

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**INDIANA DID NOT COMPLY WITH
REQUIREMENTS FOR DOCUMENTING
PSYCHOTROPIC AND OPIOID
MEDICATIONS PRESCRIBED FOR
CHILDREN IN FOSTER CARE**

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**September 2022
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Office of Inspector General

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Report in Brief

Date: September 2022

Report No. A-05-21-00020

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

To receive Federal funding for child welfare services, States are required to have a plan for overseeing and coordinating health care services for any child in foster care placement, including medications prescribed for the child. Psychotropic and opioid medications are among those that may be prescribed for children in foster care. Medications can have serious side effects, and ineffective monitoring may increase the risk for inappropriate dosing, frequent medication changes, or the use of inappropriate medication combinations. In a recent audit, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the State's child welfare information system.

Our objective was to determine whether Indiana complied with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Social Security Act (the Act).

How OIG Did This Audit

We randomly selected a sample of 115 children who were prescribed psychotropic or opioid medications. We reviewed the Medicaid claim data, health care records in Management Gateway for Indiana's Kids system (MaGIK), and records maintained outside of MaGIK for the children in our sample.

Indiana Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care

What OIG Found

Indiana did not always comply with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Act. Specifically, we found: (1) the health care records for 109 of the 115 children in the sample did not contain medical passports; (2) the psychotropic or opioid medications prescribed for 76 of the 115 children were not recorded in MaGIK; (3) the health care records for 49 of the 85 children in the sample who were prescribed psychotropic medications did not include authorizations for those medications; and (4) the health care records for 13 of the 21 children residing in residential facilities and prescribed psychotropic medications did not contain the required written reports and medical reviews from the prescribing health care providers.

What OIG Recommends and Indiana Comments

We made multiple recommendations, including that Indiana: (1) ensure that health care records for the children under its care and supervision are maintained in accordance with State requirements by providing training, technical assistance, and implementing additional controls and procedures; (2) obtain the psychotropic medication authorizations for the children in the sample who are currently in foster care and did not have the authorizations documented; and (3) continue efforts with the Indiana Family and Social Services Administration to obtain access to Medicaid claim history. The detailed recommendations are in the report.

Indiana concurred with our recommendations and described actions that it planned to take to address them. Specifically, Indiana stated it is in the process of developing a new child welfare information system, called I-KIDS, that will enable it to: (1) strengthen its efforts to implement controls and procedures for maintaining health care information for children under its care and supervision, (2) ensure that prescription authorizations are properly stored and made available upon appropriate request in a timely manner, and (3) automatically exchange data with the Indiana Medicaid Management Information System. Other actions that Indiana plans to take are detailed in our report.

We commend Indiana for the actions it has taken and plans to take to address our recommendations.

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INTRODUCTION

WHY WE DID THIS AUDIT

To receive Federal funding for child welfare services, States are required to have a plan for overseeing and coordinating health care services for any child in foster care placement, including medications prescribed for the child. Psychotropic and opioid medications are among those that may be prescribed for children in foster care. Psychotropic medications treat mental health disorders such as schizophrenia, depression, bipolar disorder, anxiety disorders, and attention deficit/hyperactivity disorder. Opioid medications are narcotics that manage pain from surgery, injury, or illness. Psychotropic and opioid medications have a high risk for abuse and misuse. In addition, psychotropic and opioid medications can have serious side effects, and ineffective monitoring may increase the risk of inappropriate dosing, frequent medication changes, or the use of inappropriate medication combinations. In a recent audit, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the State's child welfare information system.¹

OBJECTIVE

Our objective was to determine whether the Indiana Department of Child Services (State agency) complied with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Social Security Act (the Act).

BACKGROUND

Federal Foster Care Program and Federal Funding for Child Welfare Services

Title IV-E of the Act established the Federal Foster Care Program, which allows States to provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or placed in other planned arrangements. Title IV-B of the Act provides funding for States to address the provision of child welfare services that can be used for prevention of and response to child abuse and neglect. At the Federal level, the Administration for Children and Families (ACF) administers the Foster Care program.

To receive Title IV-E funding, the Act requires a State to submit a State plan that designates a State agency that will administer the program (the Act § 471(a)(2)) and establish and maintain standards (including safety standards) for foster family homes and child care institutions.

