Missouri Department of Social Services

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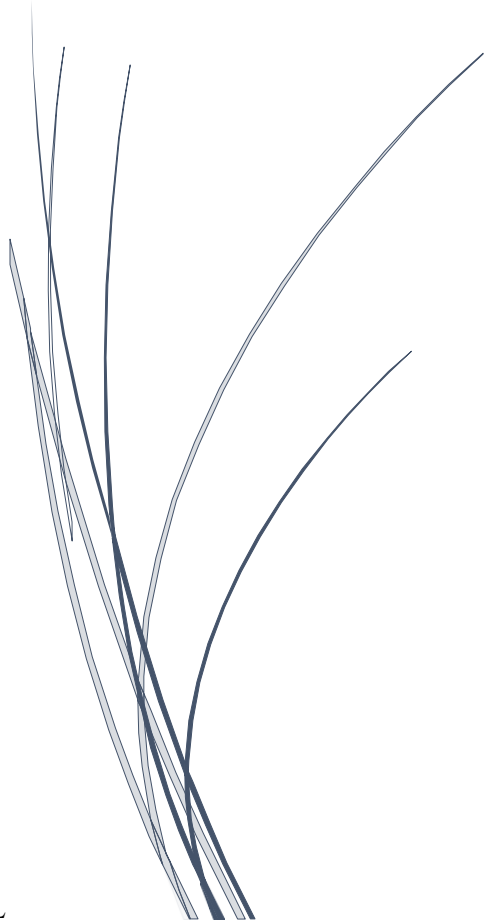
Children's Division Access to Medical Records Report

Report for January 1, 2026 – June 30, 2026



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Introduction

The Department of Social Services (DSS) oversees several programs to support the general welfare of children in the State of Missouri. DSS has established the Children's Division to administer and manage programs which promote the well-being of Missouri children by partnering with parents, family/community members and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, foster care, guardianship, and adoption.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the Missouri foster care program. Foster care refers to children placed in the legal custody of Children's Division. Children in foster care may reside in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care. An efficient medical records system can provide the medical information needed to support proper care.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include but are not limited to orders for the administration of drugs and therapies, laboratory test results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

A medical records system may be paper or electronic. A paper medical records system consists of physical documents that are placed in a file or folder. An electronic medical records system consists of medical information entered into a computer or other digital device.

This report documents the commitment of the Children's Division to the development and operation of a statewide system to maintain medical records and/or medical information for each child in its custody. The medical records system must operate and maintain all medical records consistently with federal and state law and Children's Division policy.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its custody. Developing, operating, and maintaining a medical records system is a vital and essential service for each child. The medical records system can provide prescribers, children, parents, placement providers, and case managers with enough current and historical information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains the Children's Division's current efforts to maintain medical records and their plans to implement a medical records system.

Current Efforts for Access to Medical Records

Children's Division Alternative Care case managers complete the Health Care Information Summary and Child/Family Health and Developmental Assessment forms. These documents must be completed in their entirety and provided to the resource provider within 72 hours of the child's placement in the home whenever possible, but no later than 30 days following the initial placement date. If the child/youth has moved to another residence, the completed Child/Family Health and Developmental Assessment, an updated/completed Health Care Information Summary, and all prior Monthly Medical Logs must be provided to the new resource provider no later than 72 hours from the date the child/youth was placed in the residence. These forms are uploaded to the Children's Division centralized document imaging system, OnBase.

The Hospital Industry Data Institute (HIDI) PointClickCare platform is a source of health information. The HIDI system tracks children/youth who have entered a hospital emergency department and/or have been admitted as an in-patient for behavioral healthcare in hospitals that participate in the HIDI system. HIDI is utilized by the Children's Division circuit managers to assist with oversight and provide support to case managers/supervisors. In addition to circuit managers, other authorized individuals with access to HIDI information include regional leadership teams, Health Information Specialist staff, members of the Children's Division residential unit, and other Children's Division team members who need the information to support the care/treatment of the child/youth. In an effort to obtain feedback on how the platform supports teams in receiving hospital information, the Department of Social Services has sent a survey to staff who use HIDI in their alternative care work. The goal is to learn how HIDI is functioning for staff and gather suggestions for future enhancements.

Children's Division staff utilize the following Health Information Networks to obtain health/medical information:

- Show-Me Health Information Network of Missouri
- Velatura
- Tiger Institute for Health Innovation

These networks are part of a Health Information Exchange (HIE) which allows healthcare professionals and patients to appropriately access and securely share medical information electronically. The HIE can provide information for care coordination, to support transitions of care, and to implement clinical information such as medication recommendations.

The Family Support Team (FST) meetings continue to be the primary method for appropriate team members to access pertinent medical records and/or medical information. The team members include parents, child/youth's legal guardian, parent's legal guardian, Guardians ad litem, parent/youth attorney, placement provider or care staff, juvenile officer, Court Appointed Special Advocate (CASA), and Tribal liaison. The FST meetings are held according to prescribed timelines (i.e., within 24 hours of coming into care, 2 weeks following child's placement out of the home, etc.) and are intended to be held at critical times when decisions need to be made. One of the purposes of an FST is to create a process flow to gather/assess information, make a decision, and identify/assign next steps. Children's Division and contracted workers/supervisors have access to OnBase, the statewide electronic system to store, maintain, and retrieve medical documents.

Future Plans for Access to Medical Records

The FST policy and procedures have been revised to facilitate and promote meeting efficiency. All FST meetings have a specific purpose, and each meeting seeks to create an environment of team collaboration that values the input of each member/participant, addresses barriers, and is focused on next steps to maintain continuous progress, which is essential to providing effective services. The services recommended and provided to each family are described in the social service plan (SSP) which is developed and provided to the court within 30 days of the child entering alternative care. All case activities should be focused on assisting in the completion of services described in the SSP. Access to medical documents/information for team members is central to assessment and development of an SSP that is focused on aligning all decisions with the child/youth's best interests.