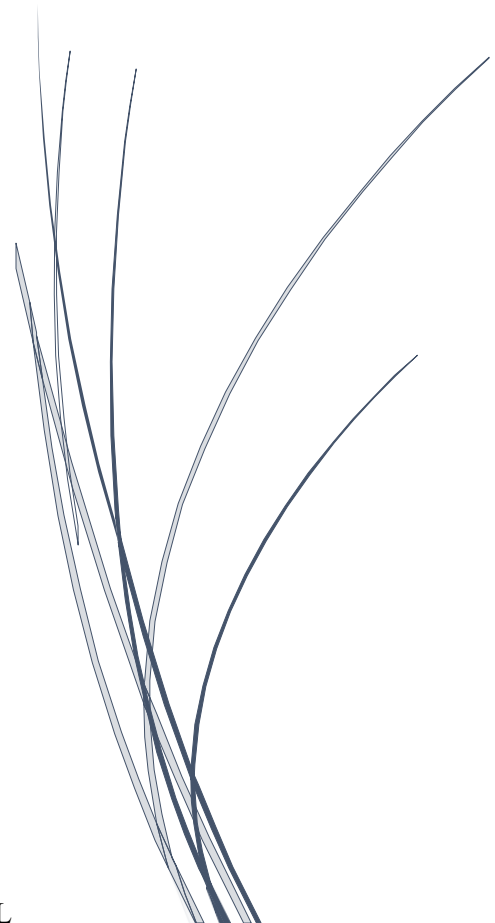




2nd Semiannual 2025

Children's Division Access to Medical Records Report

Report for July 1, 2025 – December 31, 2025



Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes 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, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for 24-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, 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.

This report documents the commitment of the Children's Division to ensure that pertinent medical records and/or medical information for a child will be made available to appropriate members of the child's treatment and/or family support team. The child's teams may include resource providers (such as foster parents), a guardian ad litem, medical care providers, parents, and other individuals who provide support or services to a child or family. Access to medical records and/or medical information is consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security policy. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

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 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.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its care and custody. Access to medical records is a vital and essential service for each child. The medical records can provide prescribers, the child, parent(s), placement providers, and case managers with enough information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division's current efforts to create access to medical records and their future plans to provide access to these records.

Current Efforts for Access to Medical Records

Children's Division staff utilize the 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 health/medical information can be accessed through the following Health Information Networks:

- Show-Me Health Information Network of Missouri
- Velatura
- Tiger Institute for Health Innovation
- Lewis and Clark Information Exchange

Children's Division Alternative Care case managers are required to 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 should be uploaded to the Children's Division centralized document imaging system, OnBase. The OnBase system continues to be the main electronic system to store, maintain, and retrieve medical documents.

The Hospital Industry Data Institute (HIDI) system continues to be a source of health information; however, utilization of the system has not been prevalent throughout Children's Division. 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 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. During this semiannual period there have been discussions on potential methods to expand the use of HIDI.

Parents and their legal counsel, Guardians ad litem, youth and resource providers may receive healthcare information through participation in Family Support Team (FST) meetings. The Children's Division Alternative Care case managers initiate and facilitate the FST meetings at scheduled intervals. The FST meetings create an on-going collaborative setting for planning, developing, implementing, and monitoring of the objectives/goals in the family's Social Service Plan (SSP). The meetings are held to make key decisions regarding the safety of the child/youth, placement arrangements, and medical/behavioral/social needs. CD collaborates with and includes the child's Show Me Healthy Kids (SMHK) care manager into FST meetings, when appropriate, to support the child's physical and behavioral health service plan.

Future Plans for Access to Medical Records

Children's Division continues to receive quarterly updates on the progress of the new Comprehensive Child Welfare Information System, Missouri Families and Children's System (MOFACS) project. The updates include work from the Business Process Reengineering, Data and Organizational Change Management teams. The MOFACS team is in the process of selecting a vendor to build and implement the system using the State's Request for Proposal (RFP) procedure. MOFACS staff are attending conferences to gain insights into emerging information systems across the United States. An objective from these conferences is to obtain knowledge to make informed decisions when selecting a vendor to collaborate with in developing MOFACS that will have the ability to interface with the medical records system, OnBase.