¹ *Ohio Did Not Ensure the Accuracy and Completeness of Psychotropic and Opioid Medication Information Recorded in Its Child Welfare Information System for Children in Foster Care* (A-05-18-00007), issued July 2020. Available online at <https://oig.hhs.gov/oas/reports/region5/51800007.asp>.

Federal law requires States to have a plan for overseeing and coordinating health care services for any child in foster care placement. The States' Title IV-B plans must include an outline of the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications (the Act § 422(b)(15)(A)). The State plan applies to children eligible for Title IV-E foster care payments, as well as all other children in foster care placements. The State agency is responsible for administering the Title IV-E program and the Title IV-B program.

Children in foster care who are eligible for assistance payments through Title IV-E of the Act are mandatorily eligible for Medicaid (the Act § 1902(a)(10)(A)(i)(I)). Additionally, any State with a Medicaid system funded with an enhanced Federal match must ensure that it is able to interact with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services (42 CFR § 433.112(b)(16)).² The Indiana Family and Social Services Administration administers the Medicaid program, overseeing the Medicaid claim processing and information system in Indiana.

Federal Funds for State Child Welfare Information Systems

The Statewide Automated Child Welfare Information System (SACWIS) is a federally funded, voluntary, comprehensive, and automated case management tool that supported child welfare practices in States (58 Fed. Reg. 67939, 67945 (Dec. 22, 1993)). On June 2, 2016, ACF published the Comprehensive Child Welfare Information System (CCWIS) final rule. The CCWIS final rule replaces the SACWIS regulations (81 Fed. Reg. 35450 (June 2, 2016)). CCWIS is a federally funded case management information system that Title IV-E agencies may, at their option, develop to support their child welfare program needs. This rule provided a transition period of 24 months from the effective date of the rule, which ended on August 1, 2018. During the transition period, the Title IV-E agencies with a SACWIS were required to indicate whether they would transition from the SACWIS to a CCWIS (81 Fed. Reg. 35450, 35452 (June 2, 2016)).

CCWIS regulations require, to the extent practicable, the Title IV-E agency's CCWIS to exchange relevant data, including data that may benefit Title IV-E agencies and data exchange partners in serving clients and improving outcomes, with other State systems, e.g., the Medicaid Management Information System (MMIS) (45 CFR § 1355.52(e)(2)).³

ACF provided clarification that Title IV-E agencies must maintain in the CCWIS: (1) the available medical record information received from the MMIS, including Medicaid claim history or

² The Indiana Medicaid system is funded by an enhanced Federal match.

³ States use the MMIS to process claims for Medicaid payment from providers of medical care and services furnished to beneficiaries under the medical assistance program and to perform other functions necessary for economic and efficient operations, management, monitoring, and administration of the Medicaid program (42 CFR § 433.111(b)(2)(ii)(B)).

(2) provider encounter data for those enrolled in managed care. Additionally, regarding the Health Insurance Portability and Accountability Act rules, ACF provided clarification that the Title IV-E agencies are required to exchange and maintain CCWIS data in accordance with the confidentiality requirements of applicable Federal and State laws. ACF clarified that Title IV-E agencies should support a data exchange that shares information with the MMIS to process Medicaid claims and perform other management functions to the extent practicable. The CCWIS requirements do not require the agencies to exchange all information, but the information exchanged must be in accordance with applicable confidentiality rules (81 Fed. Reg. 35450, 35465 (June 2, 2016)).

Indiana's child welfare system is called the Management Gateway for Indiana's Kids (MaGIK). In 2018, Indiana declared that it will be transitioning its SACWIS to the CCWIS. However, during our audit period, calendar years (CYs) 2019 and 2020, MaGIK was still operating according to the SACWIS requirements.

Indiana Department of Child Services

The State agency administers the child support, child protection, adoption, and foster care programs throughout the State of Indiana. The State agency's Child Welfare Services division oversees all the services provided for children and families. In addition, the State agency's Field Operations division, which includes the family case managers (FCMs) located in offices across the State, maintains the foster care and adoption programs.⁴

State Requirements for Maintaining Health Care Records

The State agency is required to maintain documentation of health care services received by children who are under its care and supervision, including a medical passport that contains the child's medical history. The medical passport is a record of health care services the child receives, including medical care, mental health care, treatment programs, appointments, and medications.

