

POLICY

SUBJECT: Placement of DJS Youth in Residential and Non-residential Programs

NUMBER: CS-126-16

APPLICABLE TO: Operations Staff

APPROVED: _____ /s/ signature on original

Sam Abed, Secretary

DATE: _____ 11/21/16

I. POLICY

Staff shall follow the established policy and procedures for placement of youth under the supervision of the Department of Juvenile Services (DJS or Department) in residential and non-residential programs. The procedures delineate Case Management Specialist, Case Management Specialist Supervisor, Resource Specialist, and Resource Specialist Supervisor responsibilities and include procedures for the DJS Headquarters Resource Office.

Staff may not place a youth unless a staffing meeting has occurred (i.e., youth has been “staffed”.) Families of committed youth must be engaged at all key case planning decision points. The Secretary or designee must approve any out-of-state placement of youth. In accordance with this policy, staff shall ensure that the Department has exhausted all appropriate in-state resources or no appropriate in-state resource is available prior to recommending a youth for an out-of-state placement.

II. AUTHORITY

A. MD. CODE ANN., HUM. SRVCS., §8-101, 8-235, §8-236, §8-401 to §8-408, §9-203, §9-204, §9-226, §9-231, §9-237 and §9-239

III. DIRECTIVES/POLICIES RESCINDED

Placement of DJS Youth in Residential and Non-residential Programs, CS-110-13

IV. FAILURE TO COMPLY

Failure to comply with a Department’s Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed and are attached to the policy.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	10/29/13
New Policy issued. Revised procedures issued to include: <ul style="list-style-type: none"> • Added Permanency Plan & Re-Entry Plan definitions; • Removed reference to Determination of Need; • Added the Checklist for Permanency Planning/Housing (Appendix 2) which is completed to determine at the time a youth is being placed if housing will be needed upon re-entry • Added requirement to ensure input from the parents/guardians/custodians and the youth about needs and interests is considered when selecting programs • Added requirement to ensure that any selected program meets the needs of the youth and public safety • Revised Residential Referral Process procedures • Added requirement to ensure that any referral made to a RTC shall include a psychiatric evaluation that recommends this level of care or pending the results of the psychiatric evaluation, include the completed psychological assessment • Added requirement to ensure that parents are provided with information regarding visitation with any youth in placement • The RS or RSS shall forward an electronic copy of the DJS Youth I Out-of-Home/Placement/Foster Care Form to the CMS and CMSS 	11/21/16
Revised procedures for out-of-state placement issued: <ul style="list-style-type: none"> • Removed requirement to comply with criteria established by the State Coordinating Council (SCC) for out-of-state placements • Added procedure requiring the submission of the Request for Secretary Approval of OOS Placement • Added requirement for the completion of the Verification of Co-funding Form • Added procedures requiring CMS to ensure specific language is included in the court order about the need for an out-of-state placement 	5/23/17

DESCRIPTION OF REVISION	DATE OF REVISION
Procedures revised: <ul style="list-style-type: none"> • Added definitions for qualified individual and qualified residential treatment program • Added QRTP procedures to Section E; and • Added procedures requiring court reviews are conducted in compliance with the Permanency Planning Policy. 	10/28/19

PROCEDURES

SUBJECT: Placement of DJS Youth in Residential and Non-residential Programs

NUMBER: CS-126-16

APPLICABLE TO: Community Services Staff

APPROVED: _____ /s/ signature on original _____

Scott Beal
Executive Director for Community Services

DATE: _____ 10/28/19 _____

I. PURPOSE

To establish procedures for placement of youth under the supervision of the Department of Juvenile Services (DJS or Department) in residential and non-residential programs.

II. DEFINITIONS

Administrative Service Organization (ASO) - The entity that performs the utilization review process for the Department of Health and Mental Hygiene that may result in a Certificate of Need (CON). The ASO is responsible for approving the medical necessity of placing a child in a residential treatment center.

Central Review Committee (CRC) - An interdisciplinary team that reviews and authorizes youth movement between residential placements and insures that proper notifications and authorizations (if required) are followed.

Certificate of Need (CON) – The Mental Health Administration administrative service organization review and decision process of determining medical necessity that includes a Case Management Specialist’s submission of current (within thirty-days) psycho-social, psychiatric evaluation and physical exam documentation.

Certificate of Placement (COP) – The document that reflects youth's location, services, and authorizes payment for services.

Hardware Secure Facility – A program that provides a physically restrictive environment for behavior management and treatment; the facility must be locked to prevent escape and have either a perimeter fence surrounding the facility or an outside-fenced recreation area.

Interstate Compact – A multi-state agreement concerning the supervision of Maryland youth who are placed out-of-state and youth from outside Maryland placed in-state.

Maryland Comprehensive Assessment and Service Planning (MCASP) is an integrated case management tool for assessing youths' risks and needs throughout the course of their involvement with DJS and implementing interventions that accomplish the dual goals of public safety and youth rehabilitation. Re-assessments are used to inform the individualized service planning for youth and their families, track youth progress, and ensure that each youth receives the level of supervision consistent with his or her risk to public safety.

Medical Assistance – Comprehensive state health care for Maryland families; eligibility for which is based on family size and income.

Out-of-State Placement (OOS) – A state authorized residential placement for youth that is located outside of the state of Maryland jurisdiction, and is licensed and designed to provide proper care, supervision and treatment services for youth with documented special needs. These placement types include, but are not limited to, hospitals, Residential Treatment Centers (RTC), Group Homes, and Alternative Living Units.

Multi-disciplinary Assessment and Staffing Team (MAST) – (see “Staffing” definition below) – Team at a DJS detention facility that make recommendations for treatment services and residential placements as its focus. Its meetings are not a legal nor adversarial process. Each team member is responsible for completing assigned evaluations and making recommendations. The results and recommendations of the Team are included in the Department's recommendation to the court.

Permanency Plan - The agreement between the Department, the youth, and the youth's parents/guardians/custodians which identifies, provides, or refers the youth and parents/guardians/custodians to the appropriate services and resources to ensure that all youth leaving an out-of-home placement exit to an appropriate, safe and stable living arrangement.

- *Joint Permanency recommendations* are a permanency planning option that allows multiple agencies and the parents/guardians/custodians to develop collaborative goals for a permanent living arrangement for the youth.
- *Concurrent Permanency recommendations* are a permanency planning option that allows the agency and the parents/guardians/custodians to create multiple permanency recommendations that can be implemented simultaneously to establish a permanent living arrangement for the youth.

Qualified Individual - A trained professional or licensed clinician who is not an employee of the agency and who is not connected to or affiliated with any placement setting in which children are placed by the agency. The federal government (HHS) may waive the “qualified individual” requirements if the Title IV-E agency certifies that the trained professionals or licensed clinicians will maintain objectivity with respect to

determining the most effective and appropriate placement for a child.

Qualified Residential Treatment Program – A program that has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the required 30-day assessment of the appropriateness of the placement; and has registered or licensed nursing staff and other licensed clinical staff available on-site 24 hours a day, 7 days a week.

Re-entry Plan - The case plan designed 45 days prior to discharge to assist youth in their transition to life back in their community after they have completed court-ordered treatment and it is safe and appropriate for the youth to leave care.

Resource Consult – A meeting with the Resource Specialist Supervisor, the Case Management Specialist and the Case Management Specialist Supervisor to discuss the youth's status and possible plans for the youth pending a full Resource Staffing.

State Coordinating Council (SCC) - An interagency body established in accordance with Md. Code, Human Services Article, §8-401 to §8-408 for the purpose of reviewing plans of care for the residential out-of-state placement of a child with special needs.

Staffing – A comprehensive review of a youth's individualized MCASP risk and needs assessments, current treatment/service plans, and progress or lack thereof for identifying appropriate services that meet a youth's needs and address the risk to public safety. Participants in a staffing shall include the family, a DJS Case Management Specialist, a DJS Case Management Specialist Supervisor and a DJS Resource Specialist. Local Department of Social Services and staff from other agencies who are involved with the youth may be invited to attend the staffing. (See the *MAST Policy and Procedures* for a description of the staffing process and expanded list of participants when a staffing is held at a DJS detention facility.)

III. PROCEDURES

A. Criteria for Staffing

1. Case Management Specialist (CMS) shall initiate a request for staffing (local office or MAST) *prior to disposition* of youth who meet one or more of the following:
 - a. A youth has been admitted to a shelter care and/or detention program.
 - b. A MCASP risk screening has determined that the youth is at risk of removal from his/her home.
 - c. A youth appears to need evidenced based services (EBS), services offered through the targeted case management or per diem non-residential services.
 - d. A youth is being considered for a revocation of probation.

