalf of SSA, provided a status report, as of November 30, 2021, indicating the implementation status of each finding as well as its corrective action plan, including timelines and processes to monitor the implementation of the plan. In summary, SSA's status report indicated that additional corrective actions were required to fully implement the recommendations for all eight findings in our report.

Based on our assessment of the relative significance of the eight findings, we performed certain procedures to evaluate the appropriateness of actions taken by SSA for six findings. Our review, which was performed during the period from December 2021 to March 2022, disclosed that SSA had corrected three of the six findings and had made progress, but had not resolved the three other findings. For the three that had been corrected, this outcome was due to SSA either meeting its established deadline for implementation of its corrective action or implementing actions more timely than planned.

Exhibit 1 identifies SSA's assessed implementation status for all eight findings, according to the status report, as well as the results of our review for the six findings. Exhibit 2 describes, in detail, the results of our review of the status of

SSA's efforts to implement the recommendations for the three findings that we determined SSA had not resolved (fully corrected). To obtain a thorough understanding of the audit findings, recommendations, and the follow-up status described in Exhibit 2, the original June 3, 2021 audit report should be consulted due to the technical nature of some of these findings.

DHS' status report and its response to this report, provided on behalf of SSA, are included as Appendix A and Appendix B, respectively. DHS' response, as presented in Appendix B, only addresses the recommendations that we determined to be in progress. We have reviewed DHS' response to our assessment of the status of those recommendations and determined that DHS generally agreed with our assessment.

To improve its accountability and compliance rating, SSA should continue to implement its corrective action plan for all findings and related recommendations, and ensure that other areas do not deteriorate. The status of all of the audit findings will be subject to review during our next audit of SSA. Furthermore, DHS, on behalf of SSA, will be required to submit quarterly status reports to this Office for all eight findings as required by State Government Article, Section 2-1224 of the Annotated Code of Maryland. We wish to acknowledge the cooperation extended to us during the review by SSA. We also wish to acknowledge DHS' and SSA's willingness to address the audit issues and implement appropriate corrective actions.

Respectfully submitted,

A handwritten signature in black ink that reads "Gregory A. Hook". The signature is written in a cursive, flowing style.

Gregory A. Hook, CPA
Legislative Auditor

Exhibit 1

Implementation Status of Findings in the June 2021 SSA Audit Report

Prior Finding	Status as Determined by SSA as of November 2021 ¹	Status Based on Auditor's Review
Quality Assurance Program 1. Although the Social Services Administration (SSA) had implemented certain processes to monitor the administration of child welfare program services by the State's local departments of social services (LDSSs), we found they were not necessarily comprehensive or effective.	In Progress	In Progress (See Exhibit 2)
Monitoring Compliance with Foster Care Requirements 2. SSA had not established effective monitoring of the LDSSs to ensure that foster children were placed in the least restrictive environment and received required services.	In Progress	In Progress (See Exhibit 2)
Child Protective Services 3. SSA's monitoring process was not effective for both ensuring the timeliness of child abuse and neglect investigations and for the required assessments of substance-exposed newborns conducted by the LDSSs.	In Progress	In Progress (See Exhibit 2)
4. SSA lacked adequate controls to ensure the LDSSs were immediately notified of children born to individuals who previously had their parental rights terminated for abuse or neglect.	In Progress	Corrected
Page 1 of 2		

¹ SSA's detailed implementation status for each finding is based upon DHS' status report, as of November 30, 2021. The status based on the auditor's review presented by finding in Exhibit 1 was discussed with, and agreed to by, SSA management personnel.

Exhibit 1

Implementation Status of Findings in the June 2021 SSA Audit Report

Prior Finding	Status as Determined by SSA as of November 2021 ²	Status Based on Auditor's Review
Federal Funds 5. SSA did not have an effective process for ensuring the propriety and timeliness of Title IV-E eligibility determinations and redeterminations, and had not conducted quality assurance reviews; both of which resulted in a potential loss of federal funds.	In Progress	N/A
Foster Care, Adoption, and Guardianship Payments 6. SSA did not pursue the collection of approximately \$4.8 million in provider overpayments.	In Progress	Corrected
7. SSA had not established procedures to ensure that adoption assistance payments funded entirely by the State were suspended when an adopted child was removed from the adoptive home.	In Progress	Corrected
Interagency Agreements 8. SSA did not ensure that certain payments made to a State university for three interagency agreements were adequately supported, were reasonable in relation to the tasks performed, and were made in accordance with the terms of the agreements.	In Progress	N/A
Page 2 of 2		

N/A – Not applicable since we did not review the implementation status of this finding.

² SSA's detailed implementation status for each finding is based upon DHS' status report, as of November 30, 2021. The status based on the auditor's review presented by finding in Exhibit 1 was discussed with, and agreed to by, SSA management personnel.

Exhibit 2

Detailed Comments on the June 2021 Audit Report Findings for Which the Office of Legislative Audits Deemed the Implementation Status to be “In Progress”

Quality Assurance Program

Prior Finding 1

Although the Social Services Administration (SSA) had implemented certain processes to monitor the administration of child welfare program services by the State’s local departments of social services (LDSSs), we found they were not necessarily comprehensive or effective.

Prior Report Recommendation 1

We recommended that SSA establish comprehensive quality assurance processes to ensure its child welfare programs are effectively and properly administered by the LDSSs. Specifically, we recommended that SSA modify its existing processes to ensure that they provide

- a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the maintenance of supporting documentation relating to services and functions performed (repeat); and
- b. a quality assurance case review process at each LDSS that addresses all critical services and functions performed by the LDSSs (repeat).

Status as Determined by SSA – In Progress

Office of Legislative Audits (OLA) Assessment of Status – In Progress

SSA had not fully implemented the recommendations. To address the recommendations, SSA developed certain procedures to monitor child welfare program services and functions, and established a quality assurance case review process at each LDSS in December 2021. However, SSA’s written procedures did not address the quality assurance case review process performed by the LDSSs and, as of March 2022, the first quality assurance case review was still in progress. Comprehensive written procedures should specify, for example, the services and functions to be included in these reviews, how cases were to be selected for review, the nature of supporting documentation required to demonstrate compliance with program requirements, and a formal process to analyze the results and correct identified deficiencies.

Monitoring Compliance with Foster Care Requirements

Prior Finding 2

SSA had not established effective monitoring of the LDSSs to ensure that foster children were placed in the least restrictive environment and received required services.

Prior Report Recommendation 2

We recommended that SSA monitor the LDSSs to ensure compliance with foster care requirements. Specifically, we recommended that SSA ensure

- a. the applicable legal documentation is included in each foster child's case record in the statewide case management system (repeat);
- b. the LDSSs place children in the least restrictive environment and document attempts to place the child with a relative (repeat); and
- c. compliance with medical, dental, and education requirements by reviewing applicable documentation (repeat).