For a child placed in a foster home setting, the medical passport will remain in the possession of the resource parent(s).⁵ The State agency requires the resource parent(s) to keep the medical passport up to date with the child's most recent health care information. For a child placed in a residential facility,⁶ it is the responsibility of the caregiver to keep the medical passport up to date. The medical passport remains with the child throughout all foster care placements.

⁴ FCMs are employees of the State agency who are assigned to eligible youth cases (i.e., caseworkers).

⁵ Resource parent(s) are foster parent(s), adoptive parent(s), relative(s), or kinship caregiver(s).

⁶ Residential facility is a child-caring institution, group home, or private secure facility.

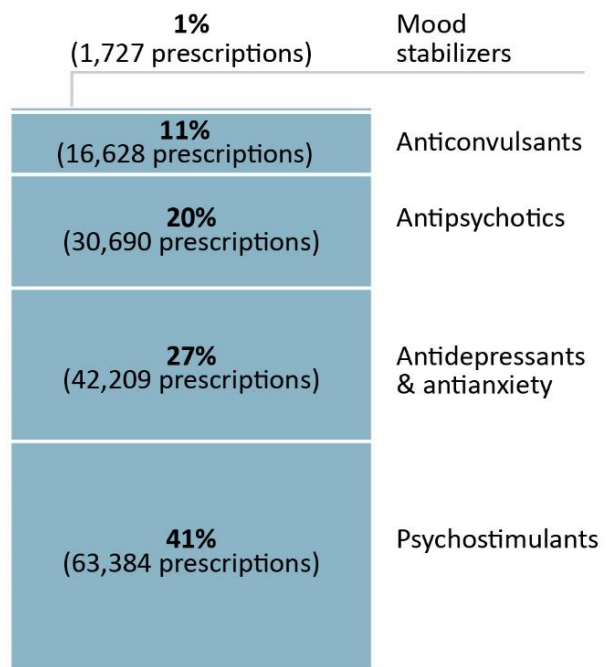
In addition, the FCM must ensure that the child’s health care records⁷ remain up to date and must maintain the child’s medical passport information electronically in the medical section in MaGIK.^{8,9}

HOW WE CONDUCTED THIS AUDIT

Of the 18,593 children under the care of the State agency and residing in a foster care setting who were eligible for Title IV-E foster care funding for CYs 2019 and 2020, 6,334 children (34 percent) were prescribed psychotropic or opioid medications. Specifically, 156,153 psychotropic and opioid medications were prescribed for the 6,334 children during CYs 2019 and 2020. Of the 156,153 prescription claims, 99 percent were psychotropic medications (154,638 claims), and 1 percent were opioid medications (1,515 claims).

The State agency defines psychotropic medications as prescription drugs used to control and stabilize mood, mental status, behavior, and mental health, and provides general categories into which these types of medications fall.¹⁰ Using the therapeutic classes from the Medicaid prescription claims, we determined that the 154,638 psychotropic medications prescribed for the children in foster care during our audit period were classified as: (1) psychostimulants,¹¹ (2) antidepressants and antianxiety, (3) antipsychotics, (4) anticonvulsants, and (5) mood stabilizers. (See Figure 1.)

**Figure 1:
Amount of
Psychotropic
Medications
Prescribed
to Children
by Drug
Classification
During CYs
2019 and 2020**



⁷ For the purposes of the audit report, we refer to “health care records” as the electronic or hardcopy documentation required to be maintained by the State agency.

⁸ Indiana Code (IC) 31-28-1, 31-28-2, and 31-28-3. Indiana Department of Child Services Child Welfare Manual (CW Manual), chapter 8, section 27 (effective May 1, 2017).

⁹ Indiana Department of Child Services, Health Oversight and Coordination Plan (included in the State’s Annual Progress and Services Report, July 1, 2020 – June 30, 2021).

¹⁰ CW Manual, chapter 8, section 30 (effective June 1, 2016).

¹¹ Psychostimulants are central nervous system agents, including medications to treat attention deficit/hyperactivity disorder.

From the 6,334 children who were prescribed 1 or more psychotropic or opioid medications, we randomly selected a sample of 115 children.¹² For these children, we reviewed the Medicaid claim data, health care records in MaGIK, and health care records maintained outside of MaGIK for the children in our sample to determine whether the State agency maintained the medication documentation in accordance with State requirements.¹³

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.

