



DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF LEGISLATIVE AUDITS  
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber  
Executive Director

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Legislative Auditor

May 15, 2023

Senator Guy J. Guzzone, Chair  
Senate Budget and Taxation Committee  
Miller Senate Office Building, 3 West Wing  
11 Bladen Street  
Annapolis, Maryland 21401

Delegate Benjamin S. Barnes, Chair  
House Appropriations Committee  
House Office Building, Room 121  
6 Bladen Street  
Annapolis, Maryland 21401

Dear Senator Guzzone and Delegate Barnes:

The Office of Legislative Audits (OLA) has reviewed the actions taken by the Department of Human Services (DHS) Social Services Administration (SSA) to resolve the repeat findings in our June 3, 2021 audit report. This review was conducted in accordance with a requirement specified in the April 2022 *Joint Chairmen's Report* (JCR), page 131. The JCR required that, prior to the release of \$100,000 of its administrative appropriation for fiscal year 2023, DHS must take corrective action on all repeat audit findings on or before November 1, 2022. The JCR language further provided that OLA submit a report to the budget committees listing each repeat audit finding along with a determination that each finding was corrected. The OLA report is required to be submitted to allow 45 days for the budget committees to review and release the funds prior to the end of the fiscal year.

Before summarizing the JCR follow-up results, we would like to draw your attention to an earlier July 2022 OLA follow-up of the original June 3, 2021 SSA audit report, which contained seven repeat audit findings (Findings 1, 2, 3, 4,

5, 7 and 8) that were addressed by thirteen recommendations. In that original report, we concluded that SSA's accountability and compliance rating was unsatisfactory. As a result of that unsatisfactory rating, we subsequently performed our first follow-up review, whereby we evaluated the status of six of the findings (including five repeat findings) from the June 3, 2021 audit report. In our resultant special follow-up review report, dated July 6, 2022, we concluded that SSA had resolved three findings (including repeat Findings 4 and 7), and had made progress, but had not resolved three other findings (repeat findings 1, 2, and 3) subject to review.

In accordance with the April 2022 JCR requirement, DHS provided a report to OLA, dated November 1, 2022, detailing certain corrective actions that had been completed and actions that were ongoing with respect to all seven repeat audit findings contained in the June 3, 2021 SSA audit report (**Exhibit 1**). In accordance with our policy, we have redacted the names of any vendors, DHS employees, or products mentioned by DHS in the original document.

We reviewed the DHS status report and related documentation, performed limited tests and analyses of the information, and held discussions with SSA personnel as necessary to assess the implementation status of the related recommendations. As Findings 4 and 7 were determined to be resolved during our aforementioned July 2022 follow-up review, our current review was limited to determining the status of repeat Findings 1, 2, 3, 5, and 8. Our review did not constitute an audit conducted in accordance with generally accepted government auditing standards. Based on our current review, we determined that SSA resolved Finding 2, but had not taken sufficient actions to correct Findings 1, 3, 5, and 8. Specifically, although DHS had implemented certain elements of the recommendations related to Findings 1, 3, 5, and 8, the actions to date did not address the entirety of the findings (**Exhibit 2**). Consequently, at the time of our review, our assessment of Findings 1, 3, 5, and 8 concluded that they were still in progress. (**Exhibit 3**).

Although SSA management did not disagree with the factually accuracy of the results of OLA's review it did disagree with the conclusion of, "Not Resolved" for Finding 5. SSA management advised that it was unaware that to fully resolve this finding that it would need to provide a disposition in terms of active or closed cases for the children that entered care before 2016. We wish to acknowledge the cooperation extended to us during the review by DHS. We also wish to acknowledge DHS' willingness to address the audit issues and implement appropriate corrective actions.

We trust our response satisfactorily addresses the JCR requirement. Please contact me if you need additional information.

Sincerely,



Gregory A. Hook, CPA  
Legislative Auditor

cc: Senator Clarence K. Lam, M.D., Senate Chair, Joint Audit and Evaluation Committee  
Delegate Jared Solomon, House Chair, Joint Audit and Evaluation Committee  
Joint Audit and Evaluation Committee Members and Staff  
Senator William C. Ferguson IV, President of the Senate  
Delegate Adrienne A. Jones, Speaker of the House of Delegates  
Governor Westley W. Moore  
Comptroller Brooke E. Lierman  
Treasurer Dereck E. Davis  
Attorney General Anthony G. Brown  
Secretary Helene T. Grady, Department of Budget and Management  
Secretary Rafael J. Lopez, DHS  
Stephen Liggett-Creel, Acting Executive Director, SSA  
David K. Lee, Chief of Staff, SSA  
Stephen P. Pittman, Director, Audit Compliance and Quality Improvement, SSA  
Marva M. Sutherland, Inspector General, DHS  
Shelly-Ann Dyer, Assistant Inspector General, DHS  
Joan M. Peacock, Manager, Audit Compliance Unit, Department of Budget  
and Management  
Victoria L. Gruber, Executive Director, Department of Legislative Services  
Samuel M. Quist, Policy Analyst, Department of Legislative Services

## Exhibit 1 to May 15, 2023 Letter to Joint Chairmen



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

November 1, 2022

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

Dear Mr. Hook:

In response to the request noted in the Joint Chairmen's Report – Operating Budget dated April 2022, we are providing the enclosed status report detailing the corrective actions that have been taken with respect to the seven (7) repeat findings noted in the June 3, 2021, audit report on the Department of Human Services - Social Services Administration (SSA).

The Department takes audit findings seriously and is committed to resolving the findings identified in the audit report. If there are any questions, please do not hesitate to contact Marva Sutherland, Inspector General at 443-378-4060 or via email at [marva.sutherland@maryland.gov](mailto:marva.sutherland@maryland.gov).

Sincerely,

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

Lourdes R. Padilla  
Secretary

Enclosures:

cc:

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



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**



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

**Quality Assurance Program**

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person <sup>1</sup>	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<p><b>We recommend that SSA establish comprehensive quality assurance processes to ensure its child welfare programs are effectively and properly administered by the LDSSs. Specifically, we recommend that SSA modify its existing processes to ensure that they provide:</b></p>				
<p><b>a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the maintenance of supporting documentation relating to services and functions performed (repeat); and</b></p>	<p><b>Agreed.</b>                      SSA will continue to take the appropriate actions to ensure specific program services and functions dictated by State law and regulations, with policy direction from SSA, are performed effectively by LDSS.                       Specifically, SSA continues to modify draft Standard Operating Procedures (SOPs) that outline SSA’s monitoring activities. Each SOP outlines a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS. The most recently edited versions of the SOPs are expected to be implemented by June 2021.                       In addition, SSA has developed a standardized local QA (Quality Assurance) review process to be implemented within each LDSS by December 2021.</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e., CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments.</li> <li>● Issued Standard Operating Procedures for Monitoring of the LDSSs.</li> <li>● Completed CJAMS Documentation Guide for child welfare to ensure accurate documentation of services for ongoing monitoring.</li> <li>● Updated the How-to Guide resource for staff reference use, and training for new and ongoing staff.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Began monitoring several areas in relation to this audit using developed Standard Operating Procedures for Monitoring the LDSS.</li> </ul>	<p>December 2022                      The projected 2021 completion date has been extended to December 2022 due to enhancements being made to the QA process for increased efficiency and to make the necessary revisions to guidance documents and SOP to align with the QA Process.</p>

<sup>1</sup> Auditor’s Comment – names in this column have been removed.