Status as Determined by SSA – In Progress

OLA Assessment of Status – In Progress

SSA had not fully implemented the recommendations. In regard to recommendations a and b, we were advised that SSA was relying on the quality assurance case review process established in response to Prior Finding 1 to ensure that foster children's case records in the statewide case management system included applicable legal documentation and evidence of the LDSSs' efforts to place children in the least restrictive environment. As we noted in our assessment of Prior Finding 1, SSA had not completed the first quality assurance case review as of March 2022.

Although SSA implemented certain procedures to address recommendation c, these procedures were not sufficient. SSA routinely generated Child, Juvenile, and Adult Management System (CJAMS)³ reports which identified cases that were not in compliance with medical, dental, and educational requirements established in State regulations. However, SSA did not review applicable documentation within CJAMS or follow-up with the LDSSs to ensure instances of non-compliance were resolved, even though the CJAMS reports indicated that such requirements were not met for numerous children. For example, according to CJAMS reports, as of March 14, 2022, 254 of the 787 children (32 percent) in regular foster care were overdue for their annual medical exam, including 30 children who had not received a medical exam since calendar year 2019.

³ CJAMS is a statewide child welfare, foster care, and adoption case management tool.

Child Protective Services

Prior Finding 3

SSA's monitoring process was not effective for both ensuring the timeliness of child abuse and neglect investigations and for the required assessments of substance-exposed newborns conducted by the LDSSs.

Prior Report Recommendation 3

We recommended that SSA

- a. establish effective procedures to ensure that the LDSSs conduct and complete investigations of allegations of child abuse and neglect and safety and risk assessments of controlled substance-exposed newborns in a timely manner, as required by State law and regulations (repeat); and
- b. enhance the accuracy and completeness of system reports to ensure they can be reliably used to monitor compliance with these requirements (repeat).

Status as Determined by SSA – In Progress

OLA Assessment of Status – In Progress

SSA did not fully implement the recommendations. In response to recommendation a, SSA established procedures to monitor child abuse⁴ and neglect investigations conducted by the LDSSs, however these procedures were not fully implemented at the time of our review. Specifically, SSA planned on using a CJAMS report of all allegations received and taking corrective action when the LDSSs did not initiate and complete investigations within the timeframes prescribed by State law⁵. However, this CJAMS report was not functioning correctly as of March 2022, and SSA was in the process of implementing the necessary modifications. In addition, SSA had not established procedures to ensure that safety and risk assessments of substance-exposed newborns were conducted timely. SSA advised that it had not yet developed a CJAMS report for use in monitoring these assessments and could not estimate when such a report would be available.

⁴ Chapter 200, Laws of Maryland 2022, effective October 1, 2022, requires DHS to implement additional policies to address delays in conducting and completing child abuse and neglect investigations. For example, DHS will be required to issue quarterly reports of untimely investigations along with explanations for each delay, and to submit annual reports to the General Assembly on the progress made by the LDSSs in complying with the time frames for these investigations. Our review did not include an assessment of DHS or SSA compliance with this law since the law was enacted after the period that we reviewed.

⁵ State law requires investigations to be initiated within 24 hours after receiving an allegation of abuse and 5 days after receiving an allegation of neglect, and completed no later than 60 days after the allegation is received. SSA considered LDSSs to be non-compliant if they initiated less than 95 percent of investigations timely or completed less than 90 percent of investigations timely.

In regard to recommendation b, since SSA was still in the process of developing or enhancing the aforementioned CJAMS reports at the time of our review, this recommendation was not fully addressed.

Scope, Objectives, and Methodology

We conducted a follow-up review of the actions taken by the Department of Human Services (DHS) – Social Services Administration (SSA) to address the findings in our June 3, 2021 audit report. In that report, we concluded that SSA’s fiscal accountability and compliance rating was unsatisfactory.

The purpose of our review was to determine the status of SSA’s corrective actions to address certain of our audit findings and recommendations. As customary, our review did not include all prior report findings and recommendations, but a number judgmentally selected based on our assessment of significance. This review was conducted under the authority of Section 2-1220(a)(4) of the State Government Article of the Annotated Code of Maryland and was based on our long-standing practice of performing a follow-up review whenever an agency receives an unsatisfactory rating in its fiscal compliance audit report. The rating system was established, in accordance with State Government Article, Section 2-1221, of the Annotated Code of Maryland, for the purpose of determining an overall evaluation of an agency’s fiscal accountability and compliance with State laws and regulations.

Our review consisted of obtaining a status report from DHS, on behalf of SSA, as of November 30, 2021, which described the level of implementation of each prior audit report finding, as well as obtaining additional clarifications from SSA of the actions taken to resolve the selected findings. Our review also consisted of performing tests and analyses of certain information and holding discussions with SSA personnel, as we deemed necessary, to determine the status of SSA’s corrective actions to address the selected findings, including the related recommendations, from our June 3, 2021 audit report.

This review did not constitute an audit conducted in accordance with generally accepted government auditing standards. Had we conducted an audit in accordance with generally accepted government auditing standards, other matters may have come to our attention that would have been reported.

Our review was conducted primarily during the period from December 2021 to March 2022, and our assessment of the status of SSA’s corrective actions was performed at the time of our review.

DHS’ response, on behalf of SSA, to our follow-up review is included as an appendix to this report. As prescribed in the State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise SSA regarding the results of our review of its response.

APPENDIX A



Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

Quality Assurance Program

Finding 1 – Although the Social Services Administration (SSA) had implemented certain processes to monitor the administration of child welfare program services by the State’s local departments of social services (LDSSs), we found they were not necessarily comprehensive or effective.

OLA Recommendation	DHS SSA Response to Audit	Contact Person ¹	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
We recommend that SSA establish comprehensive quality assurance processes to ensure its child welfare programs are effectively and properly administered by the LDSSs. Specifically, we recommend that SSA modify its existing processes to ensure that they provide:				
a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the	<p>Agreed.</p> <p>SSA will continue to take the appropriate actions to ensure specific program services and functions dictated by State law and regulations, with policy direction from SSA, are performed effectively by LDSS.</p> <p>Specifically, SSA continues to modify draft Standard Operating Procedures (SOPs) that outline SSA’s monitoring activities. Each SOP outlines a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS. The most recently edited versions</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e. CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Complete) Developed Standard Operating Procedures for Monitoring of the LDSSs which will be implemented by December 2021. (Complete) Completed CJAMS Documentation Guide for child welfare to ensure accurate documentation of services for ongoing monitoring. (Complete) 	December 2021

¹ Auditor’s Comment – names in this column have been removed.



