Department of Human Services
Fiscal Year 2022 Operating Budget
Response to Department of Legislative Services Budget Analysis

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Ghee Griffith
Monday, February 22, 2021

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
Monday, February 22, 2021

N00A01

Response to Issues

Issue#1: DHS should comment on its progress toward these activities, challenges faced in meeting these needs and improving service provision during the COVID-19 pandemic with limited access to medical care, and its planned activities for the remainder of fiscal 2021 and 2022. (**page 5**).

Response to Issue: During SFY 2021, DHS initiated development of a new milestone report in order to have more complete, actionable data on required medical assessments and EPSDT preventive care. Continued development of CJAMS reporting functionality will allow for improved oversight, technical assistance and accountability by the end of SFY 2021.

In terms of improved access to health information, the clinical committee of the state's health information exchange, Chesapeake Regional Information System for Our Patients (CRISP), has recently approved a use case which will allow the Department's Child Welfare Medical Director to access CRISP for information about the patients in the care of DHS for the purpose of identifying health and wellness needs of children in out-of-home care. While the use case is currently limited to the child welfare medical director, continuing identification of statutory and regulatory data sharing barriers to and planning for health information access solutions will continue in SFY 2022, including expanded case management access to CRISP, provider health portal access and electronic health passports.

From the time of the Governor's declaration of the COVID-19 public health emergency on March 5, 2020, DHS has worked sister governmental agencies and providers to mitigate the risk of infection with SARS-CoV-2, the virus responsible for COVID-19, among staff, providers and ultimately the children and youth in out-of-home care. During the initial stage of the pandemic, health care providers were prioritizing the identification and treatment of ill individuals and

altering practice procedures, reducing primary care access and leveraging telehealth technology; this allowed for the assurance of only clinically necessary visits during the time of extensive community viral transmission.

Due to both the challenge of reduced access and the benefit of limiting youth and resource family community exposure, DHS temporarily modified timeframes for the initial health screening and comprehensive health assessments, while prioritizing EPSDT health care services for the younger OOH children and the administration of immunizations required for schooling and child care. As Maryland has moved through the phases of recovery, the local departments of social services (LDSS) have been surveyed and report the resumption of entry assessment and preventive health services, both in-person and via telehealth; the scheduling of routine dental services is progressing as well, but backlogs and reductions in operatory use continue to impact timeliness. Most mental health services are reported to be occurring virtually, but a number of LDSS have indicated that there are standing issues with the number of community-based mental health providers in their jurisdiction and virtual mental health services have been a challenge for some children. Additionally, pre-placement testing requirements instituted by a number of congregate care providers has led to delays of days to weeks and the occasional loss of placement due to provider deadlines. SSA is currently collaborating with MDH to arrange timely rapid point-of-care testing with appropriate reflex diagnostic follow-up for congregate care pre-placement needs, with a number of different venues being examined, including community health centers. DHS has also recently applied to provide point-of-care testing at the LDSS; training and materials are being acquired through MDH, in preparation should approval be granted by the state and federal regulators.

Issue #2: The agency should describe how it will approach attaining MBE participation when the MD THINK project concludes in fiscal 2022. (Page 6)

Response to Issue: Historically, meeting the MBE participation goal of 29% has been difficult for DHS. The majority of DHS's contracts are awarded to non-profit entities, which cannot be counted as MBE's under the MBE program. Further, many of the services which DHS procures, particularly services related to foster care, are not susceptible to sub-contracting to reach the MBE goal. DHS plans to increase its MBE participation in the future through the use of the Small Business Reserve (SBR) program. An executive order signed by the Governor on January 6, 2021, requires that all procurements between $50,000 - $500,000 be designated as SBRs. It is the intent of DHS to work closely with SBRs through outreach to ensure they become cross-certified as both MBEs and SBRs when possible. By doing so, it is the intent of DHS to increase the Department's overall MBE participation through SBR designated procurements. We believe this approach will help mitigate any loss of MBE participation with the MD THINK program transition. We will also continue to aggressively pursue MBE participation with all ongoing MD THINK and other technology spending.

***Issue #3: To continue monitoring the MD THINK project's development and spending, DLS recommends committee narrative requesting that DHS submit a timeline of anticipated spending and development throughout fiscal 2022 and periodic reports that provide updates with respect to the timeline.* (Page 16)**

Response to Issue: The Department Concur with the recommendation will provide this report as requested.