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Refine QA Process guide to align with adjusted delivery model using Smartsheet.</li> <li>● Refine Standard Operating Procedures for Monitoring of the LDSSs to reflect the evolved QA Process.</li> <li>● Develop guidance for ACQI report and QA Process monitoring.</li> </ul>	
<p>b. <b>a quality assurance case review process at each LDSS that addresses all critical services and functions performed by the LDSSs (repeat).</b></p>	<p><b>Agreed.</b>            SSA will continue to take the appropriate actions to ensure that a standardized quality assurance review process exists at each jurisdiction that addresses all critical services and functions performed by the LDSS.</p> <p>Specifically, SSA has designed a standardized (QA) review process that includes the development of a standardized web-based tool and companion desk guide, random sampling methodology, a schedule for when each program area (i.e., Child Protective Services {CPS}, Family Preservation, Resource Home, and Foster Care, etc.) is to be reviewed, and a recorded training to orient staff on the use of the tool.</p> <p>In addition, between October and November 2020, the process was shared with local departments and other stakeholders. LDSS are identifying jurisdictions to pilot the standardized process.</p> <p>Implementation of a 2-3-month pilot was launched in April 2021 with a statewide launch planned for December 2021.</p> <p>To support the piloting of the standardized QA process, SSA staff will utilize the standardized web-based tool to conduct interim reviews as outlined in the SOPs that support SSA’s monitoring activities.</p>		<p><b>Actions Taken:</b></p> <p>1. Developed standardized local QA review process by completing the following:</p> <ul style="list-style-type: none"> <li>● Completed local QA Pilot of three jurisdictions.</li> <li>● Completed SSA QA case review of local Departments.</li> <li>● Launched ACQI monitoring tools for compliance with macro level data derived from milestone reports.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Monitoring responses from LDSSs for initial findings from SSA QA Process review to ensure compliance.</li> <li>● Statewide launch of Local QA Process in December 2021.</li> <li>● Refined QA Tool questions to better reflect Agency focus on statutes and regulations.</li> <li>● Issued three cycles of QA Process reviews. Third cycle is currently in process</li> <li>● Completed two cycles of Statewide QA Process reviews.</li> <li>● Developed schedule for ACQI/LDSS routine audit compliance and monitoring meetings in December 2021.</li> </ul>	<p>December 2022</p> <p>The projected 2021 completion date has been extended to December 2022 due to enhancements being made to the QA process for increased efficiency and to revise guidance documents and SOP to align with the QA Process.</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<ul style="list-style-type: none"> <li>● Developed weekly ACQI monitoring reports for macro level compliance monitoring of case requirements separate from the QA Process.</li> <li>● Established bi-weekly Statewide audit technical assistance meetings.</li> <li>● Established weekly or bi-weekly individual technical assistance meetings with non-compliant jurisdictions.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Convert QA Process review to a simplified process using Smartsheet to improve end user access and real-time resolution of deficiencies uncovered through the QA Process.</li> <li>● Separate from the QA Process, expand monitoring to additional areas of concern following CJAMS enhancements using the Standard Operating Procedures for Monitoring the LDSSs.</li> </ul>	





**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

**Finding 2 – SSA had not established effective monitoring of the LDSSs to ensure that foster children were placed in the least restrictive environment and received required services.**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<b>We recommend that SSA monitor the LDSSs to ensure compliance with foster care requirements. Specifically, we recommend that SSA ensure:</b>				
<p><b>a. the applicable legal documentation is included in each foster child’s case record in the statewide case management system (repeat);</b></p>	<p><b>Agreed.</b> SSA will continue to take action to ensure that the applicable legal documentation is included in each foster child’s case record.</p> <p>Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of legal documentation and drafted SOPs to outline a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS.</p> <p>In December 2020, the SSA Title IV-E Eligibility Unit began a 100% review of all active cases in CJAMS to ensure that all required legal documents are uploaded into CJAMS. Supervisors must approve all the updated IV-E determinations in CJAMS and maintain a QA log of all case reviews. To support this process, the IV-E Eligibility Management Team meets weekly to review and discuss the progress of the reviews and any challenges the staff are facing. These reviews are anticipated to be completed by June 2022.</p> <p>In addition, SSA will implement the following actions: <b>Action #1:</b> By June 2021, update and revise audit response webinars and existing monitoring SOPs to align with CJAMS and offer technical assistance to local departments related to the uploading of legal documents. <b>Action #2:</b> Between June - December 2021, review a randomly stratified sample of cases per month, allowing for cases to be pulled from various counties, to ensure legal documentation is uploaded into CJAMS. SSA staff plans to utilize the standardized web-based tool to conduct these reviews.</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Title IV-E Eligibility review of 100% of all active foster care, adoption, and guardianship cases in CJAMS to ensure that all required legal documents are uploaded into CJAMS. (Action #3) (Completed after since last update)</li> <li>● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e., CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Action #1)</li> <li>● Issued Standard Operating Procedures for monitoring of the LDSSs. (Action #3)</li> <li>● Reviewed existing webinars to align with CJAMS and replaced them with e-learning videos. (Action #1)</li> <li>● Implemented standardized local QA review process by completing the following: <ul style="list-style-type: none"> <li>○ Completed SSA QA case review of local Departments.</li> <li>○ Launched ACQI monitoring tools for compliance with macro level data derived from milestone reports. (Action #2)</li> </ul> </li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Completed the 100% review of all active foster care, adoption and guardianship cases by Title IV-E Eligibility Unit, as previously noted.</li> </ul>	<p>June 2023</p> <p>The projected 2022 completion date has been extended due to enhancing Title IV-E QA process and potential development schedule of MOU with MDEC to gain direct access to court records.</p>