maintenance of supporting documentation relating to services and functions performed (repeat); and	<p>of the SOPs are expected to be implemented by June 2021.</p> <p>In addition, SSA has developed a standardized local QA (Quality Assurance) review process to be implemented within each LDSS by December 2021.</p>			
b. a quality assurance case review process at each LDSS that addresses all critical services and functions performed by the LDSSs (repeat).	<p>Agreed.</p> <p>SSA will continue to take the appropriate actions to ensure that a standardized quality assurance review process exists at each jurisdiction that addresses all critical services and functions performed by the LDSS.</p> <p>Specifically, SSA has designed a standardized (QA) review process that includes the development of a standardized web-based tool and companion desk guide, random sampling methodology, a schedule for when each program area (i.e. Child Protective Services {CPS}, Family Preservation, Resource Home, and Foster Care, etc.) is to be reviewed, and a recorded training to orient staff on the use of the tool.</p> <p>In addition, between October and November 2020, the process was shared with local departments and other stakeholders. LDSS are identifying jurisdictions to pilot the standardized process.</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Developed standardized local QA review process by completing the following: <ul style="list-style-type: none"> • Completed local QA Pilot of three jurisdictions. (Complete) • Completed SSA QA case review of local Departments. (Complete) • Launched ACQI monitoring tools for compliance with macro level data derived from milestone reports. (Complete) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Monitoring responses from LDSSs for initial findings from SSA QA tool to ensure compliance. (In Progress) • Statewide launch of Local QA Tool by December 2021. (In Progress) • Develop schedule for ACQI/LDSS routine audit compliance and monitoring meetings by December 2021. (Complete) 	<p>December 2021</p>



	<p>Implementation of a 2-3-month pilot was launched in April 2021 with a statewide launch planned for December 2021.</p> <p>To support the piloting of the standardized QA process, SSA staff will utilize the standardized web-based tool to conduct interim reviews as outlined in the SOPs that support SSA’s monitoring activities.</p>			
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Finding 2 – SSA had not established effective monitoring of the LDSSs to ensure that foster children were placed in the least restrictive environment and received required services.

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
We recommend that SSA monitor the LDSSs to ensure compliance with foster care requirements. Specifically, we recommend that SSA ensure:				
a. the applicable legal documentation is included in each foster child's case record in the statewide case management system (repeat);	<p>Agreed.</p> <p>SSA will continue to take action to ensure that the applicable legal documentation is included in each foster child's case record.</p> <p>Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of legal documentation and drafted SOPs to outline a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS.</p> <p>In December 2020, the SSA Title IV-E Eligibility Unit began a 100% review of all active cases in CJAMS to ensure that all required legal documents are uploaded into CJAMS. Supervisors must approve all of the updated IV-E determinations in CJAMS and maintain a QA log of all case reviews. To support this process, the IV-E Eligibility Management Team meets weekly to review and discuss the progress of the reviews and any challenges the staff are facing. These</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> ● Began Title IV-E Eligibility review of 100% of all active foster care, adoption, and guardianship cases in CJAMS to ensure that all required legal documents are uploaded into CJAMS. (Action #3) (In Progress) ● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e. CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Action #1) (Complete) ● Developed Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Action #3) (Complete) ● Reviewed existing webinars to align with CJAMS and replaced them with 	<p>June 2022 In Progress</p>



	<p>reviews are anticipated to be completed by June 2022.</p> <p>In addition, SSA will implement the following actions:</p> <p>Action #1: By June 2021, update and revise audit response webinars and existing monitoring SOPs to align with CJAMS and offer technical assistance to local departments related to the uploading of legal documents.</p> <p>Action #2: Between June - December 2021, review a randomly stratified sample of cases per month, allowing for cases to be pulled from various counties, to ensure legal documentation is uploaded into CJAMS. SSA staff plans to utilize the standardized web-based tool to conduct these reviews.</p> <p>Action #3: Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child's record and provide technical assistance accordingly</p>		<p>e-learning videos. (Action #1) (Complete)</p> <ul style="list-style-type: none"> ● Implemented standardized local QA review process by completing the following: (In Progress) <ul style="list-style-type: none"> ○ Completed SSA QA case review of local Departments. (In Progress) ○ Launched ACQI monitoring tools for compliance with macro level data derived from milestone reports. (Action #2) (Complete) <p>Next Steps:</p> <ul style="list-style-type: none"> ● Continue with 100% review of all active foster care, adoption and guardianship cases by Title IV-E Eligibility Unit. Make any necessary corrections, as required. (In Progress) ● Implement Local QA Tool December 2021 (Action #3) (In Progress) 	
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<p>b. the LDSSs place children in the least restrictive environment and document attempts to place the child with a relative (repeat);</p>	<p>Agreed.</p> <p>SSA will continue to take action to ensure that the State places children in the least restrictive environment and documents attempts to place children with relatives. Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of placement in the least restrictive environment and placement with families. SSA also drafted SOPs to outline a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS.</p> <p>In addition, SSA will implement the following actions:</p> <p>Action #1: By June 2021, update and revise audit response webinars and existing monitoring SOPs to align with CJAMS and offer technical assistance to local departments related to the documentation of placement in the least restrictive environment and placement with families.</p> <p>Action #2: Between June - December 2021, review a randomly stratified sample of cases per month, allowing for cases to be pulled from various counties, to ensure placement in the least restrictive environment and placement with families is documented in CJAMS. SSA staff plan to utilize the standardized web-based tool to conduct these reviews.</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> ● Created SOPs that align with Child Welfare programs that included required activities for each program (i.e. CPS and Family Preservation, Foster Care, and Resource Homes). (Action #1) (Complete) ● Developed Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Action #3) (Complete) ● Reviewed existing webinars to align with CJAMS and replaced them with e-learning videos. (Action #1) (Complete) ● Implemented standardized local QA review process by completing the following: (In Progress) <ul style="list-style-type: none"> ○ Completed SSA QA case review of local Departments. (In Progress) ○ Launched ACQI monitoring tools for compliance with macro level data derived from milestone reports. (Action #2) (Complete) 	<p>December 2021</p>
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	<p>Action #3: Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child's record and provide technical assistance accordingly.</p>			
<p>c. compliance with medical, dental, and education requirements by reviewing applicable documentation (repeat).</p>	<p>Agreed.</p> <p>SSA is continuing to conduct activities to ensure specific program services, which are dictated by State laws and regulations, with policy direction from SSA, are performed effectively by LDSS.</p> <p>Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of medical, dental, and education requirements and drafted education and health monitoring standard operating procedures (SOPs).</p> <p>In addition, SSA plans to implement the following actions:</p> <p>Action #1: By June 2021 update SOPs to align with CJAMS reporting. Once the SOPs and reporting tools are refined and updated, quarterly oversight and monitoring of medical, dental and education documentation will resume via implementation of the updated SOP utilizing the standardized web-based tool.</p> <p>Action #2: By December 2021 update COMAR related to health. Based on the resulting provisions, SSA will be conducting a review process of related medical and dental policies to ensure alignment with practice, CJAMS, and</p>		<p>Actions Taken:</p> <ul style="list-style-type: none"> ● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e. CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Action #1) (Complete) ● Developed Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Action #3) (Complete) ● Draft of updated health policy complete. (Action #2) (In Progress) ● Completed SSA/LDSS one-on-one audit compliance and monitoring meetings in September 2021. (Action #3) (Complete) <p>Next Steps:</p> <ul style="list-style-type: none"> ● Initiate the vetting and approval process for the updated Health Policy. (Action #2) (In Progress) ● Upon the onboarding of the new Medical Director, update COMAR related to health. (Action #2) (In Progress) 	<p>December 2021 In Progress</p>