- e. Any reason agreed upon by the CMS, the Case Management Specialist Supervisor (CMSS), and Resource Specialist (RS).
2. CMS shall initiate a request for staffing (local office or MAST) for youth who have *had a disposition* and need one or more of the following:
 - a. A youth is at risk for premature discharge from placement.
 - b. A youth is in need of aftercare planning.
 - c. A youth has been committed for placement against the recommendation of DJS.
 - d. Any reason agreed upon by the CMS, the CMSS, and RS.

B. Criteria for Consult

The CMS shall conduct a consult on any youth who is petitioned for a waiver and transfer of jurisdiction (from adult to juvenile court) and modification of services. When a youth has been petitioned for a waiver of jurisdiction, a consult must occur even if all necessary documentation is not yet available.

C. CMS and CMSS Pre-Staffing Expectations

1. The CMS shall consult first with his or her CMS concerning the need for residential or non-residential services prior to a staffing (local office or MAST).
2. The CMS will gather all completed case information as outlined in the **DJS Resource Staffing Packet Checklist (Appendix 1)**.
3. The CMS, or in the absence of the CMS the CMSS, shall ensure that:
 - a. The staffing request occurs within 5 business days of disposition when a youth is committed for placement against the recommendations of DJS;
 - b. The staffing request occurs within 5 business days of the youth's admission to detention when the youth is already committed to DJS (example: "failed placement" or warrant apprehension); and
 - c. The MAST staffing occurs within 15 business days of the youth's adjudication and admission to detention when newly adjudicated (conditional upon completion of clinical evaluations if ordered and/or deemed necessary).
4. The CMS *must* invite the parents and/or legal guardians, informing them of the date, time and location of the staffing (local office or MAST). CMS shall document the parent/guardian invitation on the **DJS Resource Staffing Packet Checklist and Parent Invitation Form (Appendix 1)**.
5. The CMS shall provide the completed Staffing Packet to the CMSS at least 2 business days before the staffing meeting.
6. The CMSS shall use the **DJS Resource Staffing Packet Checklist and Parent Invitation Form (Appendix 1)** to ensure that required information is available for presentation during the staffing.
7. If the CMSS determines that information is lacking for the staffing, the CMSS may defer the staffing until further information is available or elect to conduct a Resource Consult. The results of the Resource Consult shall be documented in the ASSIST by the CMSS.

8. The CMSS shall provide the completed staffing packet to the RS or RSS who will be performing the staffing or referring for a MAST staffing, according to established local procedures.
9. If the youth is detained, the Facility CMSS shall gather all completed medical, substance abuse, and mental health screening and assessments and, per MAST procedures, shall ensure this facility information is available for the MAST staffing.

D. Resource Office Preparation for Staffing

1. The RSS shall establish a schedule that provides each unit in the region with access to a resource staffing at a minimum of once a week.
2. The RSS shall establish local procedures that require the CMS to request a staffing at least 2 business days in advance.
3. If the youth is detained, immediately following a youth's admissions into a detention center, medical and behavioral health staff at the detention center shall complete an initial health screening, medical physical, mental health assessment, substance abuse assessment and educational screening according to facility operating procedures and existing policy. The results of these assessments shall be forwarded to the detention facility CMSS along with specific detail and instruction when a youth is identified as having a condition or treatment need that will require specialized care. If a youth requires specialized care, the detention facility CMSS shall send an email to the CMS, with a copy to the CMS' Supervisor, within 2 business days of becoming aware of the condition and detail the condition and specialized treatment or services the youth requires.
4. If the youth is detained, the staffing shall be held at the DJS detention facility where the youth is detained according to the *MAST Policy and Procedures*. Each facility CMSS shall publish a schedule of possible dates and times for every resource staffing and shall ensure that a meeting space is provided. The RS or RSS shall establish procedures for scheduling the resource staffing date and time and notifying the CMSS and CMS. If all participants cannot attend the MAST staffing at the detention facility due to distance, a video conference shall be conducted if possible and if not, a teleconference shall be conducted.

E. Conducting a Staffing

1. If a local office staffing is conducted, the CMSS shall chair the staffing. If a MAST staffing is conducted, MAST Standard Operating Procedures shall be followed. Participants shall include the CMSS, CMS, RS or RSS, parents/guardians and other participants as appropriate, such as, the youth, local DSS staff, and other agency staff or treatment professionals who are involved with the youth. If a MAST staffing is conducted at the detention facility, participants shall also include detention facility staff representing the following areas: facility case management, medical, behavioral health and education.

2. The RS shall complete the **Checklist for Permanency Planning/Housing (Appendix 2)** at to the Resource Staffing/MAST when out-of-home placement is recommended for a youth and at any treatment meetings where re-entry and permanency planning are discussed. Staff shall use the information from this checklist to determine at the time a youth is being placed if housing will be needed upon re-entry. Staff shall review and may revise all permanency plan activities and possible placement option plans at each placement decision point. The CMS and the CMSS shall sign the completed form.
3. The RS or RSS shall use the **DJS Staffing Form/MAST Summary (Appendix 3)** on the ASSIST Review Screen to document the information and decision-making of the staffing. The RSS or RS shall enter the results of the staffing into ASSIST within 2 business days of the staffing.
4. Participants shall consider the family assessment, life domains, criminogenic factors, protective factors, all needs and risk factors to public safety from the MCASP risk screen and needs assessment, as well as the long and short term goals for the youth in determining the intensity of services and the level of supervision that the youth may need. Participants shall discuss appropriate service options as well as the youth's permanency plan.
5. Staffing participants shall consider first whether a youth is eligible for programs that are alternatives for out-of-home placement. Staffing participants shall consider input from the parents/guardians/custodians and the youth about needs and interests when selecting programs. These programs include evidenced-based and wrap-around services, whenever available. If the youth is not eligible for evidence-based or wrap-around services, the RS or RSS shall identify the specific program services that meet the youth's MCASP recommended level of supervision that can also address the youth's identified service needs.
6. The RS or RSS shall ensure that any selected program:
 - a. Is consistent with the level of supervision recommended by MCASP and/or supports the level of care specified by the court order;
 - b. If the program is staff or hardware secure, the level of care must be supported by MCASP or the override must be approved by the RD;
 - c. If the recommended program is a qualified residential treatment program (QRTP), follow the **QRTP Procedures in Appendix 4**.
 - d. Meets the needs of the youth and public safety in the least restrictive environment in consideration of most appropriate placement that meets supervision and security requirements to support the youth's success in close proximity to home and school;
 - e. Has a valid contract, interagency agreement, or purchase order with DJS, is activated within the Certificate of Placement program, or can be accessed through another participating department or agency; and

- f. Has available funding (if applicable) to cover costs through the projected discharge date for service provision.
7. Once all appropriate in-state resources have been exhausted, the CMS shall initiate the completion of the **Checklist for Out-of-State Placement (Appendix 5.)**

F. Request for Exception or Review

1. In the event that the MAST participants, CMSS, CMS and RSS or RS, cannot agree on a service recommendation, the CMSS shall submit a placement review request to the Regional Director (RD) within 2 business days.
2. The RD shall render a decision within 2 business days of receipt.

G. Non-Residential Referral Process

1. The CMS, or in the absence of the CMS, the CMSS shall:
 - a. Through the staffing process, request non-residential community-based services funded by DJS (Functional Family Therapy, Multisystemic Therapy, Targeted Case Management [wraparound], advocacy and monitoring programs, day programs other than detention alternatives, and any other programs funded by DJS);
 - b. Consider the input from the parents/guardians/custodians and the youth about the family and youth's needs and interests when selecting programs: and
 - c. Enter all non-residential placement admissions and discharges in ASSIST.
2. The RS or RSS shall
 - a. Document the staffing in ASSIST; and
 - b. Ensure that the staffing authorizes referrals to non-residential programs acquired through purchase orders, fully contractual programs, or DJS operated programs.
3. The RS or RSS (or CMS according to local procedures) shall send referrals within 2 business days of the staffing to the programs approved during the staffing and shall follow-up according to *established local procedures*.