**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p><b>Action #3:</b> Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child’s record and provide technical assistance accordingly</p>		<ul style="list-style-type: none"> <li>● Implemented Local QA Tool December 2021 (Action #3). Two cycles have been completed to date, as previously noted.</li> <li>● Provided Technical Assistance training to supervisory staff at Regional Supervisor Conferences (September 2022)</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Enhancing Title IV-E quality assurance review process to include ongoing case reviews for applicable legal documentation.</li> <li>● Explore availability of direct access to MDEC for expedited receipt of court records for Title IV-E staff. If approved, an MOU will be drafted between DHS and MDEC.</li> </ul>	
<p><b>b. the LDSSs place children in the least restrictive environment and document attempts to place the child with a relative (repeat);</b></p>	<p><b>Agreed.</b></p> <p>SSA will continue to take action to ensure that the State places children in the least restrictive environment and documents attempts to place children with relatives. Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of placement in the least restrictive environment and placement with families. SSA also drafted SOPs to outline a comprehensive quality assurance process designed to ensure that all required program services and functions are being effectively and properly carried out by the LDSS.</p> <p>In addition, SSA will implement the following actions:  <b>Action #1:</b> By June 2021, update and revise audit response webinars and</p>		<p><b>Actions Taken:</b></p> <p>Created SOPs that align with Child Welfare that programs included required activities for each (i.e., CPS program and Family Preservation, Foster Care, and Resource Homes). (Action #1)</p> <ul style="list-style-type: none"> <li>● Developed Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Action #3)</li> <li>● Reviewed existing webinars to align with CJAMS and replaced them with “How to Guides”. (Action #1)</li> <li>● Implemented standardized local QA review process by completing the following: <ul style="list-style-type: none"> <li>○ Completed SSA QA case review of local Departments.</li> </ul> </li> </ul>	<p>December 2022</p> <p>The projected 2021 completion date has been extended due to production schedules for MD THINK and CJAMS</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p>existing monitoring SOPs to align with CJAMS and offer technical assistance to local departments related to the documentation of placement in the least restrictive environment and placement with families.</p> <p><b>Action #2:</b> Between June - December 2021, review a randomly stratified sample of cases per month, allowing for cases to be pulled from various counties, to ensure placement in the least restrictive environment and placement with families is documented in CJAMS. SSA staff plan to utilize the standardized web-based tool to conduct these reviews.</p> <p><b>Action #3:</b> Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child’s record and provide technical assistance accordingly.</p>		<ul style="list-style-type: none"> <li>● Implemented CJAMS enhancements including introduction of mandatory fields to ensure least restrictive actions taken are documented for all placement changes.</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>● Develop guidance for use of mandatory fields for documentation of least restrictive efforts.</li> </ul>	
<p><b>c. compliance with medical, dental, and education requirements by reviewing applicable documentation (repeat).</b></p>	<p><b>Agreed.</b></p> <p>SSA is continuing to conduct activities to ensure specific program services, which are dictated by State laws and regulations, with policy direction from SSA, are performed effectively by LDSS.</p> <p>Specifically, in April 2018, SSA completed and recorded a series of webinars for local department staff on effective documentation of medical, dental, and education requirements and drafted education and health monitoring standard operating procedures (SOPs).</p> <p>In addition, SSA plans to implement the following actions:</p> <p><b>Action #1:</b> By June 2021 update SOPs to align with CJAMS reporting. Once the SOPs and reporting tools are refined and updated, quarterly oversight and monitoring of medical, dental and education documentation will resume via implementation of the updated SOP utilizing the standardized web-based tool.</p> <p><b>Action #2:</b> By December 2021 update COMAR related to health. Based on the resulting provisions, SSA will be conducting a review process of related medical and dental policies to ensure alignment with practice, CJAMS, and</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e., CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments. (Action #1)</li> <li>● Developed Standard Operating Procedures for monitoring of the LDSSs which will be implemented by December 2021. (Action #3)</li> <li>● Draft of updated health policy complete. (Action #2)</li> <li>● Completed SSA/LDSS one-on-one audit compliance and monitoring meetings in September 2021. (Action #3).</li> </ul> <p><b>Completed Since November 2021:</b></p> <ul style="list-style-type: none"> <li>● Launched updated Health Services Policy #22-09. (Action #2)</li> <li>● Revised the Medical Care regulation at COMAR 07.02.11.08 (Action #2) to improve health care services</li> </ul>	<p>December 2022</p> <p>The projected 2021 completion date has been extended due to needed enhancements to CJAMS and reports to better capture health information</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p>requirements for compliance; current education policies will also be included in this review.</p> <p><b>Action #3:</b> Beginning December 2021, utilize the standardized quality assurance (QA) case review process implemented at each LDSS to monitor compliance with uploading all legal documents in each foster child’s record and provide technical assistance accordingly.</p>		<p>for children in out-of-home care. Updates require local departments of social services to make reasonable efforts to ensure that the comprehensive health assessment required by the existing regulation is completed within time frame that allows for the inclusion of its findings and resulting individualized treatment plan in a written comprehensive assessment report. Updates also require local departments of social services to make reasonable efforts to schedule an initial oral health evaluation by a dentist within 90 calendar days of initial placement if a child is one year old or older upon entry, or within 90 calendar days after the child's first birthday if the child is less than one year of age when placed.</p> <ul style="list-style-type: none"> <li>●Began monitoring of medical and educational requirements for foster youth using the Standard Operating Procedures for Monitoring the LDSSs.</li> <li>●Developed Older Youth appointment refusal form to more accurately capture medical appointment mandates missed due to the refusal of youth.</li> <li>●Held Health Policy and Timeframe trainings for LDSSs, Health Care Providers, and Placement Providers.</li> <li>●Developed and issued guidance for education documentation.</li> <li>●Developed and issued guidance for health appointment timeframes.</li> <li>●Developed Health Care Services Practice Guidance which is a document intended to support LDSS in mitigating barriers related to enrollment in health services and coordinating care with other agencies.</li> <li>●Enhance CJAMS recording of dental appointments to increase end user ability to record dental appointments more easily.</li> </ul>	



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Enhance CJAMS data collection to better reflect medical requirements for foster youth including missed appointment reasons.</li> <li>● Develop a missed medical appointments report</li> <li>● Begin monitoring of dental requirements using the Standard Operating Procedures for Monitoring the LDSSs.</li> <li>● Enhance process for monitoring and follow-up for consistently non-compliant cases.</li> </ul>	