The Appendix contains the details of our audit scope and methodology.

FINDINGS

The State agency did not always comply with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Act. Specifically, we found that the health care records for the children in our sample had the following documentation deficiencies:

- The health care records for 109 of the 115 children in the sample who were prescribed psychotropic or opioid medications did not contain the medical passports.
- The psychotropic or opioid medications prescribed for 76 of the 115 children in the sample were not recorded in MaGIK.
- The health care records for 49 of the 85 children in the sample who were prescribed psychotropic medications did not include authorizations for those medications.
- The health care records for 13 of the 21 children in the sample who were residing in residential facilities and prescribed psychotropic medications did not contain the required written reports and medical reviews from the prescribing health care providers.

These documentation deficiencies occurred primarily because the State agency did not have adequate controls and procedures to ensure that FCMs obtained and maintained the children's

¹² The 115 children were selected randomly from 3 categories. We selected a random sample of 55 children who were prescribed at least 1 psychotropic medication, a random sample of 30 children who were prescribed at least 1 opioid medication, and a random sample of 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication.

¹³ For the health care records maintained outside of MaGIK, we reviewed children's case file documentation including the medical passports and medical records.

health care records in accordance with State requirements. Without adequate controls and proper procedures in place, the State agency could not ensure that the FCMs always provided adequate oversight and the children received the necessary health care services. In addition, without proper procedures in place to ensure residential facilities obtained and maintained documentation from prescribing health care providers, the quality of care provided to children who were prescribed psychotropic medications may have been at risk.

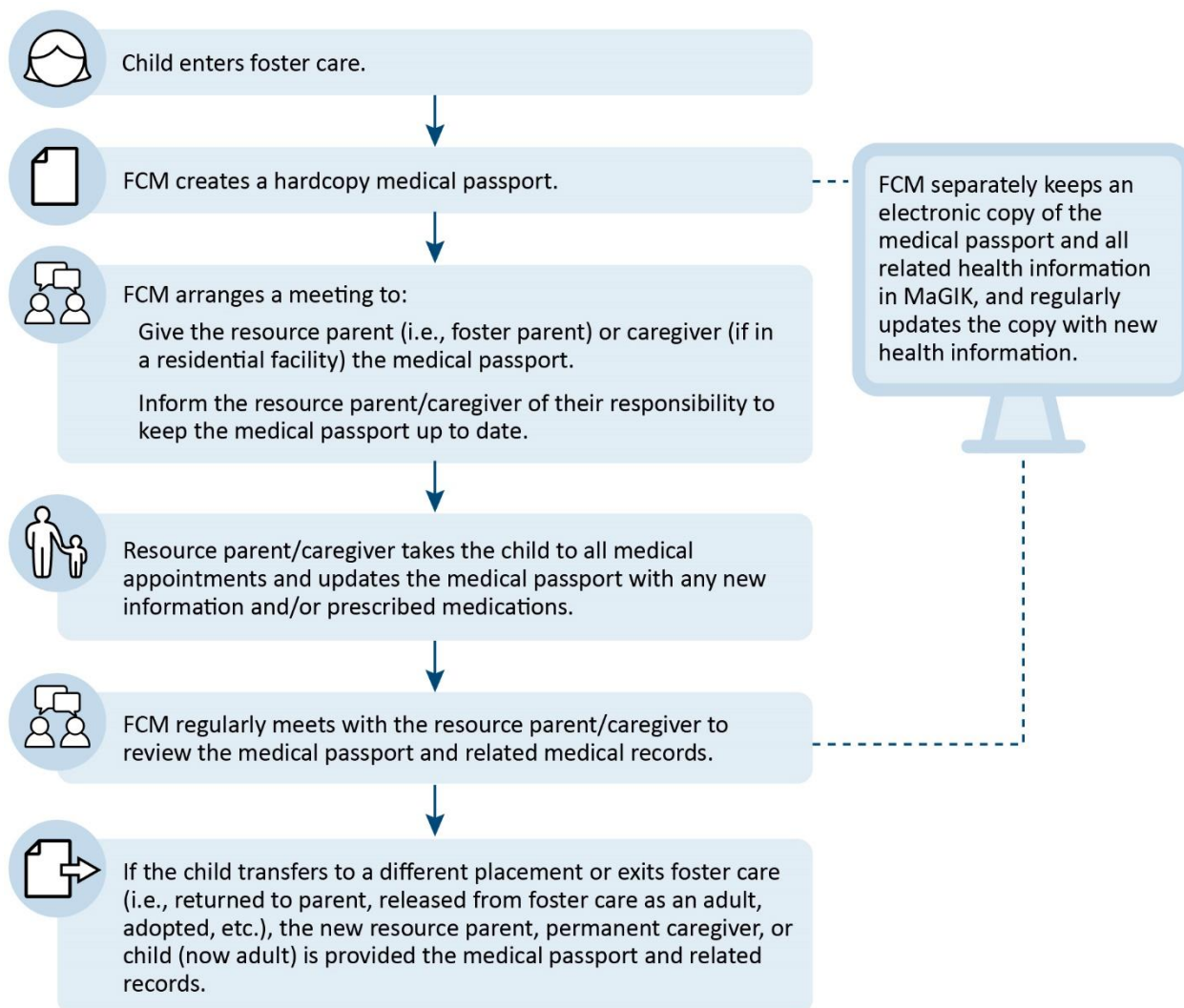
THE STATE AGENCY DID NOT ALWAYS MAINTAIN HEALTH CARE RECORDS IN ACCORDANCE WITH REQUIREMENTS RELATED TO THE CHILDREN IN FOSTER CARE WHO WERE PRESCRIBED PSYCHOTROPIC OR OPIOID MEDICATIONS