H. Residential Referral Process

1. Upon MAST Staffing or Local Office Resource Staffing determination that residential placement is needed and upon determination of recommended level of security and types of services needed, the RS or RSS shall submit program referral packets in the following manner, depending upon the type of placement:
 - a. The RS or RSS shall generate referral letters and referral response forms from the Certificate of Placement (COP) database.
 - b. If a Diagnostic Unit, Intermediate Care Facility for Addictions (ICFA), RTC or out-of-state placement is recommended, the RS or RSS shall send the referral packet directly to the provider within 2

- business days of staffing.
- c. If placement in the Youth Centers or Victor Cullen Center is recommended, the RS or RSS shall send the referral directly to Western Intake Unit within 2 business days of staffing.
 - d. If placement in Carter Center is recommended, the RS or RSS shall send the referral directly to the Director of the Resource Office or designee for review by the Carter Admissions Committee at the earliest scheduled weekly committee meeting. The committee will determine if Carter can accommodate the youth's needs within one working day of the committee meeting and, if not, will instruct the RS or RSS on alternative actions in order to identify an appropriate placement.
 - e. If a youth is recommended for Treatment Foster Care (TFC), Independent Living, Therapeutic Group Home or Group Home placement, including Silver Oak, the RS or RSS shall submit a request to the Regional Director who will, within 1 business day, respond to the RS or RSS by denying the request and directing an alternative plan, or by approving and submitting the request to the Executive Director for Community Services.
 - f. If a Silver Oak referral is approved, the RS or RSS shall send the referral packet to the Executive Director for Community Services who will authorize the referral or deny the referral and direct an alternative plan within 2 business days of receiving the approval.
 - g. Upon receiving authorization of the request for TFC, Independent Living, Therapeutic Group Home or Group Home placement, except Silver Oak, the RS or RSS shall send the referral packet to the provider within 2 business days of receiving approval from the Regional Director.
 - h. The Executive Director for Community Services shall respond to the Regional Director within 2 business days of receiving the request either by authorizing the referral, or denying the referral and directing an alternative plan.
2. Referrals shall be sent electronically to the service provider by Resource Staff or specific staff designated by the RD (unless the provider declines to accept electronic referrals) within 2 business days of staffing.
 3. To ensure a placement decision will be reached within 10 business days, the RD shall determine if the Resource Office staff or CMS must phone or email the program admissions staff within 5 business days of sending the referral. **NOTE:** In high volume jurisdictions, each RD shall establish a process to coordinate follow-up with frequently used providers.
 4. The RS or RSS shall enter the acceptance or rejection data into the COP program upon receipt of the **Referral Response Form (Appendix 6)** from the provider.
 5. The RS or RSS shall notify the CMS or the CMSS, in the absence of the CMS, of the provider's decision within 1 business day of receiving the provider's decision and shall include provider contact information in the

notification.

6. If multiple acceptances are received, the CMS and CMSS will consider court-ordered conditions, program services, youth's individual circumstances, supervision and treatment needs, location of program in relation to family, and cost. The CMS or in the absence of the CMS, the CMSS, shall consult with the RS or RSS and make a decision regarding program selection within 2 business days of acceptances.
7. If the Central Review Committee (CRC) directs that the referred youth be transferred from one facility to another according to the *CRC Policy and Procedures*, the CMS who presented the case to the CRC shall coordinate the transfer process to ensure the youth is transferred in a timely manner.
8. Unless the program is out-of-state, the CMS shall contact the provider within 2 business days of program acceptance notification (or selection if multiple acceptances) by CMS to arrange for program admission. If the program is out-of-state, see the **Out-of-State Placement Procedures/Checklist (Appendix 5)** which must be completed prior to arranging admission.
9. If the placement is out-of-state, the following procedures shall be followed:
 - a. A CMS may only place a youth in an out-of-state placement when no appropriate in-state program is available, when an appropriate in-state program(s) would not accept the youth, or when no beds are available for the youth in an appropriate in-state program.
 - b. The CMS shall follow the procedures listed in the **Out-of-State Placement Procedures/Checklist (Appendix 5)** within 2 business days of determining the need for an out-of-state placement, then send the paperwork to the DJS Resource Office at Headquarters according to the checklist instructions.
 - c. The CMS shall complete and submit the **Request for Secretary Approval of OOS Placement (Appendix 7)** and the **Verification of Co-funding Form (Appendix 7)** and the referral packet with the current information to their Regional Director **prior** to recommending the specific out-of-state placement to the court and **prior** to requesting a court order for out-of-state placement.
 - d. Upon review and approval by the Regional Director of the **Request for Secretary Approval of OOS Placement (Appendix 7)** and the **Verification of Co-funding Form (Appendix 8)**, the Regional Director or designee shall submit the **Request for Secretary Approval of OOS Placement, the Verification of Co-funding Form** and a copy of the referral packet to DJS Headquarters according to the instructions in the **Out-of-State Placement Procedures/Checklist**.
 - e. Once the out-of-state placement is approved by the Secretary or designee and the CMS receives the Notice of Approval, the CMS shall present the youth's placement plan to court and request a court order with the specific out-of-state language indicating,

"equivalent facilities for the juvenile are not available in Maryland; institutional care in the other jurisdiction is in the best interest of the juvenile and will not produce an undue hardship".

- f. After receiving a court order directing placement and a current clinical evaluation, the CMS shall submit the Interstate Compact for Placement of Children (ICPC) packet to the Resource Office.
- g. Once the out-of-state placement and ICPC are approved, *(and, for RTCs accepting Maryland Medical Assistance, the CON is approved by the DHMH designated contractor for approvals)*, the DJS Resource Office or CMS may arrange the admission as soon as the program is selected and all required documentation is obtained.

I. Considerations for Special Programs

1. Inpatient Substance Abuse Programs

The RS or RSS shall ensure that any referral made to an inpatient substance abuse program shall include documentation from a qualified substance abuse treatment provider that a youth is in need of inpatient substance abuse treatment.

2. Residential Treatment Center (RTC)

- a. The RS or RSS shall ensure that any referral made to a RTC shall include a psychiatric evaluation that recommends this level of care or pending the results of the psychiatric evaluation, include the completed psychological assessment. These youth must have been found to need the highest level of mental health residential care for youth.
- b. The RS and RSS shall ensure that all youth referred to a RTC meet admission criteria.
- c. Each local DJS Resource Office shall establish a written protocol for ensuring that a Certificate of Need (CON) is completed for each youth and includes the following components: a psychiatric evaluation, a psycho-social assessment and a physical examination. The protocols must ensure that the CON is completed within 30 days prior to the youth's admission and if the youth is not placed within 30 days from the date of submission of the CON, a new CON must be completed. The protocols also shall require that RSS verifies that the Administrative Service Organization (ASO) has authorized Medical Assistance (MA) funding prior to placement.
- d. Each county shall establish a written process for seeking co-funding of educational services when a youth has an Individual Education Plan (IEP.)

3. Region Specific Residential Programs

Each RD shall establish written referral and admission protocols to region specific residential programs.

J. Additional Case Management Specialist Responsibilities

The CMS shall:

1. Upon commitment of youth and physical removal from home, submit a medical assistance application for the youth to receive medical insurance coverage in accordance with the *Medical Assistance Policy and Procedures*.
2. Secure a **COP (Appendix 9)** that authorizes the placement from a RS.
3. Arrange transportation in accordance with the *Transportation Policy and Procedures*.
4. Ensure that any medical information and/or an adequate (30 day) supply of medication(s) or a prescription is transported with to youth in accordance with the *Medication Management Policy and Procedures*.
5. Notify parents/guardians when placement is imminent and arrange a final visit with youth.
6. Arrange for youth's clothing to travel with him/her.
7. Provide the parent with information regarding visitation with any youth in placement. For youth in out-of-state placement, arrange for the parent/guardian/custodian to visit the youth in accordance with the *Out-of-state Travel for Parents/Guardians Policy and Procedures*.
8. Ensure that court review procedures for the placement of youth in a QRTP are fulfilled in accordance with the *Permanency Planning Policy and Procedures*.

K. Certificate of Placement Process (COP)

The Headquarters Resource Office shall publish a list of current contracts annually and shall reconcile this list with provider information on ASSIST semi-annually.

1. The CMS shall request a **COP (Appendix 9)** from the RS or RSS as soon as an estimated admission date is known but at least 48 hours prior to placement.
2. The RS or RSS shall issue a COP, following the **Standard Operating Procedures for Admissions for the Certificate of Placement Process (Appendix 10)**.
3. The RS or RSS shall forward an electronic copy of the **DJS Youth Out-of-Home/Placement/Foster Care Form (Appendix 11)** to the CMS and CMSS with a reminder that this form must be completed and submitted per the Medical Assistance SOP.
4. The CMS shall finalize the placement in ASSIST within 1 business day of the youth's placement.
5. The CMS shall submit a completed and signed COP within 48 hours of admission to the Resource Staff indicating placement.
6. The RS or RSS shall establish local procedures for maintaining COP forms.