## Exhibit 1 to May 15, 2023 Letter to Joint Chairmen

### Child Protective Services

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<b>We recommend that SSA</b>				
<p><b>a. establish effective procedures to ensure that the LDSSs conduct and complete investigations of allegations of child abuse and neglect and safety and risk assessments of controlled substance- exposed newborns in a timely manner, as required by State law and regulations (repeat); and</b></p>	<p><b>Agreed.</b>  <i>Conduct and complete investigations of allegations of child abuse and neglect:</i></p> <p>DHS is committed to ensuring the safety and wellbeing of children in our state through thorough timely and appropriate responses to reports of child abuse and neglect. SSA will continue to take appropriate actions to monitor the timeliness of CPS Responses. In April 2018, SSA conducted and recorded a webinar to guide the LDSS on timeliness of CPS cases and ensure appropriate documentation in MD CHESSIE.</p> <p>Following the webinars, in May 2018, SSA began monitoring compliance of timeliness of CPS cases utilizing the In-Home Milestone Report.</p> <p>In January 2019, SSA reassigned one staff person to serve as Acting Program Manager for Baltimore City CPS staff with direct supervision from SSA’s Director of CPS/Family Preservation Services. In addition, SSA engaged a team to provide targeted support to Baltimore City CPS staff to include training on CPS statute, regulations, policy and best practice, implementation of a targeted case supervision approach, and monthly meetings among Supervisors and Unit Managers to identify and address any systemic issues in providing CPS responses.</p>		<p><b>Actions Taken to address timeliness of CPS investigations:</b></p> <ol style="list-style-type: none"> <li>1. Communication provided to all CPS and Family Preservation staff by completing the following: <ul style="list-style-type: none"> <li>● Reissued the required protocol on CPS timeframes for timely initiation and closure of CPS responses and offered TA to local departments to reinforce compliance.</li> <li>● Distributed a Tip Sheet to LDSS for improving CPS timeliness broken down by each finding and the CPS Timeframe Requirements document detailing when the "clock" starts ticking for each requirement.</li> </ul> </li> <li>2. Began interim monitoring of CPS response data by completing the following: <ul style="list-style-type: none"> <li>● Distributed CPS Timeliness data for timely case closure and face-to-face response to LDSS.</li> <li>● Reviewed over 200 cases from a large and medium LDSS for the 3 CPS timeliness findings (Screening timeliness, face-to-face contact, and timely closure). Feedback and technical assistance were provided to each LDSS reviewed to support the local in meeting CPS investigation timelines.</li> </ul> </li> </ol>	<p>December 2022</p> <p>The projected February 2022 completion date has been extended due to needed enhancements to CJAMS milestone report.</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p>In February 2020, SSA hired a staff person whose main responsibility is to provide monitoring, oversight, and technical assistance for CPS activities including timeliness of investigations. This staff person is leading an interim process to monitor the timeliness of initiating and completing investigations within targeted jurisdictions which began in October 2020. This process allows for a random selection of cases out of CJAMS to review. If concerns are noted, SSA contacts the local department to discuss the findings and provide technical assistance.</p> <p>In April 2020, SSA began working with CJAMS developers to refine the CPS milestone report, to include the ability to monitor timely initiation of responses and case closures. In March 2021, an accurate CPS milestone report was implemented to capture the timely completion of CPS investigations that is available daily to SSA and Local staff. SSA has continued to direct LDSS leadership to utilize the existing CPS Milestone Reports during supervision so CPS supervisors can monitor case activities while a CPS case is active.</p> <p>In addition, SSA plans to implement the following actions:</p> <p><b>Action #1:</b> Effective immediately, send out communication to all CPS and Family Preservation staff to provide guidance related to timeliness on investigations to include steps to take to access children, what to do if staff are unable to see a child timely, and effective documentation of reasonable efforts. To support the guidance provided, the current policy regarding access to children will also be updated.</p> <p><b>Action #2:</b> Reviewed CPS response data with LDSS Directors and Assistant Directors at the March SSA/LDSS weekly call to identify barriers and identify technical assistance needed. SSA will continue to provide regular data to Local Directors and Assistant Directors related to CPS responses.</p>		<ul style="list-style-type: none"> <li>● Completed an update and reissuance of the policy regarding accessing children/families.</li> <li>● Completed SSA/LDSS one-on-one audit compliance and monitoring meetings in October 2021.</li> <li>● Developed and distributed weekly reports by ACQI for closure timeliness.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Enhancements to CJAMS milestone reports to better capture required elements of CPS case initiation.</li> <li>● Began monitoring CPS case closure timeliness under the Standard Operating Procedures for Monitoring the LDSSs.</li> <li>● Launched Statewide QA process and have completed two cycles of reviews of LDSS cases.</li> <li>● Refined QA process questions to align with regulation and statute.</li> <li>● Developed and issued guidance to the LDSSs for timely case closure.</li> <li>● Developed and issued tip sheets for CPS case closure, audit findings, and timely documentation guidance.</li> <li>● Develop non-compliant CPS initial face to face contact report and continue to monitor timeliness in addition to explanation of non-compliance (JIB1248/SB820 requirements).</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Begin monitoring of CPS abuse and neglect case initiations using the Standard Operating Procedures for Monitoring of the LDSSs.</li> </ul>	



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p><b>Action #3:</b> In March 2021, initiated steps to begin an interim monitoring process to using the information from the CFSR (Child and Family Services Review) along with random case sampling by requesting a data report of additional cases beyond what is currently provided as part of the CFSR review (14 cases for a large jurisdiction, 10 or a medium jurisdiction and 6 for a small jurisdiction). The random case samples will be from the same period under review as the CFSR.</p> <p>The initial random sample was provided in May 2021.</p> <p>The review of the additional cases will provide opportunities to offer technical assistance to LDSS to reinforce their efforts to initiate and complete CPS responses timely and allow for information learned from the additional case reviews to be included in their final CFSR report.</p> <p><b>Action #4:</b> By December 2021, utilize the standardized quality assurance case review process implemented at each LDSS to monitor timeliness of initiating and closing investigations and provide technical assistance accordingly.</p>		<ul style="list-style-type: none"> <li>•Enhancing and finalizing CPS Milestone reporting to ensure accuracy for improved use for technical assistance and planning with the LDSS.</li> </ul>	