Medical Passports Were Not Always Maintained in the Children’s Health Care Records

The State agency is required to maintain documentation of health care services received by children who are under its care and supervision. All children placed in a foster care setting are issued a medical passport. The medical passport is a record of health care services that the child receives, including medical care, mental health care, treatment programs, appointments, and medications. The medical passport remains with the child and in the possession of the resource parents or residential facility throughout the foster care placements. The State agency requires the FCM to: (1) work with the resource parents or residential facility to keep the child’s medical passport and related medical records up to date with the child’s most recent health care information and (2) maintain a separate record of the child’s health care information electronically in MaGIK.¹⁴ Figure 2 shows the requirements for maintaining the child’s health records throughout the foster care placements.

¹⁴ IC 31-28-1, 31-28-2, and 31-28-3. CW Manual, chapter 8, section 27.

Figure 2: Maintaining the Child’s Health Care Records



The State agency did not always maintain health care records in accordance with State requirements. For the 115 sampled children who were prescribed 1 or more psychotropic or opioid medications, we found that the State agency did not comply with health care record maintenance requirements for 109 of the children. Specifically, 106 health care records did not contain the medical passports in MaGIK, and the State agency was unable to provide the medical passports from other sources.¹⁵ In addition, we found that two health care records contained the medical passports in MaGIK, but the State agency was unable to provide the medical passports from other sources. Finally, one health care record did not contain the medical passport in MaGIK, but the State agency provided the medical passport from another source.

¹⁵ We use the terminology “other sources” to include any records maintained outside of MaGIK that the State could access, including, for example, resource parent records and county case records.

Health Care Records in MaGIK Were Not Maintained in Accordance With Requirements

The State agency requires the children’s health care records to be maintained in two locations: (1) the children’s medical passports and (2) electronically in MaGIK. Within MaGIK, the health care records are required to be kept in the electronic health information card of the child’s person page.¹⁶ The health information card includes fields where the FCM can input health care information for the child, including health care providers, exams, medical conditions, and medications. In addition, the child’s person page has a “file upload” section where health care records can be uploaded directly to MaGIK. The electronic health care records enable the FCM to review the child’s health care information at any time and serves as a backup in case the medical passport is lost.^{17, 18}

Medications Prescribed for the Children Were Not Always Recorded in the Health Information Card in MaGIK

The State agency did not always input the medications prescribed for children in the health information card in MaGIK for the children in foster care who were prescribed one or more psychotropic or opioid medications. Of the 115 children in our sample, the State agency did not input the medications prescribed for 76 children in MaGIK. Specifically, we found that psychotropic or opioid medications prescribed for 51 children were not listed in the health information card in MaGIK. In addition, we found that for 25 children the list of psychotropic or opioid medications prescribed in the health information card in MaGIK was incomplete.

The following is an example of a child’s health information card that did not contain the psychotropic medications prescribed for the child.