IV. RESPONSIBILITY

Facility Administrators and Regional Directors are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

1. Multi-Disciplinary Assessment Staffing Team (MAST) Policy
2. Central Review Committee (CRC) Policy
3. Medical Assistance Policy
4. Transportation Policy
5. Medication Management Policy
6. Out-of-state Travel for Parents/Guardians Policy

VIII. APPENDICES

1. DJS Resource Staffing Packet Checklist & Parent Invitation Form
2. Checklist for Permanency Planning/Housing
3. DJS Staffing Form/MAST Summary
4. QRTP Procedures
5. Checklist for Out-of-State Placement
6. Referral Response Form
7. Request for Secretary Approval of OOS Placement
8. Verification of Co-funding Form
9. Certificate of Placement
10. Standard Operating Procedures for Admissions for the Certificate of Placement Process
11. DJS Youth Out-of-Home/Placement/Foster Care Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review

POLICY: Placement of Youth in Residential and Non-residential Programs
NUMBER: CS-126-16
APPLICABLE TO: Community Services Staff
REVISED: October 28, 2019

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

DJS Resource Staffing Packet Checklist and Parent Invitation Verification

Youth: _____ DOB: _____ PID: _____

Community CMS: _____

CMS Supervisor Signature: _____

Date Submitted to Resource: _____

Attached Materials: (Please put the contents of the packet in the order below)

_ Service Referral Form (ASSIST Docgen) *(Please indicate needed assessments, court-ordered assessments and CRC recommendations if applicable)*

_ Release of Information Signed by Parent

_ MCASP Assessment and TSP

_ **Updated** Social History (with current legal status, Offense Summary and Placement Summary)

_ Discharge Summaries *if applicable*

_ Mental Health Summary from Behavioral Health Staff *

_ Psycho-social Assessment*

_ Psychological Evaluation (done within the year) *if applicable*

_ Psychiatric Evaluation (done within the year) *if applicable*

_ Neurological (done within the year) *if applicable*

_ Drug/Alcohol assessments including treatment recommendations (Examples: screening reports, substance abuse assessments, drug testing results and any recommendations indicating ASAM level of care)*

_ School Records Including IEP If Applicable (dated within the year)*

_ Medical Records (Required if Youth is Detained: Facility Medical Summary and Physical)*

_ Housing Unit (Behavioral) Report*

*(Required if Youth is Detained; CURRENT REPORTS TO BE PROVIDED BY MAST CHAIR)

IMPORTANT - Needed Prior to Admission to Placement:

- Medical Insurance Card (or verification of M A application submitted by CMS)
- Birth Certificate (If copy is not provided by parent/guardian, CMS shall obtain original from vital records)
- Social Security Card (If copy is not provided by parent/guardian, CMS shall obtain original from Social Security.)

PARENT INVITATION TO STAFFING FORM

Date of Staffing: _____

1. Were the parent(s) / guardian (s) invited to the staffing? Yes _____ No _____

2. How were parent(s) / guardian(s) contacted? Letter _____ Phone _____
Personally _____

3. Date of Contact: _____

4. Did parent(s)/ guardian(s) accept the invitation? Yes _____ No* _____

*If not, what is the reason?

5. Did parent(s) guardian(s) attend the staffing? Yes _____ No _____

6. Was this case pre-staffed with your supervisor? Yes _____ No _____

7. Did you sign up for this staffing in advance? Yes _____ No _____

8. Is this staffing being held on a scheduled staffing date and time? Yes _____ No _____

RESOURCE/MAST/CRC STAFFING
CHECKLIST for PERMANENCY PLANNING/HOUSING *Revised 5/13/16*

This checklist is completed by the Resource Specialist at the Resource Staffing/MAST when out-of-home placement is recommended for a youth and at any treatment meetings where re-entry and permanency planning are discussed. This checklist is designed to help determine, at the time that a youth is being placed, if housing will be needed upon re-entry. The agreed upon permanency plan activities and possible options are to be re-visited at each placement decision point. (CMS/CMSS Signatures Page 3.)

Youth's Name: _____ **ASSIST No.:** _____
Today's Date: _____ **Resource/MAST/CRC Date:** _____

_____ **We have discussed the plan for the youth's return home with the following person(s) and identified the permanency resource (check any that apply and indicate primary re-unification resource including name(s) of individuals) and the identified person(s) shall be included in the youth's TSP process:**

- Parents (Mother and Father) and they are in agreement.
- Mother who is the custodial parent and they are in agreement
- Father who is custodial parent and they are in agreement.
- Non-custodial Mother and she is in agreement to have the youth live with her.
- Non-custodial Father and he is in agreement to have the youth live with him.
- Legal guardian: _____, Relationship: _____

- Maternal grandparents _____ and _____ and they are in agreement for youth to live with them.
- Paternal grandparents _____ and _____ and they are in agreement for youth to live with them.
- Aunt and uncle _____ and _____ and they are in agreement for youth to live with them.
- Aunt _____ and they are in agreement for youth to live with them.
- Uncle _____ and they are in agreement for youth to live with them.
- Relative _____ and they are in agreement for youth to live with them.
- Non-Relative: _____ and they are in agreement for youth to live with them. Their relationship is _____.

- Local DSS (Jurisdiction: _____) is the legal guardian and will provide/be responsible for the permanency plan.
Name of DSS Worker: _____

- Youth is eligible for services with another agency _____ (Agency), _____ (Agency Contact Person), who will provide/be responsible for the permanent placement with services.

_____ **We have identified a relative (see above) for the youth to live with and plan to pursue DJS Kinship Care**

- I have submitted a request for Kinship Care with the Resource staff
- I have not spoken with the Resource staff regarding pursuing kinship care but **will** pursue kinship care by submitting a request on (date): _____
- I have ruled out pursuing kinship care because _____

NOTE: STOP HERE IF A PERMANENCY RESOURCE HAS BEEN IDENTIFIED ABOVE AND IS ACTIVELY ENGAGED IN THE YOUTH'S CURRENT TREATMENT AND RE-ENTRY PLANS.

_____ **We have discussed the plan for the youth's return home with the following person(s), including relatives and non-relatives known to the youth, and these options are ruled out at this time:**

- Parents (Mother and Father) and they are not in agreement.
- Mother who is the custodial parent and they are not in agreement
- Father who is custodial parent and they are not in agreement.
- Mother who is not the custodial parent and she is in not agreement to have the youth live with her.
- Father who is not the custodial parent and he is not in agreement to have the youth live with him.
- Legal guardian: _____, Relationship: _____ and they are not in agreement with the youth living with them
- Maternal grandparents _____ and they are not in agreement with the youth living with them
- Paternal grandparents _____ and they are not in agreement with the youth living with them
- Aunt _____ and they are not in agreement with the youth living with them
- Uncle _____ and they are not in agreement for youth to live with them.
- Relative _____ and they are not in agreement with the youth living with them
- Non-Relative: _____ and they are not in agreement with the youth living with them. Their relationship is _____.

- We** have ruled out pursuing all possible relatives and non-relatives because

Possible resource(s) for future follow-up:

AS OF (DATE) _____ THIS YOUTH IS FLAGGED AS A YOUTH WHO WILL NEED HOUSING UPON TERMINATION OF DJS SUPERVISION AND JUVENILE COURT JURISDICTION.

ACTION PLAN

_____ We have ruled out all possible relatives and non-relatives and therefore, during the youth's placement, I will pursue a living/housing arrangement/alternative for the youth and plan to pursue:

A stepdown transition and/or stepdown program such as

An Independent Living Preparation Program such as

Based on discussions with youth, enrollment in Military, Job Corps, college, living on his/her own (actual self-supported independent living), etc.:

I have not discussed with youth because

But plan to do so and will present it to: _____
by (date): _____

Community CMS Signature _____

Date _____

Community CMS Supervisor Signature _____

Date _____

Maryland Department of Juvenile Services
Multi-Disciplinary Assessment and Staffing Team (MAST)/ Resource Staffing Summary
*Revisions Approved 6/11/2014 by MAST Policy Workgroup, 6/12/14 Presented to IT Users Group,
revised 10/28/14 – Strategic Re-entry Plan tracking: Permanency Planning*

What is the youth's plan upon termination from placement? (Specify whereabouts – parents, other relative, independent living, other program, etc.)