**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p><i>Safety and risk assessments of controlled substance-exposed newborns</i></p> <p>SSA has taken action to efficiently monitor and provide oversight of Substance Exposed Newborn (SEN) assessments. The current In-Home Milestone report captures active SEN Risk of Harm cases and the date of the last/most current safety and risk assessment completed for the case; however, this data report is incomplete.</p> <p>Due to the report inaccuracies, an informal data validation process has been utilized. After identifying the SEN cases for the jurisdictions using the In-Home Milestone report, MD CHESSIE has been used to cross check the data (safety and risk assessment dates).</p> <p>Additionally, SSA conducted a SEN policy training in February 2021.</p> <p>The training included a review of the safety and risk assessments and timelines for completion. Substance Exposed Newborn #21-05 policy was issued to clarify, provide details, and offer additional guidance to professionals serving SEN and their families. The revised SEN policy, due to take effect in March 2021, was updated to clarify roles and responsibility as it relates to the coordination of, care of and response to SEN. Along with the policy, several new and revised SEN forms are being introduced to support and improve practice; those tools were also demonstrated during the training.</p> <p>In addition, SSA plans to implement the following actions:</p> <p><b>Action #1:</b> Beginning March 2021, utilized a pilot data report for SEN as a short-term plan to provide improved data to support the monitoring of the completion of required safety and risk assessment within required timeframes.</p> <p><b>Action #2:</b> By May 2021, in order to improve oversight, refine the existing Monitoring SOPs to include alignment with CJAMS (Child, Juvenile and Adult Management System), the enhancement of the</p>		<p><b>Actions Taken to ensure completion of timely SEN assessments:</b></p> <ul style="list-style-type: none"> <li>● Drafted a monitoring tool that was shared with program staff for input and feedback.</li> <li>● Initiated the development of the monitoring tool in collaboration with University of Maryland.</li> <li>● Updated the SOPs that align with Child Welfare programs that included activities for each program (i.e., CPS and family preservation, Foster Care, and resource homes) in preparation for utilization by SSA staff to conduct QA reviews of sample cases representing all local departments.</li> <li>● Developed Standard Operating Procedures for monitoring of the LDSSs.</li> <li>● Completed one-on-one technical assistance meetings with local departments regarding updated SEN policy.</li> <li>● Completed SSA/LDSS one-on-one audit compliance in monitoring meetings in October 2021.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Enhance CJAMS application to further improve accuracy of identification of substance exposed newborns.</li> <li>● Finalize data report for substance exposed newborn assessments to ensure timely initiation, and assessment completion.</li> <li>● Begin monitoring of substance exposed newborn assessments using the Standard Operating Procedures for Monitoring the LDSSs.</li> </ul>	<p>December 2022</p> <p>due to development delays with the new SEN report</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p>oversight process, and the revision of the established monitoring timeframes.</p> <p><b>Action #3:</b> By December 2021, utilize the standardized quality assurance case review process implemented at each LDSS to monitor compliance with medical, dental, and education requirements and provide technical assistance accordingly.</p>			
<p><b>b. enhance the accuracy and completeness of system reports to ensure they can be reliably used to monitor compliance with these requirements (repeat).</b></p>	<p><b>Agreed.</b></p> <p>SSA continues to implement appropriate actions to enhance the accuracy and completeness of reports to reliably monitor timely completion of CPS investigations and the timeliness of required assessments of substance-exposed newborns completed by the LDSS.</p> <p>Specifically, SSA is planning the following short- and long-term activities to ensure data is reliable and can be used to monitor compliance:</p> <p><b>Action #1:</b> In March 2021, implemented an accurate CPS milestone report to capture the timely completion of CPS investigations that is available daily to SSA and Local staff. In addition, in partnership with the University of Maryland School of Social Work, a draft template of a reporting tool that can be used for monitoring timeliness of SEN assessments was created and provided to program staff for input.</p> <p>Reporting templates outline response timing for the jurisdictions and state overall; the reporting templates are in the process of being enhanced to better monitor the accurate timeliness of safety and risk assessments for a sample size of SEN. Once a final version of the SEN report is decided upon, it will be created in the system where it will be available on a daily basis.</p> <p><b>Action #2:</b> In April 2021, completed a review of CJAMS Child Welfare fields to ensure that data elements for timely completion of CPS investigations and SEN reporting is a part of the application side of the</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Issued a daily CPS Milestone Report in March 2021 to assess the timely completion and initiation of CPS cases and the report is currently available in a database resource management system (Actions #1 and #2). This tool also will assist with assessing SEN assessment.</li> <li>● Provided system requirements to MD Think for a Substance Exposed Newborn stand-alone report.</li> <li>● Developed and launched CJAMS enhancements for all SEN requirements based on policy (Action #3).</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Develop non-compliant CPS initial face to face contact report and continue to monitor timeliness in addition to explanation of non-compliance (HB1248/SB820 requirements)</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Enhance CJAMS milestone reporting (Action #2).</li> <li>● Finalize SEN report and share final draft with SSA Executive Team (Actions #3 and #4).</li> </ul>	<p>December 2022</p> <p>Date extended due to development delays with the final SEN report.</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
	<p>system. This review showed that the two reports either developed (CPS Milestone) or SEN, in process of being finalized, will provide the necessary information for monitoring timeliness either of CPS cases or SEN assessments as the necessary data elements are in CJAMS.</p> <p><b>Action #3:</b> By September 2021, complete an assessment and update the past reporting for timely completion of CPS investigations and SEN to create improved electronic reporting capability.</p> <p><b>Action #4:</b> By December 2021, complete data/report validation of the newly revised report(s) in the new system to confirm accuracy.</p>			



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

**Child Protective Services (continued)**

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<p>We recommend that SSA establish adequate controls, such as initiating a supervisory review over the process, to ensure that LDSSs are promptly notified of children born to individuals who previously had their parental rights terminated by a court (repeat).</p>	<p><b>Agreed.</b> SSA has taken appropriate action to ensure LDSS receive timely notifications of children born to individuals who previously had their parental rights terminated for abuse or neglect. Responsibility for who receives the information from Vital Statistics has been adjusted and as of August 2020 all outstanding birth matches were caught up. With all jurisdictions now using CJAMS, a standard report has also been created. Several months ago, the CPS/Family Preservation office established a multi-step plan to review matches weekly after a match has been received, and ensure notifications are sent within 2 business days of the match. In addition, the CPS/Family Preservation Director reviews birth match notifications on a bi-weekly basis to ensure the LDSS are notified of all matches by SSA. The CPS/Family Preservation Office maintains a master list to track birth matches and notifications to the LDSSs. The Office also tracks whether the LDSS has initiated a timely assessment of the family where a match has been made and documents the information.</p>		<p><b>Actions Taken:</b></p> <ol style="list-style-type: none"> <li>Strengthened the Birth Match Review Process by completing the following: <ul style="list-style-type: none"> <li>Established a multi-step review that includes process weekly review of data to identify any matches, 2-day notification of local departments of any matches, bi-weekly review by Program Manager and the maintenance of a master list to monitor completion of assessments following the notification of a match.</li> </ul> </li> <li>Initiated follow up activities to the audit to ensure that required assessments were completed on cases tested by completing the following: <ul style="list-style-type: none"> <li>Reviewed the 144 cases tested during the audit to ensure that the required assessments were completed once a local was notified of a birth match. This review indicated that about half of the children reviewed during the audit did not have an assessment documented.</li> <li>Notifications were sent to LDSS with identified outstanding birth match assessments directing assessments to be completed.</li> <li>Responses were received by SSA birth match monitoring staff confirming completion of assessment.</li> </ul> </li> </ol>	<p>December 2022 The projected 2021 completion date has been extended due to Additional Enhancements estimated to be completed and for further development of Birth Match report for increased efficiency</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<ul style="list-style-type: none"> <li>● ACQI performs monthly testing of enhancements to ensure compliance.</li> <li>● Began developing CJAMS data reports for children of individuals who have previously had their parental rights terminated by a court.</li> <li>● Implemented bi-weekly program manager review to ensure timely distribution and assignment of birth match cases.</li> <li>● Enhanced follow-up monitoring process to ensure timely assignment and completion of assessments of children born to individuals whose parental rights were previously terminated.</li> <li>● Issued Birth Match case guidance to all Local Departments of Social Services.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Finalize CJAMS data report for enhanced monitoring of cases of children born to individuals who previously had their parental rights terminated by a court.</li> </ul> <p>NOTE: This finding was deemed corrected in OLA’s Follow-up Report issued July 2022.</p>	