Example 1: Medications Not Listed in the Child’s Health Information Card

For one child in our sample (10 years old), the State agency did not input the psychotropic medications prescribed for the child.¹⁹ According to the Medicaid claim data, the child was prescribed five different psychotropic medications during CYs 2019 and 2020. The psychotropic medications prescribed for the child included drugs classified as antipsychotics, antidepressants, psychostimulants, and anticonvulsants. When we reviewed the health

¹⁶ The children’s person page is a section in MaGIK with information specific to the child, including the child’s health information.

¹⁷ IC 31-28-1, 31-28-2, and 31-28-3. CW Manual, chapter 8, section 27.

¹⁸ Indiana Department of Child Services, Health Oversight and Coordination Plan.

¹⁹ For Example 1, we provide the age of the child at the beginning of the audit period.

information card in MaGIK, we found that no psychotropic medications prescribed for the child were listed in MaGIK.

Health Care Records Were Not Maintained in the Child's Person Page in MaGIK

We found that the health care records were not maintained in the child's person page in MaGIK as required. Instead, the children's health care records were uploaded to the case history section in MaGIK where all other documents related to the case were maintained. In addition, the documents were in chronological order and not searchable. As a result, the health care records were not easily accessible by the FCMs, and MaGIK could not be used as a backup if the external medical records were lost.

The State Agency Did Not Have Adequate Controls To Ensure Health Care Records Were Maintained in Accordance With Requirements

The State agency did not have adequate controls to ensure the FCMs maintained the children's health care records in accordance with State requirements. For monitoring of the FCMs, the State agency reviews one randomly selected case each quarter and provides supervisor oversight of each FCM at least monthly.^{20, 21} We concluded that the randomly selected case reviews did not adequately address the maintenance of health care records. Specifically, we found that the case review survey form contained only a single question related to medical records. Additionally, for the training provided to the FCMs, we concluded that the FCMs were provided insufficient training for documenting health care information in MaGIK. The State agency has an established 12-week training program for new FCMs and a mandatory 24-hour annual training requirement for established FCMs. However, the training curriculum does not address all the requirements for documenting health care information in MaGIK.

Maintaining health care records in MaGIK enables the FCMs to review the children's health care information at any time. In addition, the health care records serve as a backup in case the original medical passports are lost. Without access to up-to-date health care records, the State agency could not always ensure that the FCMs provided adequate oversight and the children received the necessary health care services. As a result, there was a risk the children may not have received the necessary care.

²⁰ CW Manual, chapter 2, section 18 (effective Jan. 1, 2016).

²¹ Regular oversight by the supervisor includes ensuring staff training requirements have been met and attending family visits. The State told us that oversight activities include "clinical supervision," which happens at least monthly, and "staffings" that occur more frequently. This oversight includes professional development, training, and coaching.

THE STATE AGENCY DID NOT ALWAYS MAINTAIN AUTHORIZATIONS FOR PSYCHOTROPIC MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE

Authorizations for Psychotropic Medications Were Not Always Maintained in the Children's Health Care Records

When a health care provider recommends prescribing a child in foster care a psychotropic medication(s), the State agency must authorize the medication.²² Prior to authorization, the State agency must obtain, when possible, consent of the parents, guardians, or custodians.²³ The State agency can obtain consent for psychotropic medications from a local office director, rather than a parent, guardian, or custodian, if: (1) a delay in obtaining parental consent may compromise the well-being of the child; (2) the parental rights have been terminated; (3) the parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; (4) the child is admitted for acute psychiatric treatment; or (5) prior court authorization has been obtained.²⁴ To obtain authorizations for psychotropic medications, the FCM will engage with the child and family team²⁵ regarding the prescribing provider's recommendations and develop a plan for the child's mental health needs. Additionally, the FCM will obtain consent for the use of psychotropic medications, notify the prescribing provider that the authorizations have been granted, ensure the prescriptions are filled, place the original signed authorizations in the child's case file, and document the authorizations in MaGIK.^{26, 27} Figure 3 shows the requirements for maintaining the authorization for psychotropic medications prescribed for a child.

²² The form required to be completed is the *Authorization for Psychotropic Medications* (State form 53545).

²³ The State agency requires authorizations for psychotropic medications prescribed for children, including a change in the psychotropic medications prescribed for the children. Dosage changes for psychotropic medications already prescribed for children do not require new authorizations.