REUNIFICATION/PERMANENCY PLANNING OBJECTIVES (Be specific)

Living arrangements upon release from DJS custody: See Housing Checklist Results *(Add drop-downs):*

Reunification with the parent(s)

Permanent placement and legal guardianship with a fit and willing relative (kinship care)

Legal guardianship or custody with another adult

Independent Living

Another planned permanent living arrangement (APPLA)

Adoption, with placement preference to a relative or current foster parent

EVALUATION RESULTS

SOCIAL WORKER

Family History, Developmental History, Prior Psychiatric Treatment History
Diagnostic Impression

CASII Score:

_____ Sum of 7 scores = Composite CASII score

_____ CASII derived recommendation for level of service intensity (Consult Grid)

_____ Clinical recommendation for level of service intensity

ADDICTION COUNSELOR

Substance Abuse Treatment Recommendations:

SASSI Score:

MAYSI Results:

POSIT (if applicable):

ASAM Level:

PSYCHOLOGIST – REPORT ATTACHED

Intellectual Ability:

Verbal:

Performance:

FSIQ:

Explanation:

Suicide Alert Level: ___I ___II Explanation:

Needs: ___Psychotropic Medication

___Mental Health Services

Significant Indicators:

Date:

Evaluation:

Maryland Department of Juvenile Services
Multi-Disciplinary Assessment and Staffing Team (MAST)/ Resource Staffing Summary
*Revisions Approved 6/11/2014 by MAST Policy Workgroup, 6/12/14 Presented to IT Users Group,
revised 10/28/14 – Strategic Re-entry Plan tracking: Permanency Planning*

DSM-IV: **AXIS I:** **AXIS II:** **AXIS III:** **AXIS IV:**

CARE2 Results: (dropdown)

- Not Similar to youth with Chronic Assaults
- Mildly Similar to youth with Chronic Assaults
- Moderately Similar to youth with Chronic Assaults
- Highly Similar to youth with Chronic Assaults

MEDICAL (Medical Summary Attached)

Height: Weight: 24-hour nursing services required: ___Yes ___No

Any medical issues impacting upon placement:

EDUCATIONAL

Name of test (Woodcock-Johnson III, etc.):

R:	M:	WL:	SpEd:	
Academic Performance:	___Excellent	___Good	___Fair	___Poor
Behavioral Adjustment:	___Excellent	___Good	___Fair	___Poor
Last Grade Completed:	Placement:	___Middle	___High	___Has GED
Interest Inventory Results:				
Skill Assessment Results:				
Educational/Vocational Goals:				
Comments:				

HOUSING UNIT – REPORT ATTACHED

Behavior Report: _____ of 48 Points Guarded Health Plan (Attach if applicable): ___Yes ___ No

Major Offense(s):
Moderate Offense(s):

Relationship with adults: (check one)	___ Excellent	___ Good	___ Fair	___ Poor
Relationship with peers: (check one)	___ Excellent	___ Good	___ Fair	___ Poor
Overall behavioral adjustment: (check one)	___ Excellent	___ Good	___ Fair	___ Poor

COMMENTS FROM YOUTH:

COMMENTS FROM PARENT/GUARDIAN/OTHER:

Maryland Department of Juvenile Services
Multi-Disciplinary Assessment and Staffing Team (MAST)/ Resource Staffing Summary
*Revisions Approved 6/11/2014 by MAST Policy Workgroup, 6/12/14 Presented to IT Users Group,
revised 10/28/14 – Strategic Re-entry Plan tracking: Permanency Planning*

CLASSIFICATION EVALUATION STAFFING TEAM RECOMMENDATIONS:

TREATMENT NEEDS:

Sex Offender Aggression Substance Abuse Mental Health Co-occurring MH/SA

RECOMMENDED PLAN (Select HOME-BASED OR RESIDENTIAL):

____ HOME-BASED PLAN:

EBS/IFCS Wraparound CME Alternative Education Job Readiness

____ RESIDENTIAL PLAN:

Level I Community Residential Level II Staff Secure Level III Hardware Secure

RATIONALE for Recommendations:

Resource Specialist Report: (Packet follow-up; List of programs to receive referrals; include reason if referrals include programs at varied levels – for example “primary plan and secondary plan”)

MAST Meeting Attendees: (Drop-down)

Youth
Parent/Guardian
Other Family Member
Facility Case Manager Supervisor
Behavioral Health Psychologist
Community Case Manager Specialist or Supervisor
Facility Case Manager
Behavioral Health Social Worker
Addiction Counselor
Nurse ?
Local Resource Specialist
Maryland State Department of Education (MSDE) Representative
Other Agency DHR
Other Agency DHMH (DDA, MHA, Core Service Agency)
Prior Service Provider
Other _____

Appendix 4 QRTP Placement Procedures

Placement of DJS Youth in Residential and Non-residential Programs

POLICY NUMBER: CS-126-16

1. For every child placed in a QRTP, the CMS must ensure that a qualified individual assesses the youth within **30 days** of the admission to each placement in a QRTP. The assessment may occur prior to the placement but must occur within 30 days of the admission to placement.
2. Within **60 days** of the start of each placement in a QRTP, the CMS must notify the court, and request the court consider the assessment, determination, and documentation made by the qualified individual and issue a court-order approving the placement of the youth in a QRTP.
3. For every QRTP in which the youth is placed for more than 12 consecutive months or 18 nonconsecutive months, the CMS shall:
 - a. submit to the RSS a request for request an updated QRTP Report and request a QRTP court review; and
 - b. shall maintain the following documentation in the youth's record:
 - 1) the most recent versions of the TSP and Permanency Plan, and when applicable, the Transition/Re-entry Plan demonstrating that the assessments of the child continue to support the placement in a QRTP, and documenting treatment or service needs, and the plans for return home or other placement; and
 - 2) **the signed approval of the head of the DJS Secretary for the continued placement of the child in that setting.**

CHECKLIST FOR OUT-OF-STATE PLACEMENT Revised 4/10/17

Staffing

- _____ Obtain current IEP must be within last year, if youth is receiving special ed services (**Case Manager Specialist - CMS**)
- _____ Request psychological, if none is available **or** older than a year. (ICPC and SCC require psychological eval completed within the last year.) (**CMS**)
- _____ Social history, updated (no less than 3 months and must include current charges, services and placements w/outcomes and current education status including current school grade) (**CMS**)
- _____ **If the youth will be age 17.3 or older upon admission to the OOS placement and the youth will travel by airplane make sure the youth has a valid State Photo ID (required per TSA) (CMS)**

Referral

- _____ Submit **Title IV-E request** for eligibility if OOS referral is planned at staffing (**CMS**)
- _____ Obtain rejection letters from appropriate in-state providers (**RS**)
- _____ Obtain acceptance letter from appropriate out-of-state program (**RS**); for youth going to OOS MA/CON RTC see note below:
- _____ CON and Beacon approval of MA Funding
- _____ **CMS** must complete "Additional Case Manager Responsibilities" prior to placement - see below

Request for the Secretary or Designee Approval for OOS Placement [Effective 3/28/17 no SCC Form Needed]

Must submit prior to presenting OOS placement recommendation to the court and requesting out-of-state language in the commitment order.

- _____ Submit summary (current format) of youth's need for OOS placement and packet including the following to RD or designee (**CMS**)
 - _____ Verification of Co-Funding
 - _____ Rejection letters from in and out of state programs
 - _____ OOS facility acceptance letter on program letterhead
 - _____ MSDE-approved cost sheet, typed and signed by OOS facility
 - _____ Mental Health Evaluation less than one year; if more than one year an updated Psycho-Social is needed
 - _____ Social history, updated (no less than 3 months and must include all current charges, placements and services outcome)
 - _____ IEP, if applicable must be within last year prior to SCC Notification
- _____ Review submission and, if approved, sign and forward electronically to the Administrative Professional for HQ Community Services, copy to Executive Director and HQ Resource Office Director (**RD or designee**)
- _____ Log in submission and route to Resource Office Director for processing (**Admin Professional for HQ Community Services**)
- _____ Forward the approval to CMS, Regional Director and Quality Assurance Monitoring Unit (**Placement Staff - PS**)

Interstate Compact Application ICPC- Interstate Compact for Placement of Children [Submit as soon as program is selected and all required documents are obtained; ICPC approvals are good for 90 days] (CMS after review by CMSS) (See second Tab for Pennsylvania)

Note: ICPC Approval is not required for youth 18 yrs or older in the following States: Delaware, Florida, Indiana, Massachusetts, Utah, Virginia, South Carolina and Arizona unless the youth is both adjudicated delinquent, CINS (Child in need of Supervision) and CPS/CINA ("child in need of assistance" -CINA, dependency)

Note: Pennsylvania will not accept youth with Adult Convictions- please see second Tab "Pennsylvania Special Requirements"

- _____ Cover Letter - containing the following information (**CMS**)
 - _____ Reason OOS placement is being pursued
 - _____ Type of placement being requested (Behavioral Program, RTC)
 - _____ Statement of legal jurisdiction held by the local department (commitment or guardianship)
 - _____ Plans for cost of care of the placement in the state (financial and medical responsibility)
 - _____ Indication of youth's Title IV-E Eligibility/Ineligibility
 - _____ CMS's phone number and signature/date of CMS and CMSS
- _____ ICPC 100A Form
- _____ ICPC 100B Form
- _____ Acceptance Letter on the Vendor's Letterhead (**CMS**)
- _____ Court Commitment Order
 - _____ Original Court Commitment Order
 - _____ Modified Court Commitment Order containing the following OOS Language, "Equivalent facilities for Juvenile are not available in Maryland: institutional care in the other jurisdiction is in the best interest of the juvenile and will not