## Exhibit 1 to May 15, 2023 Letter to Joint Chairmen

### Federal Funds

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<b>We recommend that SSA ensure federal reimbursement is obtained for all children eligible for Title IV-E funding. Specifically, we recommend that SSA</b>				
<p>a. <b>ensure that Title IV-E eligibility is properly determined for all children (repeat);</b></p>	<p><b>Agreed.</b>                      SSA has taken appropriate action to ensure the timely determination of children’s eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020.                       This review is being conducted to ensure that all eligibility determinations were properly determined and to obtain reimbursement of any federal funds potentially lost as a result of an incorrect decision.                       The IV-E Eligibility Management Team meets weekly to review and discuss the progress of the review and any challenges the staff are facing.                       The IV-E Eligibility Supervisors must approve all of the updated IV-E determinations in CJAMS and a QA log is being updated as case review updates are provided.</p>		<p><b>Actions Taken:</b></p> <p>1. Began 100% review of all active cases in CJAMS to ensure the accuracy of the Title IV-E eligibility determination:</p> <ul style="list-style-type: none"> <li>● Review process includes automated supervisory approval within CJAMS and weekly IV-E Eligibility Management Team meetings to discuss the progress of the review and address any challenges.</li> </ul> <p><b>Completed since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Completed Title IV-E 100% review of all IV-E cases including any cases determined to be ineligible. Any corrections that were needed were made, and any retroactive active adjustments were completed as needed.</li> <li>● The review also revealed that due to MD CHESSIE system design while under the waiver, cases were determined to be eligible that should have been eligible non-reimbursable. No federal claims were done for foster care while under the waiver, therefore there was no loss of federal funding. Those cases have been updated and any retroactive adjustments required were completed.</li> </ul>	<p>June 2022</p> <p>Additional Enhancements to Quality Assurance Review Process December 2022</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<p>b. <b>conduct reviews to ensure that Title IV-E eligibility determinations and redeterminations are proper and timely, as required by SSA policy; and</b></p>	<p><b>Agreed.</b>                      SSA has taken appropriate action to ensure the timely determination of children’s eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020.                       This review is being conducted to ensure that all eligibility determinations were properly determined and to obtain reimbursement of any federal funds potentially lost as a result of an incorrect decision.                       The IV-E Eligibility Management Team meets weekly to review and discuss the progress of the review and any challenges the staff are facing.                       The IV-E Eligibility Supervisors must approve all of the updated IV-E determinations in CJAMS and a QA log is being updated as case review updates are provided.</p>		<p><b>Actions Taken:</b></p> <p><b>1.</b> Implemented Title IV-E eligibility process within CJAMS by completing the following:</p> <ul style="list-style-type: none"> <li>● Created a rules engine within CJAMS to ensure that all Title IV-E determinations are in compliance with the federal and state requirements.                             <ul style="list-style-type: none"> <li>○ Completion of mandatory supervisory approval within CJAMS to ensure accuracy of Title IV-E determination.</li> </ul> </li> <li>● In June 2020, all Title IV-E staff were provided with necessary training on utilizing CJAMS to complete Title IV-E eligibility determinations.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Completed Title IV-E 100% review of all IV-E cases including any cases determined to be ineligible. Any corrections that were needed were made, and any retroactive active adjustments were completed as needed.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Enhancing Title IV-E quality assurance review process to include ongoing case reviews.</li> </ul>	<p>June 2022</p>





**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<p>c. review all children who are currently determined to be ineligible due to a missing court order or who entered care prior to July 2016 (and received services within the last two years), including the cases, and obtain Title IV-E funds when possible (repeat).</p>	<p><b>Agreed.</b></p> <p>SSA has taken appropriate action to ensure the timely determination of children’s eligibility for Title IV-E. Specifically, the SSA Title IV-E Eligibility Unit began completing a 100% review of all active cases in CJAMS in December 2020. This review includes any remaining active ineligible cases that received services within the last two years. These cases are being prioritized and if any determinations are found to be incorrect, the determination will be amended accordingly and all necessary steps to obtain federal reimbursement will be taken where applicable.</p>		<p><b>Actions Taken:</b></p> <p>1. Implemented 100% review of all active cases in CJAMS to ensure the accuracy of the Title IV-E eligibility determination:</p> <ul style="list-style-type: none"> <li>● Review process included automated supervisory approval within CJAMS and weekly IV-E Eligibility Management Team meetings to discuss the progress of the review and address any challenges.</li> <li>● Made corrections and necessary adjustments on any cases identified as incorrectly determined.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Completed Title IV-E 100% review of all IV-E cases including any cases determined to be ineligible. Any corrections that were needed were made, and any retroactive active adjustments were completed as needed.</li> </ul>	<p>June 2022</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