Issue #4: DHS should describe how it approaches working with other agencies considering migrating systems to the platform, including providing realistic estimates of modifications needed and estimating cost of migrating to and operating on the Shared Platform. **(Page 16)**

Response to Issue: DHS's approach to work with other agencies considering migrating to the platform is as follows:

- Discuss and agree on MoU terms and conditions involving respective agency's IT and legal entities.
- MD THINK shares the agency onboarding checklist that includes what is supported and what is not supported in the MD THINK platform, minimum product versions, technologies, licensing options, hosting options etc.
- Agencies share the details of their current application technologies with the MD THINK team.
- MD THINK reviews and provides specific guidelines and clarification on any security vulnerabilities that need to be addressed, required product version upgrades, platform integration options and cost estimate for hosting based on agency IT needs (e.g. number of environments required, sizing, backup/failover options, etc.)
- Agencies review and agree to operational support and maintenance terms
- Agencies sign MoUs including funding and invoicing terms.
- After MoU is signed, MD THINK assigns a project manager and puts together a team from MD THINK to work with the agency's team to finalize project timeline and deliverables.
- Once the project is kicked off, daily/weekly/monthly activities and communications continue as per the agreed upon project roadmap.

Issue #5: DHS should comment on how it plans to evaluate efficiencies offered by the new system. (Page 17)

Response to Issue: DHS systems are built with easy to use, intuitive self-service web and mobile capable channels for Marylanders to apply for federal and state aid programs. The systems provide Marylanders with accurate and accessible information and notices with easy to follow instructions. The application / change reporting processes are streamlined for Marylanders with guided, automated, and electronic forms as well as pre-populated information for easy recertification. MD THINK uses modern technology to shorten development cycle to adapt to the changing business needs due to legislative and Federal regulations.

Key features and capabilities such as real time case management using iPad, capturing e-signatures in real time, uploading pictures and documents directly from the field, notice

consolidation, availability of browser based responsive applications and enhanced security like multi factor authentication, real time verification from federal and state systems have been already implemented as part of MD THINK platform applications to enhance and offer worker productivity improvements, better user experience and operational efficiency.

MD THINK is currently focused on building and deploying the DHS specific systems into the platform. DHS will continue to refine key performance indicators (KPI) and continue to monitor outcomes for the deployed applications includes but not limited to:

- Volume of electronic applications, change reports, recertification received and processed
- Volume of electronic applications received from vendor partners and community-based organizations
- Volume of system notices generated and distributed electronically to the constituents
- Compliance to federal and state requirements for timely data entry and reporting metrics
- Reduction in administrative costs resulting from reduction in printing volume, paper handling (electronic applications, ECMS, etc.), postage, and similar administrative overhead.

Response to Recommended Action

Recommended Action #1

Add language restricting the appropriation for the Maryland Legal Services Program to that purposes. **(Pages 2 and 18**)

Response: The Department Concur with the recommendation.

Recommended Action #2

Adopt committee narrative requesting periodic reports on the Maryland Total Human-services Integrated Network. **(Pages 2,18 and 19**)

Response: The Department Concur with the recommendation.

Recommended Action #3

Adopt committee narrative requesting a report on the Maryland Total Human-services Integrated Network spending and development timeline. **(Pages 2 and 19**)

Response: The Department concurs with the recommendation.

Response to Audit Findings

Audit Finding #3:

DHS did not modify the payment rates for residential rehabilitation services, resulting the use of State funds to cover the cost of services that are potentially eligible for federal reimbursement. **(Page 21)**

Response: Per the timeline the revised rate structure would have begun to be implemented in fiscal 2023 for residential child care providers and fiscal 2024 for child placement agencies. However, this timeline was dependent on an anticipated agreement with a vendor to test and develop rates beginning in February 2021. In February 2021, DHS notified DLS that the vendor will not be able to provide the assistance needed to develop and test new rates.

The new rate structure is contingent on selecting a vendor to perform the actuarial work for rate setting. The RFP process is estimated to take one year (completion in February 2022). The target is for rates to be in place for Residential Child Care providers by July 2024, and in place for all providers by July 2025. Medicaid claiming should begin in FY 2026.