CHECKLIST FOR OUT-OF-STATE PLACEMENT **Revised 4/10/17**

produce undue hardship"

Both Psycho-Social and Court Progress Report may be substituted for the Social History

_____ Documentation of Diagnosed Special Needs

_____ Psychological Evaluation

_____ Therapy Reports

_____ Educational Reports

_____ Psychiatric Discharge Summary

_____ Medical Reports

_____ **Submit required documentation for Supervisor to review (CMS)**

_____ **Review the packet, forward to DJS Headquarters Resource Office-Placement Unit and Interstate Compact Unit (CMS Supervisor)**

_____ Packets should be emailed and referenced as ICPC packet to Yolanda Kennard with copies to

_____ Sherry Jones, Vanessa Hatten, Abbye Tyler, Jeannette Kinion, Sharon Davis (CMS)

_____ Acknowledgement for Medical Approval (Interstate Compact Staff - ICS)

Headquarter's Resource Office

_____ **Request for Secretary or Designee Approval for OOS Placement Summary and packet logged in (Placement Staff-PS)**

_____ **If packet is incomplete, email to CMS with copy to Regional Director (Placement Staff-PS)**

_____ Review and print Interstate packet info if incomplete email to CMS with copy to Regional Director (**Interstate Compact Staff-ICS**)

_____ Send complete application packet to ICPC Compact Administrator of the receiving state (**Interstate Compact Staff - ICS**)

_____ Notify CMS and Placement Unit when interstate compact is approved (**DJS ICS**)

_____ Create Placement/Interstate Compact File (**Placement Staff-PS**)

_____ **Notify CMS/CMSS/ARD of final approval for Admission (including Transportation responsibilities depending upon the program)**

Additional Case Manager Responsibilities for Out-of-State Placement

_____ **IMPORTANT: Youth admission to an OOS program may NOT be arranged until Central Resource Office approval notice is sent.**

_____ **Out-of-state admission dates are arranged by Central Resource Office with the exception of Glen Mills and Summit admissions.**

_____ Provide parent/guardian with information regarding visits to OOS program [Anytime after program is selected]

_____ **Ensure the required documents (parent authorizations, etc) are submitted to the program's admissions office [Before admission]**

_____ Submit medical assistance application on behalf of the youth to receive medical insurance coverage [upon commitment, pending placement]

_____ Request Certificate of Need (CON) for youth being placed in an RTC funded through MA [Within 30 days of placement]

_____ **Submit Certificate of Need (CON) to Core Service Agency and to RTC [As soon as CON is completed]**

_____ Ensure that Value Options/Beacon has granted approval for the RTC level of care [Anytime after CON is provided to the RTC]

_____ Secure Certificate of Placement (COP) from a Resource Specialist

_____ Arrange admission date/transportation with provider only when specified by the Central Resource Office (example: Glen Mills and Summit)

_____ Ensure that any medical information and/or medication(s) are transported with youth

_____ Notify parents/guardians when placement is imminent and arrange a final visit with youth [Last weekend before placement]

_____ Make arrangements for youth's clothing to travel with him/her - **luggage or duffle bag (no trash bags)**

_____ Finalize placement in ASSIST [Within 48 hours after placement]

ICPC REFERRAL PACKET FOR PENNSYLVANIA
RESIDENTIAL TREATMENT FACILITY

PLACEMENT OF A DEPENDENT OR DELINQUENT YOUTH INTO A RESIDENTIAL FACILITY BY AN
AGENCY OR COURT

When an agency or court is proposing to place a child into a residential treatment facility, the agency or an officer of the court is responsible for preparing the ICPC (Interstate Compact on the Placement of Children) referral packet, using the guidelines developed by the sending state ICPC office. A copy of the court order must be included to show who has legal **custody** of the child. Adjudicated Delinquent youth must have **Article VI** Court Orders. This order should be placed directly under the cover letter of each packet. **Referral packets must come collated and in duplicate.** Packets missing information may be returned to the sending agency. Please do not forward packets until all required documents are obtained and included.

The referral packet should contain the following:

Form 100A: needs to be LEGIBLE...sending agency should keep copy and **forward five copies.**
Cover letter which briefly describes the request. This should include the name and contact information of the sending probation officer or sending children and youth worker. Please include a statement that the youth has never been convicted as an adult.

Court order, either showing the social service agency has custody or court order which includes Article VI language for delinquent youth.

Court order, identifying the adjudicated offense

YES sheet (if delinquent youth is coming from DC)

Social History (most current)

Acceptance Letter from the placement facility

Educational Records (most recent)

Clip each packet together, so that all packets contain the same information.

Please submit 100B when the child is placed and when the child returns to the sending state, not with the initial packet.

Pennsylvania does not accept youthful offenders who have adult convictions. If a youth has been charged as an adult but waived to juvenile court, the adult orders waiving to juvenile court MUST be included with the packet. Juvenile orders noting the charges are also required.



Maryland Department of Juvenile Services

Our Vision
Every child will become a self-sufficient productive adult

Certificate of Placement

Menu Search Referral Status

UPDATE REFERRAL RESPONSE STATUS

Referral Response

Youth's Name: (R)Date Received by Provider: [calendar icon]

DOB: Interview Date: [calendar icon]

Assist #: Folder #: (R)Decision Date: [calendar icon]

Program Name:

Referral Date: Anticipated Placement Date: [calendar icon]

Accepted Rejected (R)Date Received by DJS: [calendar icon]

(R)Required

Reasons for Rejection (Please check as many as apply):

- Age Not Appropriate Too Aggressive
AWOL Risk Fire Setter
Gender Not Appropriate Parent(s) Unavailable
Sex Offender Prohibitive Program Environment
Prohibitive Waiting List Unmanageable Medical Issues
Youth Refused Placement Unmanageable Psychiatric Issues
Offense History (please specify):

[Empty text box with up/down arrows]

Incomplete Packet (please specify):

[Empty text box with up/down arrows]

Other (please specify):

VERIFICATION OF CO-FUNDING

Instructions: Form is required if funding for in-State or out of State placement will be provided by another agency besides the lead agency. If multiple co-lead agencies are funding, use a separate form for each agency. This form can be signed at the LCT if applicable or circulated for signature to the appropriate agencies by the Resource Specialist Supervisor.

Child		DOB	
Jurisdiction		Lead Agency	

Date of Approval by Secretary or Designee	
Name of Approved Facility(ies)	

For Local School System co-funding:
<p>_____ I hereby certify that the _____ Local School System has participated in the educational planning for this student.</p> <p>_____ I hereby certify that the local Individualized Education Program (IEP) team determined that the school program at this facility can adequately meet the student’s educational needs and provide an opportunity for the student to achieve the objectives as specified in the IEP.</p> <p>_____ I hereby certify that it is appropriate for the _____ Local School System to fund the education and related serve program as outlined in the IEP.</p> <p>_____ I hereby certify that the local school system will work collaboratively with the lead/placing agency in order to monitor and ensure the implementation of the IEP and the provisions of a Free Appropriate Public Education (FAPE).</p> <p>Comments:</p> <p>LSS Special Education Supervisor/Director or Designee:</p> <p>Name/Signature: _____ Date: _____</p>

For CSA, DDA, DJS, or DSS co-funding:				
<p><i>I hereby certify that approval is given for co-funding for the following components of this placement:</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Residential – Related Services</td> </tr> <tr> <td><input type="checkbox"/> Educational</td> <td><input type="checkbox"/> Educational – Related Services</td> </tr> </table> <p>Print Name: _____ Agency: _____</p> <p>Signature: _____ Date: _____</p>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential – Related Services	<input type="checkbox"/> Educational	<input type="checkbox"/> Educational – Related Services
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential – Related Services			
<input type="checkbox"/> Educational	<input type="checkbox"/> Educational – Related Services			

CERTIFICATE OF PLACEMENT

Placement

Auth#:

Date:

Authorized by:

YOUTH IDENTIFICATION

Youth's Name:

DOB:

Assist #: _____

CO: _____

Area: _____

Current Placement: _____

Proj. Admission: _____

Proj. Discharge: _____

Case Manager: _____

Resource Coordinator: _____

FINANCIAL AGREEMENT

Program Name: _____

Program #: _____

Program Address: _____

Vendor: _____

Vendor Address: _____

Vendor

Phone/Fax: _____

Costs assumed by the State of Maryland Department of Juvenile Services(DJS):

Per rates established within the current contract between this facility and DJS for the following services:

Service	Per Diem	Per Month	DJS Share	with Agency
---------	----------	-----------	-----------	-------------

Special Notes:

CUSTODY

Admission Date: _____ Received by(Sign): _____ (Print): _____

Admission Date: _____ Delivered by(Sign): _____ (Print): _____

Discharge Date: _____ Received by(Sign): _____ (Print): _____

Discharge Date: _____ Discharged by(Sign): _____ (Print): _____

AGREEMENT

This agreement is made pursuant to the Department of Juvenile Services standard contract and all provisions of that contract hold true.