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

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<b>We recommend that SSA</b>				
<p>a. <b>establish procedures to ensure compliance with State regulations regarding adoption assistance payments being made for a child who has been moved from the adoptive home to an out-of-home placement (repeat); and</b></p>	<p><b>Agreed.</b>                      SSA continues to take appropriate action to ensure that adoption assistance payments funded entirely by the State are suspended when an adopted child is removed from the adoptive home. SSA is taking the following actions:  <b>Action #1:</b> Review and update as needed Policy SSA/CW#13-01 to ensure compliance with State COMAR regulations regarding the suspension of adoption assistance payments when required.  <b>Action #2:</b> Create an automatic flag in CJAMS to stop payments for state subsidized adoptions ending in out-of-home placement immediately at the onset of the change in the placement status. Once completed, generate monthly reports to allow for the monitoring of the suspension of adoption subsidy for any youth who have moved from an adoptive home to an out-of-home placement.  <b>Action #3:</b> Update and revise audit response webinars as a means of providing ongoing technical assistance to LDSS to ensure that State adoption subsidies are terminated when a youth is placed in out-of-home care.</p>		<p><b>Actions Taken:</b></p> <p>1. Began to review and update Policy SSW/CW #13-01 by completing the following:</p> <ul style="list-style-type: none"> <li>● Initiated conversations with Office of the Attorney General and Permanency Workgroup to review SSA/CW#13-01 to ensure compliance with Federal and State regulations.</li> <li>● Developed an automatic flag in CJAMS to stop payments for state subsidized adoptions ending in out-of-home placement immediately at the onset of the change in the placement status:</li> <li>● Reviewed recommendations from AG and workgroup and made revisions to policy SSA/CW#13-01.</li> <li>● Revised policy has been distributed to the local departments for comment.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● The revised policy SSA CW#22-07 (formerly SSA CW#13-01) was submitted to the Administration for Children &amp; Families - Children's Bureau for review and acceptance after the Office of Attorneys General's review.</li> <li>● Updated existing webinars to align with CJAMS and replace them with "How to Guides".</li> </ul>	<p>January 2022</p>



### Exhibit 1 to May 15, 2023 Letter to Joint Chairmen

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<ul style="list-style-type: none"> <li>● ACQI tested cases of children who reentered care since implementation of “Flag” to ensure that letters are generated and payments have stopped within required timeframes. No discrepancies were noted.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● ACQI is monitoring case reviews on a going forward basis.</li> <li>● Enhance adoption subsidy payment monitoring report for improved accuracy.</li> <li>● Monthly reviews of all children reentering care from adoption to ensure that the process to stop the payments are completed on an on-going basis.</li> </ul> <p>NOTE: This finding was deemed corrected in OLA’s Follow-up Report issued July 2022.</p>	
<p><b>b. review adoption assistance payments made on behalf of children in out-of-home placement, including the aforementioned 28 children, and recover any amounts that were inappropriately paid (repeat).</b></p>	<p><b>Agreed.</b> SSA is taking appropriate action to review adoption assistance payments made on behalf of children in out-of-home placement, including for the aforementioned children, to determine the ability to recover any amounts that were inappropriately paid.</p> <p>Specifically, SSA is reviewing the list of children currently in foster care who entered after an adoption to confirm that adoption subsidy payments were suspended when appropriate and suspend those that no longer meet the eligibility criteria for an adoption subsidy. SSA will complete the review by June 30, 2021. For any payments not suspended, SSA will make attempts to recoup any funds, as appropriate, by April 2022.</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Completed the review of all children that re-entered foster care from an adoptive home and continue to be in receipt of an adoption subsidy to determine if the child continues to meet the requirements to continue to receive the subsidy. If they no longer met the requirements, the LDSS was notified within two weeks of the completion of the review to take the necessary action to terminate the subsidy payment.</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● SSA Title IV-E management performed extensive research regarding those adopted children that re-entered care. Management worked with the new Permanency</li> </ul>	<p>April 2022</p>



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
			<p>team on how to review the data and monitor the reentries. The management review of these cases occurred in July 2021. The additional review was completed based upon OLA identifying additional cases that were not captured in the initial review. Those cases were reviewed in July 2022 and an update provided. Of the three cases identified, one case was incorrectly showing an amount due to a system glitch (therefore no overpayment); in the second case there was no overpayment because we identified that the adoptive parent paid child support in excess of the subsidy payment. An overpayment was identified in the third case. The necessary overpayment notifications were sent to the family, accordingly.</p> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>● Ongoing monitoring for potential overpayments and follow-up to ensure timely suspension of adoption payments for children that re-enter care.</li> </ul> <p>NOTE: This finding was deemed corrected in OLA’s Follow-up Report issued July 2022.</p>	



**Exhibit 1 to May 15, 2023 Letter to Joint Chairmen**

**Interagency Agreements**

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

OLA Recommendation	DHS SSA Response to Audit	Contact Person	Status of Corrective Actions (Actions Taken) and Next Steps	Projected Completion Date
<p><b>We recommend that SSA implement a process to ensure the propriety of State university invoices. For example, obtain and review payroll records or restructure the agreements to base payment on specific deliverables to be monitored by SSA, or a combination thereof (repeat).</b></p>	<p><b>Agreed.</b>                      SSA currently receives timesheets and the DHS Monthly Detail Form for all Interagency Agreements (IAA) with the University of Maryland. Both documents provide a detailed summary of charges for all staff funded by the agreement and the specific tasks that each employee worked on during the invoice period. SSA is taking the following actions to implement a process to ensure the propriety of State university invoices:  <b>Action 1:</b> By June 2021, develop a SOP and training to ensure that all project officers have clear guidance on contract monitoring requirements related to reviewing timesheets, tasks completed during the invoice period, monthly charges for accuracy, and documentation provided to support charges.  <b>Action 2:</b> By December 2021, review the current contracting mechanism with the DHS procurement office and Office of Attorney General to determine any necessary changes to the contracting process.  <b>Action 3:</b> By June 2022, partner with the Office of the Attorney General and the Procurement Office to draft language to be included in the current IAA agreements requiring SSA approval of critical changes in personnel. While the IAA language is being drafted and finalized, SSA is notifying University contacts in writing that key personnel changes (i.e., Principal Investigators, Program Managers/Directors, Research Analysts) must be approved by SSA prior to changes being made. These notifications will be distributed in May 2022.</p>		<p><b>Actions Taken:</b></p> <ul style="list-style-type: none"> <li>● Developed Standard Operating Procedures to provide guidance on contract monitoring requirements (Actions #1 and #2).</li> <li>● Updated current Interagency Agreement template (Action #3).</li> <li>● Notified University Partners in writing regarding the requirement for informing and obtaining approval from SSA before changes to key personnel are made. (Action #3)</li> </ul> <p><b>Completed Since November 30, 2021:</b></p> <ul style="list-style-type: none"> <li>● Invoice monitoring tools were developed, distributed with training provided to Administration Contract Monitors.</li> <li>● Monitoring and control tracking tools tailored for all contracting partners.</li> <li>● Processes have been implemented as designed for invoices covering July 2022 and going forward. The first cycle of this monitoring for invoices of individual months is expected to be completed September 2022.</li> </ul>	<p>September 2022</p>