	<p>requirements for compliance; current education policies will also be included in this review.</p> <p>Action #3: Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child's record and provide technical assistance accordingly.</p>			
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Child Protective Services

***Finding 3** – SSA’s monitoring process was not effective for both ensuring the timeliness of child abuse and neglect investigations and for the required assessments of substance-exposed newborns conducted by the LDSSs.*

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
We recommend that SSA				
<p>a. establish effective procedures to ensure that the LDSSs conduct and complete investigations of allegations of child abuse and neglect and safety and risk assessments of controlled substance-exposed newborns in a timely manner, as required by State law and regulations (repeat); and</p>	<p>Agreed.</p> <p><i>Conduct and complete investigations of allegations of child abuse and neglect:</i></p> <p>DHS is committed to ensuring the safety and wellbeing of children in our state through thorough timely and appropriate responses to reports of child abuse and neglect. SSA will continue to take appropriate actions to monitor the timeliness of CPS Responses. In April 2018, SSA conducted and recorded a webinar to guide the LDSS on timeliness of CPS cases and ensure appropriate documentation in MD CHESSIE.</p> <p>Following the webinars, in May 2018, SSA began monitoring compliance of timeliness of CPS cases utilizing the In-Home Milestone Report.</p> <p>In January 2019, SSA reassigned one staff person to serve as Acting Program Manager for Baltimore City CPS staff with direct</p>		<p><u>Actions Taken to address timeliness of CPS investigations:</u></p> <ol style="list-style-type: none"> 1. Communication provided to all CPS and Family Preservation staff by completing the following: <ul style="list-style-type: none"> ● Reissued the required protocol on CPS timeframes for timely initiation and closure of CPS responses and offered TA to local departments to reinforce compliance. (Completed) ● Distributed a Tip Sheet to LDSS for improving CPS timeliness broken down by each finding and the CPS Timeframe Requirements document detailing when the "clock" starts ticking for each requirement. (Completed) 2. Began interim monitoring of CPS response data by completing the following: 	<p>February 2022</p>



	<p>supervision from SSA's Director of CPS/Family Preservation Services. In addition, SSA engaged a team to provide targeted support to Baltimore City CPS staff to include training on CPS statute, regulations, policy and best practice, implementation of a targeted case supervision approach, and monthly meetings among Supervisors and Unit Managers to identify and address any systemic issues in providing CPS responses.</p> <p>In February 2020, SSA hired a staff person whose main responsibility is to provide monitoring, oversight, and technical assistance for CPS activities including timeliness of investigations. This staff person is leading an interim process to monitor the timeliness of initiating and completing investigations within targeted jurisdictions which began in October 2020. This process allows for a random selection of cases out of CJAMS to review. If concerns are noted, SSA contacts the local department to discuss the findings and provide technical assistance.</p> <p>In April 2020, SSA began working with CJAMS developers to refine the CPS milestone report, to include the ability to monitor timely initiation of responses and case closures. In March 2021, an accurate CPS milestone report was implemented to capture the timely completion of CPS investigations that is available daily to SSA and Local staff. SSA has continued to direct LDSS leadership to utilize the existing CPS Milestone Reports during</p>		<ul style="list-style-type: none"> ● Distributed CPS Timeliness data for timely case closure and face-to-face response to LDSS. (Completed) ● Reviewed over 200 cases from a large and medium LDSS for the 3 CPS timeliness findings (Screening timeliness, face-to-face contact, and timely closure). Feedback and technical assistance were provided to each LDSS reviewed to support the local in meeting CPS investigation timelines. (In Progress) ● Completed an update and reissuance of the policy regarding accessing children/families. (Completed) ● Completed SSA/LDSS one-on-one audit compliance and monitoring meetings in October 2021. (Completed) ● Developed and distributed weekly reports by ACQI for closure timeliness. (Completed) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ● Enhancements to CJAMS milestone reports (In Progress) 	
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	<p>supervision so CPS supervisors can monitor case activities while a CPS case is active.</p> <p>In addition, SSA plans to implement the following actions:</p> <p>Action #1: Effective immediately, send out communication to all CPS and Family Preservation staff to provide guidance related to timeliness on investigations to include steps to take to access children, what to do if staff are unable to see a child timely, and effective documentation of reasonable efforts. To support the guidance provided, the current policy regarding access to children will also be updated.</p> <p>Action #2: Reviewed CPS response data with LDSS Directors and Assistant Directors at the March SSA/LDSS weekly call to identify barriers and identify technical assistance needed. SSA will continue to provide regular data to Local Directors and Assistant Directors related to CPS responses.</p> <p>Action: #3: In March 2021, initiated steps to begin an interim monitoring process to using the information from the CFSR (Child and Family Services Review) along with random case sampling by requesting a data report of additional cases beyond what is currently provided as part of the CFSR review (14 cases for a large jurisdiction, 10 or a medium jurisdiction and 6 for a small jurisdiction). The random case samples will be from the same period under review as the CFSR.</p>			
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	<p>The initial random sample was provided in May 2021.</p> <p>The review of the additional cases will provide opportunities to offer technical assistance to LDSS to reinforce their efforts to initiate and complete CPS responses timely and allow for information learned from the additional case reviews to be included in their final CFSR report.</p> <p>Action #4: By December 2021, utilize the standardized quality assurance case review process implemented at each LDSS to monitor timeliness of initiating and closing investigations and provide technical assistance accordingly.</p>			
	<p><i>Safety and risk assessments of controlled substance-exposed newborns in a timely manner:</i></p> <p>SSA has taken action to efficiently monitor and provide oversight of Substance Exposed Newborn (SEN) assessments. The current In-Home Milestone report captures active SEN Risk of Harm cases and the date of the last/most current safety and risk assessment completed for the case; however, this data report is incomplete.</p> <p>Due to the report inaccuracies, an informal data validation process has been utilized. After identifying the SEN cases for the jurisdictions using the In-Home Milestone report, MD</p>		<p><u>Actions Taken to ensure completion of timely SEN assessments:</u></p> <ul style="list-style-type: none"> ● Drafted a monitoring tool that was shared with program staff for input and feedback. (In Progress) ● Initiated the development of the monitoring tool in collaboration with University of Maryland. (In Progress) ● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e. CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Completed) 	



