

Children's Division Access to Medical Records Report

1st Semiannual

Report for January 1, 2020 – June 30, 2020

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, early child care, 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 twenty-four (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 preadoptive 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 provider's 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 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

[Section 210.566 RSMo.](#), of the Missouri state law requires Children's Division and contracted staff to provide foster parents (resource parents) and potential adoptive parents, prior to placement, all pertinent information, including but not limited to, full disclosure of all medical, psychological and psychiatric conditions of the child.

In addition to the requirements in Section 210.566 RSMo., [House Bill 1414 \[TRULY AGREED TO AND FINALLY PASSED\]](#) was signed into law by the Governor of Missouri. The bill will require the Children's Division and its contractors to provide full access to the child's medical, psychological, and psychiatric records in its possession at the time of placement, including records prior to the child coming into care, at the time the child is placed with a foster parent. After initial placement, the Children's Division and its contractors shall have a continuing duty and obligation to provide access to such records that come into its possession or of which the division or its contractors become aware. Access shall include providing information and authorization for foster parents to review or to obtain the records directly from the medical, psychological, or psychiatric services provider. A foster parent may decline access to any or all of the child's records. The requirement will become statutory law on August 28, 2020.

The Children's Division has revised policy within its Child Welfare Manual to incorporate the state law requirements and it will be updated to reflect the changes in the law. The policy defines placements as initial or subsequent. An initial placement is when a child has been placed in any foster care setting for the first time since coming into the legal custody of Children's Division. The case manager is required to complete the health care information summary and child/family health and developmental assessment, if the parent(s) do not complete the assessment. The summary and assessment forms will be provided to the resource provider within seventy-two (72) hours whenever possible, but no later than thirty (30) days following the initial placement date.

The [Health Care Information Summary](#) form contains information about the child's current health care needs, medications, allergies, and any significant medical/behavioral health history. The case manager will complete the Health Care Information Summary form to provide a standardized method for the communication of medical information, particularly important when a child is placed outside of his/her parental home. The information contained in the form is designed to give placement providers medical history they need to know to provide continuing care for a child right away.

The [Child/Family Health and Developmental Assessment](#) form is an in-depth review of the child's current medical status and historical information. The case manager partners with the parent(s) to obtain medical information about the child. The parent(s) will be asked to complete the form and return it to the case manager within a week of the initial family support team meeting. If the parent does not return the form, it is the case manager's duty, even if the parent does not assist in completion of the assessment paperwork, to ensure that the form is as accurate and complete as possible, and is given to the resource provider within the required timeframe.

A subsequent placement is when a placement change occurs after an initial placement. The case manager is required to obtain a Child/Family Health and Developmental Assessment, update the child's Health Care Summary Information form and obtain a copy of the resource provider's medical file, including any previously completed [Monthly Medical Logs](#). The Monthly Medical logs are completed by the resource provider and reviewed with the case manager on a monthly basis and are part of the child's medical file maintained by the resource provider. The Monthly Medical Logs contains information on physician/therapist visits, medications and upcoming appointments. The medical file, including the forms and the logs, is required to be provided to the subsequent resource provider at the time of placement, but no later than seventy-two (72) hours following the placement date.

Future Plans for Access to Medical Records

Section 210.566 RSMo., already required medical information sharing with the foster parents prior to the child's placement. House Bill 1414 amended the statute to clarify the continuing obligation to provide information and access to records. The additional requirements are:

- Children's Division and the contractors will be required to provide the foster parent with full access to any and all of the of the child's medical, psychological, and psychiatric records in Children's Division possession at the time of placement. Including any records prior to the child coming into care.
- After initial placement, the Children's Division and its contractors will have a continuing duty and obligation to provide the foster parent with access to such records that come into Children's Division and the contractors' possession or when they become aware of the records.
- Access includes providing information and authorization for foster parents to review or to obtain the records directly from the medical, psychological, or psychiatric services provider. A foster parent may decline access to any or all of the child's records.

All of the medical documents for children in foster care are maintained in the Children's Division document imaging system called "OnBase." The documents can be scanned or uploaded through electronic mail into OnBase and placed in the child's OnBase file using their individually assigned client, call/case, or resource provider number and payment requests. Documents can be uploaded, viewed and retrieved by Children's Division and contracted staff. Because of system security, the OnBase files are not accessible to foster parents to view online. Children's Division is exploring with our Information Technology Department the possible creation of a foster parent portal within the system to allow easier access to these records.

In addition to the foster parent portal, the Mo HealthNet Division and the State of Missouri's Office of Administration are in discussions with a contractor for a pilot project to develop and maintain an electronic medical records system. The contractor would be required to create a pilot project within a limited number of counties for children in foster care. The pilot project would include a Project Plan to describe the activities, responsibilities, expectations, and outcomes. The activities in the Pilot Project Plan include:

- Project management, planning, coordination, task integration;
- Analysis of Department current state workflow;
- Data conversion for training;
- Build, test, and configuration of Software-as-a-Service (SaaS) technology;
- System deployment; and
- Support.

The successful outcome of the pilot project contract would be the establishment of an integrated medical records database for foster children in a small number of counties. The database would allow health care professionals to electronically input, store and access health information. Implementation of an electronic medical records system could provide Children's Division with immediate access to a child's full and accurate medical record. If the pilot project is successful, consideration would be given to taking the database statewide.