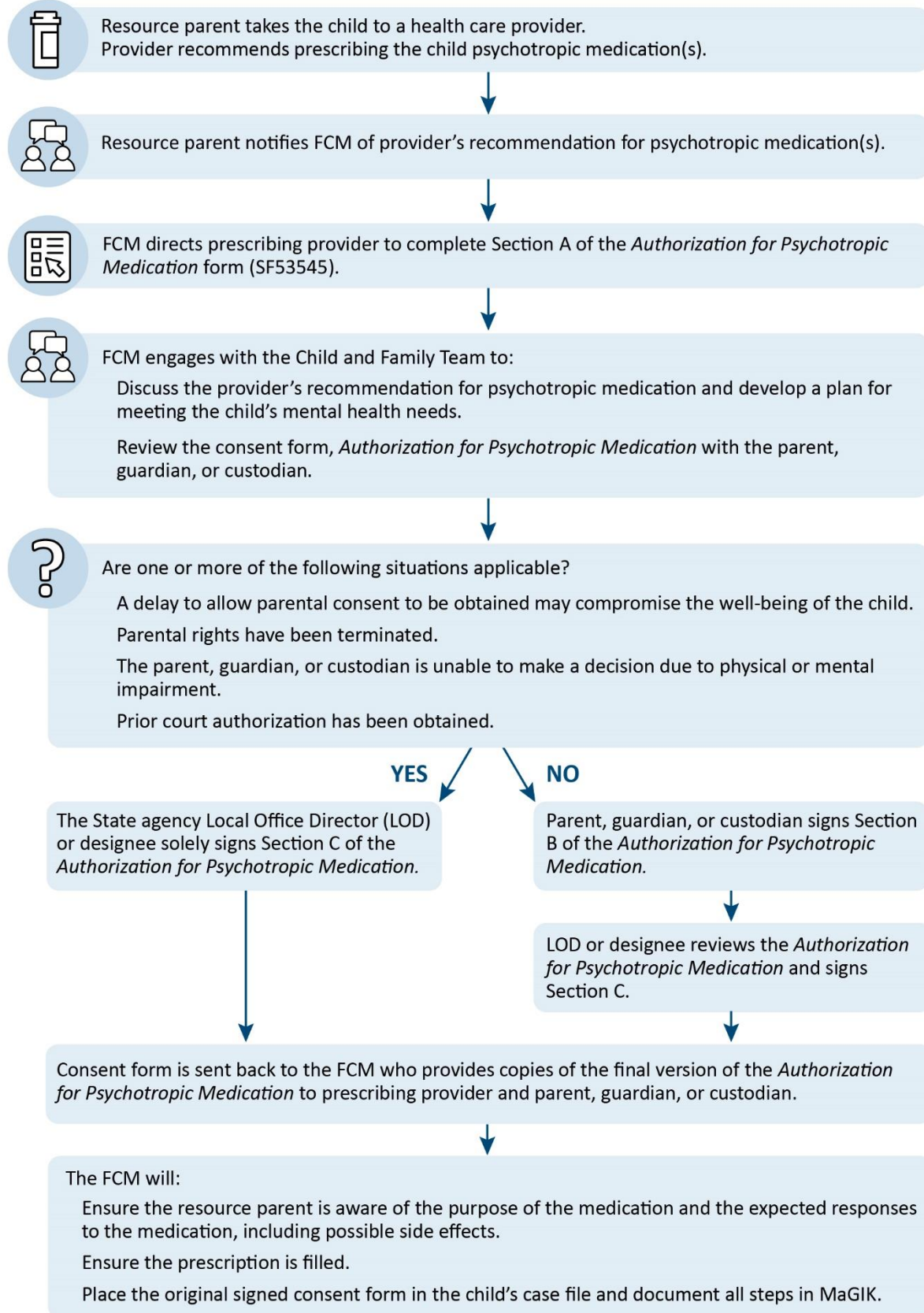
²⁴ IC 16-36-1. CW Manual, chapter 8, section 30.

²⁵ The child and family team is composed of the child, family members, providers, and other members selected by the family and child. Child and family team meetings engage with all parties in developing plans, including the planning and decision-making process for the child's ongoing medical care and treatment.

²⁶ IC 16-36-1-5(b). CW Manual, chapter 8, section 30.