For Department of Juvenile Services

For Child Care Facility

(Name)

(Authorized Representative)

(Date)

(Date)

c: Case Manager, Case Manager Supervisor, Placement Unit, Budget, Resource Office

Memorandum

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

MUST BE SUBMITTED PRIOR TO PRESENTING A PLAN FOR OUT-OF-STATE PLACEMENT TO THE COURT AND PRIOR TO REQUESTING OUT-OF-STATE LANGUAGE IN THE COMMITMENT ORDER.

TO: Scott Beal
Executive Director

FROM: Case Management Specialist

DATE: March , 2017

RE: Out-of-State Placement (**name of placement**)
Youth's Name: D.O.B: ASSIST #:
ICJ Request Date: will be submitted upon court order being issued
REGION: (County)
(Note: Attach OOS Packet per OOS Checklist)

RECEIVED VIA EMAIL: / /17

MCASP SCORES:

Social History:
Delinquency History:
Risk level:
Recommended Level of Supervision:

APPROVAL:

Regional Director: _____	_____	_____
	Recommendation	Date
Resource Director: _____	_____	_____
	Approved	Disapproved Date
Executive Director: _____	_____	_____
	Approved	Disapproved Date

REQUEST FOR OUT-OF-STATE PLACEMENT
(REVISED 3/28/2017)

THIS FORM MUST BE SUBMITTED PRIOR TO PRESENTING A PLAN FOR OUT-OF-STATE PLACEMENT TO THE COURT AND PRIOR TO REQUESTING OUT-OF-STATE LANGUAGE IN THE COMMITMENT ORDER.

YOUTH'S NAME: _____ **D.O.B:** _____ **ASSIST #:** _____
CASE MANAGER: _____ **COUNTY:** _____ **REGION:** _____
COMMITMENT DATE: _____ **DAYS WAITING:** _____
REQUESTED PLACEMENT: _____ **CURRENT PLACEMENT:** _____
LCT DATE: (optional; not required)
Date ICPC Requested: _____
MCASP Risk Level : _____
(Note: Attach OOS Packet per OOS Checklist)

IMMEDIATE PROBLEM / REASON FOR REFERRAL:

Whether accepted/rejected by in-state programs

If RTC is requested, whether Beacon has approved, if appeal was pursued include new "last chance" appeal

PRIOR PLACEMENTS / SERVICES:

OFFENSES: (note most serious adjudicated offense)

INDIVIDUAL:

FAMILY:

EDUCATION: (current grade, IEP and/or 504 Plan, certificate or diploma track, GED prep)

MENTAL HEALTH / EVALUATIONS / DIAGNOSIS:

AXIS I:

FULL IQ:

VERBAL:

PERFORMANCE:

SUBSTANCE ABUSE NEED (ASAM RECOMMENDED LEVEL):

HEALTH:

TREATMENT PLAN

MCASP SCORES: _____ **SH SCORE:** _____ **DH SCORE:** _____

RISK LEVEL: _____ **RECOMMENDED LEVEL OF SUPERVISION:**

SERVICES & OBJECTIVES:

Program Referrals – in-state and of-of-state:

If an RTC placement is requested, indicate if Beacon has approved, if Beacon rejected the CON if appeal was pursued and any efforts to have further review by the in-state RTCs.

Facility/Program Name, State	Referral Date	Date Acc/Rej	Reason for Rejection (numbers)	Comments	Type of Program
<i>Example 1 Academy, Idaho</i>	<i>1/1/17</i>	<i>1/11/17</i>	<i>3, 10</i>		<i>Staff Secure</i>
<i>Example 2 Academy, PA</i>	<i>1/1/17</i>			<i>accepted</i>	<i>Hardware Secure</i>

Reasons for Rejections from Placements:

1. Prohibitive waitlist	10. Fire setter
2. Too aggressive	11. Sexual behavior problem – non-adjudicated
3. AWOL Risk	12. Sexual behavior problem – adjudicated
4. Age inappropriate	13. Medical issues
5. IQ – too high	14. Unmanageable psychiatric issues
6. IQ – too low	15. Education needs cannot be met
7. Substance abuse treatment need	16. Current program population not conducive
8. Parents unwilling/unable to participate	17. Use of weapon/handgun
9. Medication non-compliant	18. Other

ANTICIPATED LENGTH OF STAY:

PERMANENCY PLAN:

RE-ENTRY/AFTERCARE PLAN:

RECOMMENDED FACILITY:

DATE OF ACCEPTANCE BY RECOMMENDED PROGRAM*:

* For all youth pending placement 90 days or more, a detailed explanation of factors contributing to the LOS

BEHAVIORAL INCIDENTS WHILE IN DETENTION? (YES OR NO)

If behavioral incidents while in detention are referenced as part of the reason for rejection by in-state programs , the OOS approval should include the number and type of incidents during the youth's most recent 60 days in detention.

VISITATION TO PROGRAM BY DJS:

CONTRACT:

COSTS TO DJS:

COST TO OTHER AGENCY:

(Attach Co-funding Verification Form – Required if committed to DSS or youth has IEP)

STANDARD OPERATING PROCEDURES FOR ADMISSIONS (CERTIFICATE OF PLACEMENT PROCESS)

GOAL: To ensure that youth are placed in the least restrictive environment consistent with their particular needs and the risk that they present to public safety.

The Resource Office Director oversees and monitors the Certificate of Placement (COP) process. Resource Specialists and their staff located in each Region and reporting directly to Regional Directors, manage placement activities on the local level.

I. IDENTIFICATION OF YOUTH AT RISK FOR REMOVAL FROM HOME AND/OR COMMUNITY

A. Early Identification of At Risk Youth

1. The Department will identify youth in need of services or at risk of removal from home and the community through a process of screening, assessment, evaluation and staffings.
2. Screening
 - a. Intake will conduct a broad based screening for risk and need that involves:
 - 1) a review of the presenting offense and the youth's alleged involvement,
 - 2) an assessment of risk to public safety,
 - 3) communication with victims to determine victim impact and need for restitution, and
 - 4) an interview with the youth and parent/guardian/custodian which shall include an initial needs screening in these areas:
 - somatic health
 - mental health
 - substance abuse
 - educational status
 - individual and family functioning
 - b. When the results of a screening indicate further attention is warranted, the Intake/Admission Officer shall refer the youth and family for an assessment and/or other services.
3. Assessment and Evaluation
 - a. An Assessment will be conducted on all youth for whom a disposition is scheduled and all youth held in detention for more than 3 days (process is

in implementation stage).

- b. When the results of an assessment indicate further attention is warranted, the Facility Case Management Specialist (CMS) and/or Community CMS shall ensure that the youth and family are referred for an assessment and/or other services as appropriate.
 - c. The results of the assessment will determine the need for evaluation. An evaluation, such as a full scale psychological, psychiatric, or educational evaluation, may be necessary to assist in identifying interventions necessary to meet the identified needs.
4. Treatment Services Plan (TSP)
- a. The results of this screening/assessment/evaluation will be provided to **both** the Facility CMS and/or the Community CMS for use in developing the Treatment Services Plan (Secretary's Directive SD E-02-03, Treatment Service Plan (TSP) Policy) and making recommendations to the court at disposition.
 - b. Community CMSs and Supervisors regularly review youth's progress and revise the youth's TSP every 90 days or as needed.

B. Criteria or Triggers for Staffing

1. Mandatory Criteria: staffings must be held under the following conditions:
- a. When youth's behavior is not progressing or is deteriorating, or the youth is not meeting the goals as articulated in the TSP,
 - b. Within 7 days of admission to a detention facility or after the Assessment has been completed
 - c. Within 7 days of admission to shelter care,
 - d. When an Assessment or an Evaluation determines that a youth is at risk of removal from home,
 - e. Within 7 days of a commitment made against the recommendations of DJS,
 - f. When a youth is in need of enhanced non-residential services provided by controlled access contracts (such as evidence-based services),
 - g. When a youth considered for waiver to the Criminal Court or Transfer to the Juvenile Court to determine amenability to treatment and availability of appropriate services,
 - h. When a youth is considered for violation of probation or violation of commitment for placement,
 - i. Prior to the Department's recommendation at disposition that a youth be removed from their home,
 - j. When a youth is at risk for premature discharge from placement within 7 days of notice of discharge. or
 - k. For any other reason agreed upon by the CMS and the CMS Supervisor.