## Exhibit 2 to May 15, 2023 Letter to Joint Chairmen

### Status of OLA’s June 3, 2021 Audit Report on the Department of Human Services – Social Services Administration (SSA)

Prior Recommendations Pertaining to Repeat Findings	Status Based on OLA Review
<p><b>Quality Assurance Program</b></p>	
<p>1. We recommend that SSA establish comprehensive quality assurance processes to ensure its child welfare programs are effectively and properly administered by the LDSSs. Specifically, we recommend that SSA modify its existing processes to ensure that they provide</p> <p>a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the maintenance of supporting documentation relating to services and functions performed.</p>	<p>Not Resolved (In Progress)</p>
<p>b. a quality assurance case review process at each LDSS that addresses all critical services and functions performed by the LDSSs.</p>	<p>Resolved</p>
<p><b>Monitoring Compliance with Foster Care Requirements</b></p>	
<p>2. We recommend that SSA monitor the LDSSs to ensure compliance with foster care requirements. Specifically, we recommend that SSA ensure</p> <p>a. the applicable legal documentation is included in each foster child’s care record in the statewide case management system.</p>	<p>Resolved</p>
<p>b. the LDSSs place children in the least restrictive environment and document attempts to place the child with a relative.</p>	<p>Resolved</p>
<p>c. compliance with medical, dental, and education requirements by reviewing applicable documentation.</p>	<p>Resolved</p>
<p><b>Child Protective Services</b></p>	
<p>3. We recommend that SSA</p> <p>a. establish effective procedures to ensure that the LDSSs conduct and complete investigations of allegations of child abuse and neglect and safety and risk assessments of controlled substance-exposed newborns in a timely manner, as required by State law and regulations.</p>	<p>Not Resolved (In Progress)</p>

## Exhibit 2 to May 15, 2023 Letter to Joint Chairmen

### Status of OLA’s June 3, 2021 Audit Report on the Department of Human Services – Social Services Administration (SSA)

<b>Prior Recommendations Pertaining to Repeat Findings</b>	<b>Status Based on OLA Review</b>
b. enhance the accuracy and completeness of system reports to ensure they can be reliably used to monitor compliance with these requirements.	Not Resolved (In Progress)
4. We recommend that SSA establish adequate controls, such as initiating a supervisory review over the process, to ensure that LDSSs are promptly notified of children born to individuals who previously had their parental rights terminated by a court.	Resolved
<b>Federal Funds</b> 5. We recommend that SSA ensure federal reimbursement is obtained for all children eligible for Title IV-E funding. Specifically, we recommend that SSA	Resolved
a. ensure that Title IV-E eligibility is properly determined for all children.	
c. review all children who are currently determined to be ineligible due to a missing court order who entered care prior to July 2016 (and received services within the last two years), including the aforementioned cases, and obtain Title IV-E funds when possible.	Not Resolved (In Progress)
<b>Foster Care, Adoption, and Guardianship Payments</b> 7. We recommend that SSA	
a. establish procedures to ensure compliance with State regulations regarding adoption assistance payments being made for a child who has been moved from the adoptive home to an out-of-home placement.	Resolved
b. review adoption assistance payments made on behalf of children in out-of-home placement, including the aforementioned 28 children, and recover any amounts that were inappropriately paid.	Resolved
<b>Interagency Agreements</b> 8. We recommend that SSA implement a process to ensure the propriety of State university invoices. For example, obtain and review payroll records or restructure the agreements to	Not Resolved (In Progress)



## Exhibit 2 to May 15, 2023 Letter to Joint Chairmen

base payment on specific deliverables to be monitored by SSA, or a combination thereof.	
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## **Exhibit 3 to May 15, 2023 Letter to the Joint Chairmen**

### **OLA's Assessments Regarding Repeat Findings and Recommendations That Were Not Resolved**

#### **Prior Report Recommendation – Finding 1**

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

- a. comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies; appropriate and timely recordkeeping; and the maintenance of supporting documentation relating to services and functions performed (repeat).**

#### **Status: Not Resolved**

Our review disclosed that SSA developed standard operating procedures (SOPs) for monitoring the LDSSs, but as of March 2023 the SOPs had not been finalized.

#### **Prior Report Recommendation – Finding 3**

**We recommend that SSA**

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

#### **Status: Not Resolved**

Our review disclosed that SSA developed an SOP for monitoring the LDSSs, along with monitoring guidance, but as of March 2023, these had not been finalized and issued to the LDSSs (as we noted in our assessment of prior finding 1). As of March 2023, SSA was finalizing a substance-exposed newborn monitoring report, and validating the data with the LDSSs. SSA advised that it intended to begin issuing notifications of noncompliance to the LDSSs for substance-exposed newborns on March 15, 2023.

#### **Prior Report Recommendation – Finding 5**

**We recommend that SSA ensure federal reimbursement is obtained for all children eligible for Title IV-E funding. Specifically we recommend that SSA**

- c. review all children who are currently determined to be ineligible due to a missing court order or who entered care prior to July 2016 (and received services within the last two years), including the aforementioned cases, and obtained Title IV-E funds when possible (repeat).**

## **Exhibit 3 to May 15, 2023 Letter to the Joint Chairmen**

### **Status: Not Resolved**

Our review disclosed that SSA developed a process on a test basis to review children who were recently determined ineligible for federal reimbursement because they were missing a court order. SSA asserted that it performed a 100 percent review of all active cases, including those that were still active that had entered care prior to July 2016. Although SSA was able to provide us with documentation that certain cases were reviewed, it could not readily provide documentation that the aforementioned 100 percent review was done or how many of the 3,626 cases mentioned in the prior audit report were included in this review. Specifically, SSA management advised us that it was unaware that all cases noted in the prior report, regardless of current status should have been reviewed to resolve the prior report recommendation.

### **Prior Report Recommendation – Finding 8**

**We recommend that SSA implement a process to ensure the propriety of State university invoices. For example, obtain and review payroll records or restructure the agreements to base payment on specific deliverables to be monitored by SSA, or a combination thereof (repeat).**

### **Status: Not Resolved**

Our review disclosed that while SSA developed an SOP for approving invoices and tracked the costs for each agreement; the SOP was not as comprehensive as needed and, consequently, it did not address the specific recommendation. Our review of two interagency agreements (entered into since the last audit) disclosed SSA did not obtain payroll records, even though the agreements were still structured to pay primarily based on the actual time spent and the salary costs of the applicable university personnel. In addition, our review disclosed for these two agreements, SSA paid \$84,724 in January 2023 for 14 university employees who were not included in the agreements.