



Massachusetts Generally Complied With State  
Requirements To Ensure Children Who Were Title IV-E  
Eligible and Residing in Foster Care Congregate Care  
Group Homes Received Required Medical Services

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# Overview

- Introduction
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- Background
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- Regulatory and Policy Requirements





# Overview

- This briefing report will:
  - state why and how we performed this review,
  - provide background information on the Federal Foster Care Program and the Foster Care Program in Massachusetts, and
  - present our audit findings.





# Introduction

- Title IV-E of the Social Security Act, as amended (P.L. No. 74-271, Aug. 14, 1935)(The Act) established the Foster Care Program, which provides safe foster care placements for children and youth who cannot remain in their homes.
- The Children's Bureau, within the Administration for Children and Families, (ACF) awards grants to States to fund the Federal Foster Care Program.





# Introduction

- We performed this review because:
  - The Massachusetts Department of Children and Families (State agency) has had several high profile abuse and neglect cases in recent years.
  - Prior State Auditor's report identified that children entering the custody of the State agency are not receiving required medical screenings and examinations within the prescribed timelines.
    - Commonwealth of Massachusetts State Auditor's Report #2013-1058-3S, issued on March 26, 2014. Available online at <http://www.mass.gov/auditor/docs/audits/2014/201310583s.pdf>. Last accessed July 25, 2017.





# Objective

- To determine whether the State agency complied with applicable State requirements for ensuring that children who were Title IV-E eligible residing in foster care congregate care group homes received medical services designed to protect their health and safety during calendar year (CY) 2015 as required by Title IV-E of the Act.





# Scope

- We conducted case file reviews for 75 children who were Title IV-E eligible in Massachusetts foster care congregate care group homes during CY 2015.





# Methodology

- We reviewed documentation contained in the case files to support whether the children in foster care received the following medical services as required by the State:
  - 7 day medical screenings
  - 30 day comprehensive medical exams
  - needs assessment testing
  - individualized service planning
  - annual physical exams
  - annual dental exams
  - immunizations





# Methodology

- Met with the Regional ACF program officials to obtain background information on prior ACF reviews for Massachusetts
- Reviewed applicable Federal laws, regulations, and guidance
- Interviewed State officials and obtained a list of all congregate care group homes and the number of children who were Title IV-E eligible at each congregate care group home in Massachusetts





# Methodology

- Reviewed the State agency's medical examinations policy
- Statistically selected a sample of 75 children who were Title IV-E eligible that resided in foster care congregate care group homes during part or all of CY 2015
- Reviewed 75 case files in iFamilyNet, the State agency's Web-based electronic records system





# Methodology

- Requested any medical documentation missing in iFamilyNet from the State agency
- Reviewed all medical documentation requested from the State agency in both physical or electronic formats
- We provided a draft of the briefing report to the State agency for technical comments and incorporated those comments, as appropriate.





# Methodology

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.





# Background: Federal Foster Care Program

- Established by the Act to help States provide safe and stable out-of-home care for children until they are:
  - safely returned home,
  - placed permanently with adoptive families, or
  - placed in other planned arrangements.
- The State agency is responsible for administering the program at the State level.





# Background: Federal Foster Care Program

- States are required to submit a State plan that designates that a State agency will administer the program for the State.
- The State Plan provides that the State must develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children.” This is Section 471(a)(22) of the Act.





# Background: The Foster Care Program in Massachusetts

- Within the Commonwealth of Massachusetts, the State agency and the Department of Mental Health (DMH) integrate congregate care treatment and community-based treatment under a unified service model known as “Caring Together: Strengthening Children and Families through Community-Connected Residential Treatment” (Caring Together).





# Background: The Foster Care Program in Massachusetts

- The State has four program models of group home foster care. We selected children who were Title IV-E eligible and resided in foster care from two of its models (Intensive Group Homes and Group Homes) that care for the largest populations of foster care beneficiaries who reside in congregate care group home settings.





# Audit Findings

- Of the 75 case files review, 74 case files contained documentation to support that required medical services were received by the children in foster care.
  - One case file did not contain documentation to support that the child in foster care received a 30-day comprehensive medical exam.





# Audit Findings

- One case file finding:
  - The child in foster care in the case file aged out of the program shortly after the audit period.
  - The medical record is not accessible by State officials without a signed medical release. State officials have requested and are awaiting consent from the individual.
  - The State agency was unable to provide us the medical records prior to the end of our fieldwork.





# Results of Audit

- The State agency generally complied with applicable Federal and State regulations for ensuring that children who were Title IV-E eligible and residing in foster care congregate care group homes received medical services during calendar year (CY) 2015 as required pursuant to Title IV-E of the Act. Accordingly, this briefing report contains no recommendations.