II. DECISION MAKING – See Placement Policy

III REFERRAL PROCEDURE

A. Referrals

1. The Regional Director or designee shall ensure that referral packets are sent to the identified programs within 48 hours of the staffing.
2. The referral packet shall include the following information:
 - a. A standard cover letter, generated by the Certificate of Placement database, which describes special service requirements, if any, the name and address of the Resource Specialist, the Community CMS and Community CMS Supervisor and which requests a response within 10 days.
 - b. When relevant, the Resource Specialist shall state clearly in the referral letter if a referred youth is considered to be outside of the normal program criteria and that special placement consideration is being sought.
 - c. The summary of information and needs about the youth and family identified at staffing that lead to the match in services.
 - d. Pertinent background and social history of the youth and family, current assessments and appropriate past assessments, educational material describing academic grade and required level of services.
 - e. A referral response form which is generated by the Certificate of Placement database that requests the program to indicate its decision to accept or reject the referral. The referral response form is to be returned to the Resource Specialist, who will provide a copy to the CMS.
 - f. Other materials requested by the program.

B. Differentiation of Referral Process Per Type of Program – See Placement Policy

C. Referral Follow-up

1. The CMS Supervisor shall follow-up with the CMS and/or programs to determine the status of outstanding referrals. The CMS shall follow-up with each program that has not responded within 10 working days after the referral to the program had been made.
2. The CMS is responsible for providing additional information requested by a program in order for the program to determine acceptability of a referred youth and/or to accomplish the placement.

3. The Case Manager, with input from the Case Manager Supervisor and the Resource Specialist, shall strategize to place youth in the least restrictive normative environment by discussing and negotiating with programs regarding what additional services the program may need in order for the youth to be acceptable and potentially successful if placed.

D. Additional CMS Responsibilities

1. Schedule and transport youth for interviews or arrange for secure transport where appropriate.
2. Complete the Medical Assistance Application process according to Medical Assistance Policy.

IV PLACEMENT

A. Authorization and Certificate of Placement (COP) Process

1. Out-of-home placement shall be authorized and tracked through the Certificate of Placement (COP) Process. An authorized Certificate of Placement (COP) form must be presented to the receiving program prior to the youth's placement. At a minimum, the COP establishes the authorization of the placement, the clear identification of the youth; the clear identification of the program, a statement of services to be provided with associated costs and assumed responsibility, signatures for the assumption of custody of the youth, and departmental and program signatures to establish the placement agreement.
1. The Certificate of Placement (COP) Process is as follows:
 - a. When the program has been selected, the CMS shall seek a Certificate of Placement (COP) from the Resource Specialist and provide the Resource Specialist with the ASSIST folder number where the Placement Admission event will be located.
 - b. The Resource Specialist shall create a COP in the COP database.
 - c. The COP automatically creates a Placement Admission event for the youth in ASSIST on the appropriate CMS's Worker Worklist. To finalize the Placement Admission event the CMS must complete three data fields (Admission Type, Admission Criteria and Unit).
 - d. The COP database shall automatically create a placement within Cost Management, thus notifying budget of the impending placement.
 - e. The Resource Specialist shall print and sign the COP and then fax or mail the COP to the service provider.

- f. The service provider shall review the conditions and cost of placement and sign the COP.
- g. At admission of the youth to the program, the service provider shall present their copy of the COP for signatures of the person bringing the youth to the facility and the person accepting the youth into the program.
- h. The service provider shall send a copy of the signed COP to the Resource Specialist who shall forward a copy to the CMS.
- i. The CMS is responsible for entering the actual date of admission in ASSIST. The ASSIST placement worklist tickler serves as a reminder to the Case Manager to enter the actual date.
- j. The service provider shall attach a copy of the signed COP to the 1st invoice for the youth and send to Accounting. Accounting shall reconcile the information against the database.

B. Case Management – see Case Management Manual

C. Title IV-B Administrative Review

1. The Title IV-B Administrative Review is used to determine progress of the youth toward achievement of case plan objectives and to ensure that youth remain in placement only as long as is appropriate to address the youth's needs. DJS adheres to Title IV-B federal law requirements under The Child Welfare Act of the Social Security Act which is designed to protect the rights of the youth and their parents when a youth is in out-of-home placement. These requirements accompany the provision for Title IV-E reimbursements for appropriate placements.
2. The Regional Director or designee shall ensure that placement review process, i.e., IV-B Case Plan for Youth in Placement, residential placement review meeting and court reviews of placements be performed in accordance with federal regulations.
3. The Title IV-B Program Specialist shall publish a statewide schedule every 6 months that includes each DJS office.
4. The regional Resource Specialist Supervisor shall develop a specific list of all youth whose placements need to be reviewed for each office. Youth shall be scheduled for placement reviews within their fifth month in placement and every 6 months thereafter.
5. The process for Title IV-B Administrative Reviews shall be:

- a. Participants shall include the Community CMS Supervisor who chairs the meeting, the assigned CMS, Resource Specialist and the Title IV-B Program Specialist. Representatives from collateral agencies and placement providers may also attend, as appropriate. Parents must be invited to attend the placement review.
- b. The CMS shall complete and present the IV-B Case Plan for Youth in Placement (included in the youth's Treatment Service Plan). This case plan shall include the permanency plan for the youth, reason for and type of placement, court ordered interventions, assurance of proper health care, assurance of proper education, a summary of the youth's adjustment, services provided by the program and the after care plan.
- c. The participants shall determine the continued appropriateness of the placement and the proposed after care plan.
- d. The Title IV-B Program Specialist shall complete the Case Recommendation Report Form, Residential Placement Review Panel to document recommendations from the review. The Community CMS Supervisor, the CMS, Resource Specialist and the Title IV-B Program Specialist shall sign this form.
- e. The Title IV-B Program Specialist shall enter a summary of the Title IV-B Administrative Review in ASSIST and track placements that appear to be prolonged and advise the Placement Administrator of concerns.
- f. The Resource Office Director shall review those placements that appear to be prolonged to determine the cause, seek to resolve hindrances to placements or seek further explanation from the respective Regional Director of those placements that do not seem to have adequate cause for being prolonged.

VI. DISCHARGE PLANNING

A Unplanned, Emergency or Unsuccessful Discharges

1. CMSs shall make every effort to minimize unplanned, emergency discharges through negotiations with residential facilities, whose contracts require a 30-day notice of intent to discharge.
2. Resource Specialists will assist in negotiations when needed and must participate if additional costs may be incurred.

B. Regular or Unplanned Discharge Process

1. At discharge the service provider shall use their copy of the COP again and secure signatures of the person picking up the youth and the person discharging the youth from the program.
2. The service provider shall send a copy of this signed discharge COP to the

Resource Specialist. The Placement Office shall forward a copy of the signed COP to the CMS for the file.

3. The service provider shall send this signed discharge COP to Accounting with the last invoice for the youth. Accounting shall reconcile information against the database.
4. The CMS shall enter the actual date of discharge into ASSIST.

C. Runaway or AWOL Discharge

1. The service provider shall provide DJS with an incident report according to the Incident Reporting Policy.
2. The CMS shall report the runaway or AWOL to the Resource Specialist who will determine whether the service provider may hold the bed for the youth. No bed can be held for longer than 72 hours.
3. The service provider shall send the COP of a youth who has gone AWOL from the program with such a notation to Accounting with the last invoice for the youth. Accounting shall reconcile information against the database.

Mlo 1/23/03; Revised PMF 7/20/16

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

DJS Youth in Out of Home Placement/Foster Care

(Use when a youth is placed in a non-state owned and operated facility)

DATE: _____

TO: MA Case Worker

FROM: _____
(DJS Case Manager and phone number)

RE: _____
(Name of Youth)

DOB: _____

PLACEMENT: _____
(Name of facility)

(Address and phone number)

TYPE of PLACEMENT: _____

DATE of PLACEMENT: _____

DJS CASE MANAGER: _____
(Signature)

MAILING ADDRESS: _____

COMMENTS: _____



One Center Plaza / 120 West Fayette Street / Baltimore, MD 21201
410-230-3333 / Toll Free: 1-888-639-7499 / TDD: 1-800-735-2258
Treating Children • Supporting Families • Protecting Communities

