



**DEPARTMENT OF HUMAN SERVICES**

Wes Moore, Governor · Aruna Miller, Lt. Governor · Rafael López, Secretary

**MEMORANDUM**

**DATE:** August 7, 2024

**TO:** Medicaid Providers  
Managed Care Organizations

**THRU:** Dr. Richard Lichenstein, State Child Welfare Medical Director *Richard Lichenstein*  
Social Services Administration

**FROM:** Dr. Alger Studstill, Executive Director *AS*  
Social Services Administration

**RE: Health Care Requirements for Children in Out-of-Home (OOH) Care**

There are approximately 4,000 Maryland children in out-of-home (OOH) care (foster care). Children placed in OOH care have a high incidence of complex medical, developmental, and mental health conditions, and quality primary care that are trauma-informed is essential. We thank the medical community for providing these critical health related services and provide this letter as a reminder of legally-mandated medical assessments for this population.

According to Maryland regulation, when a child and/or youth enters OOH placement, a medical assessment must occur within 5 days. We recognize that the foster youth's initial medical visit to a new provider may not be easily recognizable as a billable visit by the Maryland Healthy Kids Preventive Health Schedule (EPSDT) or may appear to be ineligible because of the proximity of another health-related visit. Moreover, the youth's change in Medical Assistance (MA) coverage to E-track status may make billing for this service challenging. Please be assured that any care provided during the initial examination by an eligible provider should be billed using the age-appropriate preventive CPT code with modifier-32 (Mandated Services) for the initial examination and any other procedures provided during this visit. Providers must use modifier "32" for initial visits only. Please refer to [MDH PT 66-24 Clarification of Medicaid Coverage and Billing-Children in State-Supervised Care](#).

Children and youth in OOH care may have multiple providers and timely communication of all health-related visits is crucial for continuity of care. All health visits must be recorded in the primary care provider's medical record and additionally in the DHS Health Passport (Form 631). This documentation must be submitted to the child's case worker or staff of the Local Department of Social Services (LDSS) staff within thirty days of the encounter. The table below

details the OOH placement required medical exams in comparison to a MDH Healthy Kids Program EPSDT schedule. Please refer to [MDH's Healthy Kids Provider Manual](#) for details.

Children in OOH placement are also obligated to have biannual dental evaluations. The Maryland Healthy Smiles Dental Program provides coverage for children under the age of 21. A child aged 1 year or older should have a dental examination performed by a licensed dentist or a licensed dental hygienist working under the supervision of a licensed dentist within 90 calendar days of initial placement. After the initial oral health examination, children, and transition-aged youth in out-of-home placement should be seen by a dentist biannually. The [SKYGEN Provider Web Portal](#) is an online resource for dental providers to view member effective dates, view authorizations, submit corrected claims, and other features to support authorizations and claims.

Table

| <b>Social Service Administration</b><br><i>(required health visits for children in care<br/>           COMAR <a href="#">07.02.08.11 Medical Care</a>)</i>   | <b>Maryland Department of Health</b><br><i>(EPSDT schedule visits)</i>   |
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| <p><b>The Initial visit occurs</b> within 5 working days of placement and identifies any immediate health care needs and documents the youth’s current physical and behavioral/developmental health status, identifies any immediate medical or behavioral health needs, and provides documentation for the LDSS or placement providers of any health conditions of which they should be aware.</p> <p>In addition, the child's immunization record, allergies/adverse reactions, chronic health problems, and present medications must be recorded in the Health Passport: 631-E form (attached). If the child is known to the provider, the initial and comprehensive exam can be done at the same visit. These visits must be billed using the 32 modifiers as described by the MDH transmittal for children in OOH care.</p> | <p><b>Initial screening visit</b> equivalent consists of services based on the age of the child and the most appropriate Maryland Healthy Kids Preventive Health Schedule visit and at minimum documents the youth’s current physical and behavioral/developmental health status, identifies any immediate medical or behavioral health needs, and provides documentation for the Local Department of Social Services or placement providers of any health conditions of which they should be aware.</p> <p>These visits must be billed using the 32 modifiers as described by the MDH transmittal for children in OOH care.</p> |
| <p>The <b>Comprehensive visit</b> occurs within 60 calendar days of initial OOH placement and includes the full scope of comprehensive services outlined in the Maryland Healthy</p>   | <p>The <b>Comprehensive periodic assessment</b> equivalent consists of services based on the age of the child and the most appropriate Maryland Healthy Kids Preventive Health</p>   |

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| <p>Kids Preventive Health Schedule and follow-up for the health care issues identified at the initial visit. The Health Passport: 631-E form (attached) should be updated to include all new health data.</p>   | <p>Schedule visit and should more completely describe the child’s physical, developmental, and mental health status from the initial exam and outline a medical and mental health problem list and follow-up plans. This assessment should follow the age-appropriate Maryland Healthy Kids Preventive schedule and should include all appropriate screens and laboratory tests.</p> |
| <p><b>The Annual Visit</b> is determined by the chronological age of the child. For children removed prior to age 4, the Maryland Healthy Kids’ Preventive Health schedule should be followed with allowances based on provider scheduling availability and will reflect care required after placement. After the age of 4, annual visits should align with the Maryland Healthy Kids Preventive Health schedule. The Health Passport: 631-E form (attached) should be updated to include all new visits.</p> | <p>The <b>Annual Visit</b> is based on the Maryland Healthy Kids Preventive Health schedule.</p>   |
| <p><b>Dental Visit</b> A child of 1 year or older should have a dental examination performed by a licensed dentist or a licensed dental hygienist working under the supervision of a licensed dentist within 90 calendar days of initial out-of-home placement. After the initial oral health examination, children and transition-aged youth in out-of-home placement should be seen by a dentist biannually. The Health Passport: 631-E form (attached) must be completed to reflect all dental visits</p>  | <p><b>Dental Visit</b> Dental services should be provided at intervals that meet reasonable standards of dental practice. The State of Maryland accepts the dental periodicity schedule developed by the American Academy of Pediatric Dentistry (AAPD) as the dental schedule for the Maryland Healthy Smiles Dental Program.</p>   |

We value your dedication to children and youth in OOH Placement who have intricate medical and mental health needs as well appreciate your commitment to promoting wellness for this population. We welcome the opportunity to work alongside you to ensure that all health care needs are met in a holistic and empathic manner. Please let us know how we can help.

For health service-related questions, please reach out to SSA Nursing Consultant, Lisa Horne, at [lisa.horne1@maryland.gov](mailto:lisa.horne1@maryland.gov) and SSA Child Welfare Medical Director Dr. Richard Lichenstein, MD at [Richard.lichenstein@maryland.gov](mailto:Richard.lichenstein@maryland.gov).

cc: Tennille Thomas, Principal Deputy Executive Director  
Lisa Horne, Nurse, Child Welfare