# Regulatory and Policy Requirements

- **Massachusetts 101 CMR §7.000:**
  - When the State agency determines, in its clinical judgement, that a child's best interests would be served by a placement into a community residential care facility, the State agency shall select from the facilities available, which have a valid Department Community Residential Care Purchase Agreement, the one which best meets the child's needs, and place the child in the selected residential care facility. The State agency may utilize a facility licensed or approved by EEC (§7.120(4)(a)).





# Regulatory and Policy Requirements

- **Massachusetts 606 CMR §3.00:**
  - Within 6 weeks of admission the group home shall assess the needs of the resident and develop an individual plan for services (§3.05(4)).
  - The plan shall identify the child's needs, the services to be provided, and the staff person responsible for providing or arranging for the services while the child is in care. The “health” component of the plan includes medical, dental, and ancillary services (§3.05(4)(c)).





# Regulatory and Policy Requirements

- The licensee shall review the progress, needs, and service plan of each resident as often as necessary, but no less frequently than every 6 months (§3.05(5)(a)).
- The licensee shall provide or arrange for residents in the facility a range of health services (§3.06(4)(b)).
- At the time of placement, residents shall be provided with emergency medical/dental/mental health care if needed (§3.06(4)(c)).





# Regulatory and Policy Requirements

- The licensee shall insure that at the time of placement each resident has had a medical examination not more than 30 days prior to admission where possible or within 2 weeks after admission. Such physical examination shall not be required, however, if the licensee obtains documentation of a physical exam conducted less than 1 year prior to admission and in accordance with the Department of Public Health guidelines (§3.06(4)(e)).





# Regulatory and Policy Requirements

- Preventative health services for residents shall include routine medical and dental examinations in accordance with Department of Public Health guidelines. Routine dental examinations should begin at age 3 and be scheduled annually thereafter—and immunizations and TB testing as required by the Department of Public Health (§3.06(4)(g)(1)&(2)).





# Regulatory and Policy Requirements

- The licensee shall insure that medically recommended glasses, hearing aids, prosthetic devices, corrective physical or dental devices, or any equipment recommended or treatments prescribed by the examining physician are provided to the resident (§3.06(4)(h)).





# Regulatory and Policy Requirements

- The licensee shall maintain a written record for each resident (§3.10(1)).
- Health records may be included in the case record or maintained at a designated health location, such as a nurse's office, provided that coordination of records occurs. Health records indicating resident's health while enrolled in a program shall include documentation of physical and dental examinations (§3.10(1)(h)(1)).





# Regulatory and Policy Requirements

- **Massachusetts DCF Policy, Number 2010-001:**
  - The Department of Children and Families (DCF) is responsible for ensuring that children receive medical screening examinations and comprehensive examinations. This policy formalizes and clarifies the requirements for medical examinations when a child initially enters a DCF out of home placement.





# Regulatory and Policy Requirements

- According to Chapter 119, Section 32, of the Massachusetts General Laws, the State agency, “shall insure that every foster child upon entry into the foster care system shall be screened and evaluated under the early and periodic screening, diagnostic and treatment standards established by Title XIX of the Social Security Act.”
- To formalize and clarify this requirement, the State agency established a policy (Massachusetts DCF Policy, Number 2010-001) that states it is responsible to ensure children entering its custody receive a medical screening within 7 days and a comprehensive medical examination within 30 days.





# Regulatory and Policy Requirements

- According to the Massachusetts DCF Policy Number 2010-001, the purpose of a **medical screening** is to check for life threatening conditions, communicable diseases, serious injuries, or indications of physical or sexual abuse, and to provide appropriate treatment.





# Regulatory and Policy Requirements

- The Massachusetts DCF Policy Number 2010-001 explains that the **comprehensive medical examination** must be completed within 30 calendar days after the child initially enters DCF out of home placement and includes all components required for the child's age according to the EPSDT Medical Protocol and Periodicity Schedule.





# Regulatory and Policy Requirements

- The Massachusetts DCF Policy Number 2010-001 clarifies documentation requirements by identifying that the information that the Social Worker documents in the medical sections of iFamilyNet includes, but is not limited to:
  - names and dates of medical or oral health examinations or tests, the practitioner who completed the examinations or tests, and any recommendations, findings, or treatments;
  - medical, oral health, and behavioral health conditions that have been observed or diagnosed;
  - immunizations that have been given; and
  - health-related equipment that is being used.
- The policy also identifies that all written health care documentation must be filed in the child's physical case record.