	<p>CHESSIE has been used to cross check the data (safety and risk assessment dates).</p> <p>Additionally, SSA conducted a SEN policy training in February 2021.</p> <p>The training included a review of the safety and risk assessments and timelines for completion. Substance Exposed Newborn #21-05 policy was issued to clarify, provide details, and offer additional guidance to professionals serving SEN and their families. The revised SEN policy, due to take effect in March 2021, was updated to clarify roles and responsibility as it relates to the coordination of, care of and response to SEN. Along with the policy, several new and revised SEN forms are being introduced to support and improve practice; those tools were also demonstrated during the training.</p> <p>In addition, SSA plans to implement the following actions:</p> <p>Action #1: Beginning March 2021, utilized a pilot data report for SEN as a short-term plan to provide improved data to support the monitoring of the completion of required safety and risk assessment within required timeframes.</p> <p>Action #2: By May 2021, in order to improve oversight, refine the existing Monitoring SOPs to include alignment with CJAMS (Child, Juvenile and Adult Management System), the enhancement of the oversight process, and the revision of the established monitoring timeframes.</p>		<ul style="list-style-type: none"> ● Develop Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Completed) ● Completed one-on-one technical assistance meetings with local departments regarding updated SEN policy. (In Progress) ● Completed SSA/LDSS one-on-one audit compliance in monitoring meetings in October 2021. (Completed) <p>Next Steps:</p> <ul style="list-style-type: none"> ● Generate finalized SEN report. (In Progress) 	
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	<p>Action #3: By December 2021, utilize the standardized quality assurance case review process implemented at each LDSS to monitor compliance with medical, dental, and education requirements and provide technical assistance accordingly.</p>			
<p>b. enhance the accuracy and completeness of system reports to ensure they can be reliably used to monitor compliance with these requirements (repeat).</p>	<p>Agreed.</p> <p>SSA continues to implement appropriate actions to enhance the accuracy and completeness of reports to reliably monitor timely completion of CPS investigations and the timeliness of required assessments of substance-exposed newborns completed by the LDSS.</p> <p>Specifically, SSA is planning the following short- and long-term activities to ensure data is reliable and can be used to monitor compliance:</p> <p>Action #1: In March 2021, implemented an accurate CPS milestone report to capture the timely completion of CPS investigations that is available daily to SSA and Local staff. In addition, in partnership with the University of Maryland School of Social Work, a draft template of a reporting tool that can be used for monitoring timeliness of SEN assessments was created and provided to program staff for input.</p> <p>Reporting templates outlined response timing for the jurisdictions and state overall; the reporting templates are in the process of being enhanced to better monitor the accurate timeliness of safety and risk assessments for a sample size of SEN. Once a final version of the SEN report is decided upon, it will be created in</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> ● Issued a daily CPS Milestone Report in March 2021 to assess the timely completion and initiation of CPS cases and the report is currently available in Qlik. This tool also will assist with assessing SEN assessment. (In Progress) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ● Enhance CJAMS milestone reporting. (In Progress) ● Finalize SEN report and share final draft with SSA Executive Team. (In Progress) ● SSA Research and Evaluation Unit to provide program staff with access to reports/monitoring tools. (In Progress) 	<p>March 2022</p>



	<p>the system where it will be available on a daily basis.</p> <p>Action #2: In April 2021, completed a review of CJAMS Child Welfare fields to ensure that data elements for timely completion of CPS investigations and SEN reporting is a part of the application side of the system. This review showed that the two reports either developed (CPS Milestone) or SEN, in process of being finalized, will provide the necessary information for monitoring timeliness either of CPS cases or SEN assessments as the necessary data elements are in CJAMS.</p> <p>Action #3: By September 2021, complete an assessment and update the past reporting for timely completion of CPS investigations and SEN to create improved electronic reporting capability.</p> <p>Action #4: By December 2021, complete data/report validation of the newly revised report(s) in the new system to confirm accuracy.</p>			
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Child Protective Services (*continued*)

Finding 4 – SSA lacked adequate controls to ensure the LDSSs were immediately notified of children born to individuals who previously had their parental rights terminated for abuse or neglect.

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
<p>We recommend that SSA establish adequate controls, such as initiating a supervisory review over the process, to ensure that LDSSs are promptly notified of children born to individuals who previously had their parental rights terminated by a court (repeat).</p>	<p>Agreed.</p> <p>SSA has taken appropriate action to ensure LDSS receive timely notifications of children born to individuals who previously had their parental rights terminated for abuse or neglect. Responsibility for who receives the information from Vital Statistics has been adjusted and as of August 2020 all outstanding birth matches were caught up. With all jurisdictions now using CJAMS, a standard report has also been created.</p> <p>Several months ago, the CPS/Family Preservation office established a multi-step plan to review matches weekly after a match has been received, and ensure notifications are sent within 2 business days of the match. In addition, the CPS/Family Preservation Director reviews birth match notifications on a bi-weekly basis to ensure the LDSS are notified of all matches by SSA. The CPS/Family Preservation Office maintains a master list to track birth matches and notifications to the LDSSs. The Office also tracks whether the LDSS has initiated a timely assessment of the</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Strengthened the Birth Match Review Process by completing the following: <ul style="list-style-type: none"> • Established a multi-step review process that includes weekly review of data to identify any matches, 2-day notification of local departments of any matches, bi-weekly review by Program Director and the maintenance of a master list to monitor completion of assessments following the notification of a match. (Completed) 2. Initiated follow up activities to the audit to ensure that required assessments were completed on cases tested by completing the following: <ul style="list-style-type: none"> • Reviewed the 144 cases tested during the audit to ensure that the required assessments were completed once a local was notified of a birth match. This review indicated that about half of the children reviewed during the audit did not have an assessment documented. 	<p>December 2021</p>



	family where a match has been made and documents the information.		<ul style="list-style-type: none"> • Notifications were sent to LDSS with identified outstanding birth match assessments directing assessments to be completed. • Responses were received by SSA birth match monitoring staff confirming completion of assessment. (Completed) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • ACQI testing of enhancements to ensure compliance. (In Progress) 	
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Federal Funds

Finding 5 – SSA did not have an effective process for ensuring the propriety and timeliness of Title IV-E eligibility determinations and redeterminations and had not conducted quality assurance reviews; both of which resulted in a potential loss of federal funds.

