

Attached please find the responses to your December 15, 2023 letter.

- 1. Broken out by month for calendar years 2022 and 2023 (through the end of November 2023), the number of children remaining each of those months in Maine hospital emergency rooms, and the individual lengths of time remaining, after their stays were no longer medically necessary, within the meaning of Section 3 of P.L. 2021, Chapter 191 (“the number of children with behavioral needs who remain in hospital emergency rooms after they no longer need a medical hospital level of care pursuant to the Maine Revised Statutes, Title 34-B, section 15003, subsection 9, paragraph D. The data must include the length of stay of a child in hospital beyond 48 hours after the child no longer needs a hospital level of care and the reasons for the extended stay, including, but not limited to, the lack of an appropriate hospital or residential bed or lack of community services”).**

See attachment for data. There are some rows in which the reason for the extended stay is not noted. This is because the information was not provided by the hospitals that report the data to Children’s Behavioral Health.

- 2. Official policy or standards governing how and under what circumstances statutorily confidential child protective services information may be shared with educational or medical personnel.**

The Department follows federal and state laws regarding sharing of information but has not developed policies directing staff in how to interpret those laws. OCFS is considering how best to incorporate guidance to staff into policies going forward.

- 3. A high-level summary or Executive Brief describing MaineCare’s “Section 23” relating to the payment code for child abuse assessment, and whether it is scheduled to be re-evaluated.**

Section 23 outlines the following information regarding these evaluations:

***Child Abuse Evaluation** means an expert forensic evaluation of a member which is conducted under the direction of a board-certified pediatrician who is a trained specialist in child abuse assessment. The purpose of the Child Abuse Evaluation is to evaluate the existence and extent of any child abuse or neglect and the emotional, physical and behavioral effects of such abuse or neglect. The Child Abuse Evaluation is a multidisciplinary evaluation. The Child Abuse Evaluation is performed by licensed professionals from at least two (2) of the disciplines as described in Section 23.07-2.*

The Child Abuse Evaluation may include a detailed psychosocial intake including contact with the Department, Law Enforcement and the member’s Primary Care Physician (PCP), detailed medical evaluation as appropriate, clinical interview with the member and parent, and psychological testing if necessary. There shall be a final team meeting(s) to determine diagnosis, finalize conclusions regarding abuse and neglect and make recommendations regarding care, treatment and safety plans. In addition to aiding in the provision of medically necessary services to the member, the purpose of the Child Abuse Evaluation is to produce diagnosis and treatment recommendations that may be introduced into evidence in a child protective, criminal or other court proceeding.

Section 23 is currently open for the purpose of integrating Foster Care Comprehensive Health Assessment Services into this Section. These assessments are the comprehensive evaluations of children when they enter state custody. MaineCare is currently in the process of establishing a rate for these services. The current schedule for MaineCare rate determination work is published by MaineCare and available [here](#). While it could change, the new rates should be effective this year.

OCFS would also note that, in addition to MaineCare payment for these services, OCFS has a contract with the Spurwink Center for Safe and Healthy Families which houses Maine’s two certified

child abuse pediatricians. The contract, which is for \$403,489.87 annually, provides for the following:

- Provide Expert Medical Consultation with to the Department staff concerning child abuse or neglect cases.
 - Be available to receive requests by telephone or email for Expert opinion Monday through Friday 8:00AM to 4:30PM excluding New Year’s Day or Eve, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas.
 - Respond to the Department telephone or email requests for Expert Medical Consultation by the next business day.
 - Provide ongoing management of cases during Business Hours.
- Advise the Department on appropriate levels of care, treatment, and disposition of suspected child sexual abuse, physical abuse, and neglect. This may include the review of photographs, medical records, and/or radiographs.
- When requested, perform a Forensic Medical Evaluation of the child(ren) as part of the Expert Medical Consultation. In non-emergency cases where such evaluation is requested by the Department, the Forensic Medical Evaluation should be completed within one (1) week of the Department’s request for such evaluation. In serious injury cases, the CSHF along with DHHS will determine the need for immediate evaluation and schedule as needed. The CSHF reserves the ability to triage all referrals based upon clinical judgement in collaboration with DHHS caseworkers or supervisors.
- Provide, within thirty (30) calendar days, written reports of any Forensic Medical Evaluation conducted, including diagnoses and recommendations. The Provider shall provide a written report in a format which may be presented as evidence in a court proceeding.
- Maintain Satellite Clinics: To increase access to expert Forensic Medical Evaluations, Spurrwink will provide services in Bangor and Augusta at a frequency which will be determined by referral flow.
- Provide legal testimony in court when subpoenaed by Department staff in cases of Child Abuse or Neglect where the Provider has provided Expert Consultation.
 - Consult with the assigned Assistant Attorney General regarding legal testimony, to review any pertinent records, which many include client records, the Forensic Medical Evaluation, and the written report.
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- Train on topics, as needed, for the Department of Health and Human Services and community partners.
 - Provide training for community partners on the specific medical needs of youth suspected of being victims of trafficking or sexual exploitation.

4. The number of resources families hosting or available to host child placements as of November 30, 2023, and as of November 30, 2022.

Date	Number of Resource Homes	Annual Percent Change	Cumulative Percent Change
11/30/2018	1,451	Base Year	Base Year
11/30/2019	1,503	+4%	+12%
11/30/2020	1,685	+12%	
11/30/2021	1,751	+4%	
11/30/2022	1,759	0%	
11/30/2023	1,624	-8%	

- 5. A list of personnel by title or position (names or other personally identifying information withheld) of all OCFS personnel currently working remotely or authorized to work remotely, at what rates or intervals, whether and how this differs by district, and any official policy or standards governing OCFS remote work and workers, including supervisors.**

Information regarding the Department's telework policy is available [here](#). All OCFS staff are subject to this policy. Generally, OCFS employees (like other Department employees) are eligible to telework up to three days a week. However, individual telework arrangements vary depending on the circumstances of an employee's role and any performance or other HR related concerns with working from home. Supervisors are responsible for approving and monitoring the plan. The level of detail requested (e.g., title and position, by district) is not currently available.

- 6. During calendar year 2023, and broken out monthly and by division through November 30, 2023, the number of children "hoteling" each month, and in each instance the lengths of that "hoteling" by individual child and the number of OCFS case workers or other personnel, broken out by title or position (names or personally identifying information withheld) required to support that effort.**

See attachment for data. In each hotel situation there is the expectation that there are two adults with the child, one of these adults must be a child welfare staff person. Each shift is 4 hours, totaling 6 shifts for each of the two roles for a total of 12 different staff/adults in a 24-hour period.