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
We recommend that SSA ensure federal reimbursement is obtained for all children eligible for Title IV-E funding. Specifically, we recommend that SSA				
a. ensure that Title IV-E eligibility is properly determined for all children (repeat);	<p>Agreed.</p> <p>SSA has taken appropriate action to ensure the timely determination of children’s eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020.</p> <p>This review is being conducted to ensure that all eligibility determinations were properly determined and to obtain reimbursement of any federal funds potentially lost as a result of an incorrect decision.</p> <p>The IV-E Eligibility Management Team meets weekly to review and discuss the progress of the review and any challenges the staff are facing.</p> <p>The IV-E Eligibility Supervisors must approve all of the updated IV-E determinations in CJAMS and a QA log is being updated as case review updates are provided.</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> Began 100% review of all active cases in CJAMS to ensure the accuracy of the Title IV-E eligibility determination: <ul style="list-style-type: none"> Review process includes automated supervisory approval within CJAMS and weekly IV-E Eligibility Management Team meetings to discuss the progress of the review and address any challenges. (In Progress) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> Title IV-E will continue the 100% (60% completed) review of all IV-E cases including any cases determined to be ineligible. (In Progress) 	June 2022



<p>b. conduct reviews to ensure that Title IV-E eligibility determinations and redeterminations are proper and timely, as required by SSA policy; and</p>	<p>Agreed.</p> <p>SSA has taken appropriate action to ensure the timely determination of children's eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020.</p> <p>This review is being conducted to ensure that all eligibility determinations were properly determined and to obtain reimbursement of any federal funds potentially lost as a result of an incorrect decision.</p> <p>The IV-E Eligibility Management Team meets weekly to review and discuss the progress of the review and any challenges the staff are facing.</p> <p>The IV-E Eligibility Supervisors must approve all of the updated IV-E determinations in CJAMS and a QA log is being updated as case review updates are provided.</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Implemented Title IV-E eligibility process within CJAMS by completing the following: <ul style="list-style-type: none"> • Created a rules engine within CJAMS to ensure that all Title IV-E determinations are in compliance with the federal and state requirements. (Completed) <ul style="list-style-type: none"> ○ Completion of mandatory supervisory approval within CJAMS to ensure accuracy of Title IV-E determination. • In June 2020, all Title IV-E staff were provided with necessary training on utilizing CJAMS to complete Title IV-E eligibility determinations. (Completed) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Title IV-E will continue the 100% (60% completed) review of all IV-E cases including any cases determined to be ineligible. (In progress) 	June 2022
<p>c. review all children who are currently determined to be ineligible due to a missing court order or who entered care prior to July 2016 (and</p>	<p>Agreed.</p> <p>SSA has taken appropriate action to ensure the timely determination of children's eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020. This review includes any remaining active ineligible cases that received services within the last two years. These cases are being prioritized</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Began 100% review of all active cases in CJAMS to ensure the accuracy of the Title IV-E eligibility determination: <ul style="list-style-type: none"> • Review process includes automated supervisory approval within CJAMS and weekly IV-E Eligibility Management Team meetings to discuss the progress of 	June 2022



<p>received services within the last two years), including the aforementioned cases, and obtain Title IV-E funds when possible (repeat).</p>	<p>and if any determinations are found to be incorrect, the determination will be amended accordingly and all necessary steps to obtain federal reimbursement will be taken where applicable.</p>		<p>the review and address any challenges. (Completed)</p> <ul style="list-style-type: none"> • Made corrections and necessary adjustments on any cases identified as incorrectly determined. (In Progress) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Title IV-E will continue the 100% (60% completed) review of all IV-E cases including any cases determined to be ineligible any adjustment required will be completed. (In Progress) 	
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Foster Care, Adoption, and Guardianship Payments

Finding 6 – SSA did not pursue the collection of approximately \$4.8 million in provider overpayments.

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
<p>We recommend that SSA pursue for collection provider overpayments calculated by the OIG, including those noted above.</p>	<p>Agreed.</p> <p>SSA continues to take appropriate action to pursue the collection of provider overpayments calculated by the Office of Inspector General.</p> <p>In 2018, SSA, OIG and Budget and Finance agreed upon procedures to address how each department would address calculated provider overpayments. However, due to staff turnover, the procedures were not fully carried out.</p> <p>In 2020, a written standard operating procedure has been put in place that adequately addresses how each department will continue to work together to ensure that provider overpayments are pursued timely. SSA has identified staff that will specifically address these functions. In addition, monthly updates are scheduled to be provided to OIG and Budget and Finance beginning in May 2021 to indicate the status of those providers with overpayments.</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Completed Standard Operating Procedure to address how provider overpayments will be perused timely: <ul style="list-style-type: none"> ● Staff identified to review information and provide updates. (Complete) ● Collection letters sent to providers for FY 17' and 18'. (In Progress) ● Tracking sheets were created and monitored for FY17' and 18' collection letters. (In Progress) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ● Collection letters to be distributed for FY 19' and 20'. (In Progress) ● Tracking sheets created and monitored for FY 19' and 20' collection letters. (In Progress) ● Individual meetings with providers scheduled as needed. (In Progress) 	<p>June 2022</p>



Foster Care, Adoption, and Guardianship Payments (*continued*)

Finding 7 – SSA had not established procedures to ensure that adoption assistance payments funded entirely by the State were suspended when an adopted child was removed from the adoptive home.

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
We recommend that SSA				
a. establish procedures to ensure compliance with State regulations regarding adoption assistance payments being made for a child who has been moved from the adoptive home to an out-of-home placement (repeat); and	<p>Agreed.</p> <p>SSA continues to take appropriate action to ensure that adoption assistance payments funded entirely by the State are suspended when an adopted child is removed from the adoptive home. SSA is taking the following actions:</p> <p>Action #1: Review and update as needed Policy SSA/CW#13-01 to ensure compliance with State COMAR regulations regarding the suspension of adoption assistance payments when required.</p> <p>Action #2: Create an automatic flag in CJAMS to stop payments for state subsidized adoptions ending in out-of-home placement immediately at the onset of the change in the placement status. Once completed, generate monthly reports to allow for the monitoring of the suspension of adoption subsidy for any youth who have moved from an adoptive home to an out-of-home placement.</p>		<p><u>Actions Taken:</u></p> <ol style="list-style-type: none"> 1. Began to review and update Policy SSW/CW #13-01 by completing the following: <ul style="list-style-type: none"> • Initiated conversations with Office of the Attorney General and Permanency Workgroup to review SSA/CW#13-01 to ensure compliance with State COMAR regulations. (Completed) • Developed an automatic flag in CJAMS to stop payments for state subsidized adoptions ending in out-of-home placement immediately at the onset of the change in the placement status: (Completed) • Reviewed recommendations from AG and workgroup and made revisions to policy SSA/CW#13-01. (Completed) • Revised policy has been distributed to the local departments for comment. (In Progress) 	January 2022



	<p>Action #3: Update and revise audit response webinars as a means of providing ongoing technical assistance to LDSS to ensure that State adoption subsidies are terminated when a youth is placed in out-of-home care.</p>		<p><u>Next Steps</u></p> <ul style="list-style-type: none"> • Distribute revised policy SSA CW#13-01. (In Progress) • Update existing webinars to align with CJAMS and replace them with e-learning videos. (Completed) • ACQI to test cases of children who reentered care since implementation of “Flag” to ensure that letters are generated and payments are stopped within required timeframes. (Completed) 	
<p>b. review adoption assistance payments made on behalf of children in out-of-home placement, including the aforementioned 28 children, and recover any amounts that were inappropriately paid (repeat).</p>	<p>Agreed.</p> <p>SSA is taking appropriate action to review adoption assistance payments made on behalf of children in out-of-home placement, including for the aforementioned children, to determine the ability to recover any amounts that were inappropriately paid.</p> <p>Specifically, SSA is reviewing the list of children currently in foster care who entered after an adoption to confirm that adoption subsidy payments were suspended when appropriate and suspend those that no longer meet the eligibility criteria for an adoption subsidy. SSA will complete the review by June 30, 2021. For any payments not suspended, SSA will make attempts to recoup any funds, as appropriate, by April 2022.</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> • Completed the review of all children that re-entered foster care from an adoptive home and continue to be in receipt of an adoption subsidy to determine if the child continues to meet the requirements to continue to receive the subsidy. If they no longer met the requirements, the LDSS was notified within two weeks of the completion of the review to take the necessary action to terminate the subsidy payment. (Completed) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • SSA will attempt to recoup any funds as deemed appropriate by April 2022. (In Progress) 	<p>April 2022</p>



Interagency Agreements

***Finding 8** – SSA did not ensure that certain payments made to a State university for three interagency agreements were adequately supported, were reasonable in relation to the tasks performed, and were made in accordance with the terms of the agreements.*

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date & Intermediate Milestones
<p>We recommend that SSA implement a process to ensure the propriety of State university invoices. For example, obtain and review payroll records or restructure the agreements to base payment on specific deliverables to be monitored by SSA, or a combination thereof (repeat).</p>	<p>Agreed.</p> <p>SSA currently receives timesheets and the DHS Monthly Detail Form for all Interagency Agreements (IAA) with the University of Maryland.</p> <p>Both documents provide a detailed summary of charges for all staff funded by the agreement and the specific tasks that each employee worked on during the invoice period. SSA is taking the following actions to implement a process to ensure the propriety of State university invoices:</p> <p>Action 1: By June 2021, develop a SOP and training to ensure that all project officers have clear guidance on contract monitoring requirements related to reviewing timesheets, tasks completed during the invoice period, monthly charges for accuracy, and documentation provided to support charges.</p> <p>Action 2: By December 2021, review the current contracting mechanism with the DHS procurement office and Office of Attorney</p>		<p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> Developed Standard Operating Procedures to provide guidance on contract monitoring requirements (Actions #1 & 2). (Complete) Updated current Interagency Agreement template (Action #3). (Complete) Notified University Partners in writing regarding the requirement for informing and obtaining approval from SSA before changes to key personnel are made. (Action #3) (Complete) <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> Monitoring and control tracking tool to be developed. (In Progress) 	<p>June 2022</p>



	<p>General to determine any necessary changes to the contracting process.</p> <p>Action 3: By June 2022, partner with the Office of the Attorney General and the Procurement Office to draft language to be included in the current IAA agreements requiring SSA approval of critical changes in personnel. While the IAA language is being drafted and finalized, SSA is notifying University contacts in writing that key personnel changes (i.e. Principal Investigators, Program Managers/Directors, Research Analysts) must be approved by SSA prior to changes being made. These notifications will be distributed in May 2021.</p>			
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APPENDIX B



Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

June 30, 2022

Mr. Gregory A. Hook
Legislative Auditor
Office of Legislative Audits
The Warehouse at Camden Yards,
351 West Camden Street, Suite 400
Baltimore, Maryland 21201

Dear Mr. Hook:

Enclosed is the Maryland Department of Human Services' (DHS) response to the Office of Legislative Audits' (OLA) Follow-up Review of the Department of Human Services – Social Services Administration related to the June 3, 2021 legislative audit report.

If there are any questions, please contact Inspector General Marva Sutherland at (443) 378-4060 or by email at marva.sutherland@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Lourdes R. Padilla".

Lourdes R. Padilla
Secretary

Enclosures:

cc:

Gregory James, Deputy Secretary, Operations
Netsanet Kibret, Deputy Secretary, Programs
Daniel Wait, Acting Deputy Secretary for Administration
Denise Conway, Executive Director, SSA
Stafford Chipungu, Chief Financial Officer
Marva M. Sutherland, Inspector General
Shelly-Ann Dyer, Acting Assistant Inspector General – Audits
Constantine "Coke" Hagepanos, Director, Audit Compliance & Quality Improvement, SSA



Department of Human Services (DHS)
Social Services Administration (SSA)
Special Review Follow-Up Response

Quality Assurance Program

Prior Finding 1

Although the Social Services Administration (SSA) had implemented certain processes to monitor the administration of child welfare program services by the State's local departments of social services (LDSSs), we found they were not necessarily comprehensive or effective.

Prior Report Recommendation 1

We recommended that SSA establish comprehensive quality assurance processes to ensure its child welfare programs are effectively and properly administered by the LDSSs. Specifically, we recommended that SSA modify its existing processes to ensure that they provide

- a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the maintenance of supporting documentation relating to services and functions performed (repeat); and
- b. a quality assurance case review process at each LDSS that addresses all critical services and functions performed by the LDSSs (repeat).

Status – In Progress

DHS Response: The Department concurs with OLA's assessment of the status of prior finding.

- a) SSA initially developed a QA Desk Guide that provided written procedures for completing the Local QA process. Subsequently, SSA has implemented Standard Operating Procedures related to overall monitoring and is developing a more comprehensive set of written procedures related to implementing the SOP. We acknowledge this is an ongoing process and therefore, additional steps must be taken to improve compliance, efficiency, and effectiveness to fully address OLA's recommendations. Consistent with our planned efforts, SSA's more comprehensive written procedures will provide a specific linkage between the SOP and the Local QA process, consistent with the examples cited in the OLA assessment.
- b) In December 2021, SSA implemented the initial Local Quality Assurance (QA) process. The initial results were collected in February 2022. The results were accumulated and distributed to the LDSS for corrective actions. This included follow-up efforts with the LDSS to address missing supporting documentation in April 2022.

The second round of the Local QA process was implemented in March 2022, and this round of reviews was completed on May 25, 2022. SSA expects to receive the results of the reviews from the University of Maryland School of Social Work in June 2022.

SSA continues to enhance the Local QA process based on local feedback, policy updates, and CJAMS enhancements.

Monitoring Compliance with Foster Care Requirements

Prior Finding 2

SSA had not established effective monitoring of the LDSSs to ensure that foster children were placed in the least restrictive environment and received required services.

Prior Report Recommendation 2

We recommended that SSA monitor the LDSSs to ensure compliance with foster care requirements. Specifically, we recommended that SSA ensure

- a. the applicable legal documentation is included in each foster child's case record in the statewide case management system (repeat);
- b. the LDSSs place children in the least restrictive environment and document attempts to place the child with a relative (repeat); and
- c. compliance with medical, dental, and education requirements by reviewing applicable documentation (repeat).

Status – In Progress

DHS Response: The Department concurs with OLA's assessment of the status of prior finding.

- a) The Local QA process established in response to Finding 1 is designed to help ensure that foster children's case records in CJAMS include applicable legal documentation.

Additionally, SSA's Title IV-E Eligibility Unit continues to complete a 100% review of all foster care cases to confirm that supporting legal documentation is contained in CJAMS (which is also among the corrective actions being taken related to Finding 5).

This review is expected to be completed by the end of June 2022, as previously scheduled. SSA's Title IV-E Unit is concurrently monitoring Title IV-E eligibility determinations and redeterminations on an ongoing basis, which includes a review to ensure applicable legal documents are properly included in foster children's case records.

Issues and discrepancies noted in each of these reviews are being followed up with the appropriate LDSS to ensure corrective actions are taken. Actions are also being taken for

any areas noted where enhancements to the processes can be made for efficiencies or to provide better monitoring and oversight.

- b) The Local QA process established in response to Finding 1 is designed to help ensure that foster children's case records in CJAMS include applicable evidence of the LDSSs' efforts to place children in the least restrictive environment.

In accordance with the Child Welfare Documentation Guide, caseworkers have been instructed to document that each child in foster care is placed in the least restrictive environment as part of their routine assessments.

SSA is currently working with MD THINK to create a monitoring report of least restrictive placements in the CJAMS system. SSA and MD THINK are working to make the least restrictive environment fields mandatory. Until the enhancements are made to CJAMS, SSA continues to use the Local QA process to monitor compliance.

Issues and discrepancies noted in each of these reviews are being followed up with the appropriate LDSS to ensure corrective actions are taken. Actions are also being taken for any areas noted where enhancements to the processes can be made for efficiencies or to provide better monitoring and oversight.

- c) Since October 2021, SSA has been monitoring compliance with education requirements on a weekly basis, with successful results. The State achieved compliance in December 2021 and is currently exceeding compliance standards for education requirements. This monitoring effort includes follow-up with the LDSS to ensure instances of non-compliance are resolved.

Regarding medical requirements, as of May 2022, of the 254 cases cited by OLA for outdated annual health records, updates in CJAMS showed that annual health exams have been completed for 159 of these youth. SSA is currently working with the LDSS to address the remaining 95 outstanding cases in accordance with the Local Operations and Support SOP process.

For the 30 youth identified as having no documented annual health exam since 2019, SSA and the LDSS reviewed these cases, and noted that all 30 youth have received an annual medical exam. SSA is continuing to monitor compliance for medical requirements, and these efforts are resulting in increased documentation.

This noted improvement is due to several factors. First, SSA was aware of needed enhancements in CJAMS and the data reporting application (QLIK) for medical and dental appointments for foster youth. In response to these needed actions, SSA partnered with MD THINK to implement enhancements in March 2022 that led to the development of a more accurate Foster Care Milestone report. Following these enhancements, the

LDSS were provided one month to correct the data before being issued a notification of non-compliance in accordance with the Local Operations Support and Assistance to the LDSS SOP. The established monitoring process includes follow-up with the LDSS to ensure instances of non-compliance are resolved. In May 2022, the first non-compliance notifications were issued to ensure corrective actions are taken to update these records or have the children seen by health service providers. LDSS are provided one month after initial notification to comply before additional escalation.

Additionally, SSA was informed by the LDSS of insurance payment barriers related to having children seen within mandated timeframes. For instance, insurance companies were often refusing to reimburse medical providers if 365 days had not elapsed since the previous routine medical exam. Since being made aware of this barrier, information has been provided to the LDSS regarding insurance codes to help ensure children are seen within the mandated timeframes. In collaboration with the DHS Child Welfare Medical Director, SSA is working to align practice, policy, and regulation with standard medical and insurance practices.

Finally, additional technical assistance (“TA”) has been provided to the LDSS by SSA’s ACQI and Office of Programs and Operations, regarding proper documentation of all medical appointments. These TA sessions are especially important where application enhancements are introduced and/or inconsistent results are noted between LDSS. Through these TA sessions, SSA has learned that local child welfare staff are ensuring that youth receive timely medical services. For older youth who refuse medical services, staff are documenting this refusal and educating the youth about the importance of managing their own health care.

Documentation of dental services in CJAMS as reported through the QLIK application is currently being enhanced. These enhancements will improve SSA’s ability to collect data and create reports for better monitoring.

Child Protective Services

Prior Finding 3

SSA’s monitoring process was not effective for both ensuring the timeliness of child abuse and neglect investigations and for the required assessments of substance-exposed newborns conducted by the LDSSs.

Prior Report Recommendation 3

We recommended that SSA

- a. establish effective procedures to ensure that the LDSSs conduct and complete investigations of allegations of child abuse and neglect and safety and risk assessments of controlled substance-exposed newborns in a timely manner, as required by State law and regulations (repeat); and
- b. enhance the accuracy and completeness of system reports to ensure they can be reliably used to monitor compliance with these requirements (repeat).

Status – In Progress

DHS Response: The Department concurs with OLA’s assessment of the status of prior finding.

- a) SSA is continuing its work with MD THINK to address ongoing system enhancements in both the CJAMS application and the related QLIK application to monitor timely CPS investigation and assessment of substance-exposed newborns. CPS initial face to face contacts and SEN case reports are currently being tested for validity. Upon completion of the CPS Milestone enhancements, the initial face to face contact will be included in the regular SOP notification process. CJAMS and QLIK reports related to timely closure of investigations in child abuse and neglect cases are functioning and is currently being used by SSA to monitor compliance.

SSA reviews LDSS internal SEN tracking methods and utilizes these to complete ongoing monitoring as an interim method pending QLIK report finalization.

In addition to the monitoring reports being worked on, other efforts to monitor the LDSS efforts in these critical areas have been put in place. Technical Assistance (“TA”) sessions are regularly provided by ACQI and Office of Program staff to monitor consistent and timely delivery of required services. These TA sessions are especially important where application enhancements are introduced and/or inconsistent results are noted between LDSS. Statewide TA sessions began May 2022 and are provided, at minimum, on a weekly basis. Going forward, LDSS may request individual sessions with ACQI and Office of Program staff.

Prior to the implementation of the TA group sessions, ACQI completed 4 rounds of “One-on-One” meetings with all 24 LDSS in September, October and December of 2021 and in February 2022. During these meetings, the LDSS were asked to present ACQI and SSA Leadership with their current monitoring procedures for ensuring the timely assessment and completion of substance exposed newborn cases. During these meetings, the LDSS were able to describe differing but robust monitoring practices that meet their responsibilities to assess these children in a timely manner. Often, the quality and timeliness of the initial contact efforts by LDSS staff is based on close relationships with the hospitals and other related healthcare providers which are actively nurtured by the LDSS staff.

- b) SSA continues to work with MD THINK to develop new functionality and enhance the current features of CJAMS and related QLIK applications to deliver accurate and reliable data for monitoring of LDSS compliance. This is an ongoing effort as policy and practice changes are implemented throughout the State.

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