²⁷ The child's case file is maintained by the State agency at the FCM's local office.

Figure 3: The Authorization Process



The State agency did not always adhere to the requirements for documenting authorizations of psychotropic medications prescribed for children in foster care. Of the 85 health care records for sampled children who were prescribed 1 or more psychotropic medications, we found that the State agency did not comply with requirements related to the documentation of authorizations of psychotropic medications for 49 sampled children. Specifically, 47 health care records did not contain the authorizations for psychotropic medications in MaGIK, and the State agency was unable to provide the authorizations from the children's case files. In addition, one health care record did not contain the authorizations for the psychotropic medications in MaGIK, but the State agency was able to provide the authorizations from the child's case file. Finally, one health care record contained the authorizations for the psychotropic medications in MaGIK, but the State agency could not provide the authorizations from the child's case file.

The following are examples of children whose health records did not contain documentation of the required authorizations for the psychotropic medications.

Example 2: Psychotropic Medications Prescribed Without Documented Authorizations

For one child in our sample (8 years old), the State agency did not document authorizations for psychotropic medications prescribed for the child.²⁸ According to the Medicaid claim data, the child was prescribed 10 different psychotropic medications during CYs 2019 and 2020 and up to 4 different psychotropic medications during the same month. The psychotropic medications prescribed for the child included drugs classified as antipsychotics, antidepressants, psychostimulants, and anticonvulsants. We found that the health care records did not contain the authorizations for psychotropic medications in MaGIK, and the State agency was unable to provide the authorizations from the child's case file. Additionally, when we reviewed the health information card in MaGIK, we found that only 2 of the 10 psychotropic medications prescribed for the child were listed in MaGIK.

Example 3: Changes in Psychotropic Medications Without Documented Authorizations

For one child in our sample (16 years old), the State agency did not adequately document the authorizations for psychotropic medications prescribed for the child. According to the Medicaid claim data, the child was prescribed six different psychotropic medications during CYs 2019 and 2020 and up to three different psychotropic medications during a single month. The psychotropic medications prescribed for the child included drugs classified as antipsychotic

²⁸ For Examples 2 and 3, we provide the age of the children at the beginning of the audit period.

and antidepressant medications. We found that the health care records contained authorizations for only two of the six psychotropic medications prescribed for the child. In addition, the State agency was unable to provide the missing authorizations from the child's case file. Finally, when we reviewed the health information card in MaGIK, we found that the medications that were listed in MaGIK did not match the psychotropic medications prescribed for the child.

The State Agency Did Not Have Procedures To Verify the Family Case Managers Obtained and Documented the Authorizations for Psychotropic Medications Prescribed for Children in Foster Care

There were several contributing factors for the noncompliance with State requirements related to the psychotropic medications prescribed for children in foster care. The State agency did not have procedures to verify that the FCMs obtained and documented the authorizations for psychotropic medications before the medications were prescribed for the children in foster care. In addition, the State agency did not have access to the Medicaid claim history that could have assisted with the oversight of psychotropic medications prescribed for the children in foster care to ensure the prescriptions were filled. The State agency is currently collaborating with the Indiana Family and Social Services Administration to develop a framework to electronically exchange medical information, including medications prescribed for the children under its care and supervision. However, State agency officials informed us that framework is not complete. As a result, they do not have access to the Medicaid claim history.

Without documentation of the authorizations for psychotropic medications, the State agency could not be sure the FCMs were always adhering to State requirements for obtaining and documenting the authorizations before the psychotropic medications were prescribed. In addition, without having access to the Medicaid claim history, the State agency could not verify that the psychotropic medications prescribed were filled. Additionally, for health care providers that recommend psychotropic medications to children in foster care, the FCMs are required to meet with the child and family team to discuss the provider's recommendations, obtain consent prior to authorizing the use of the psychotropic medications, and ensure the resource parents are aware of the purpose of medications, including possible side effects. If psychotropic medications are prescribed without the FCMs obtaining the required authorizations, all parties responsible for the child's care may not be aware of the medications provided to the child, their purpose, or possible side effects.

THE STATE AGENCY DID NOT ALWAYS ADHERE TO THE REQUIREMENTS FOR DOCUMENTING PSYCHOTROPIC MEDICATIONS PROVIDED TO CHILDREN RESIDING IN RESIDENTIAL FACILITIES

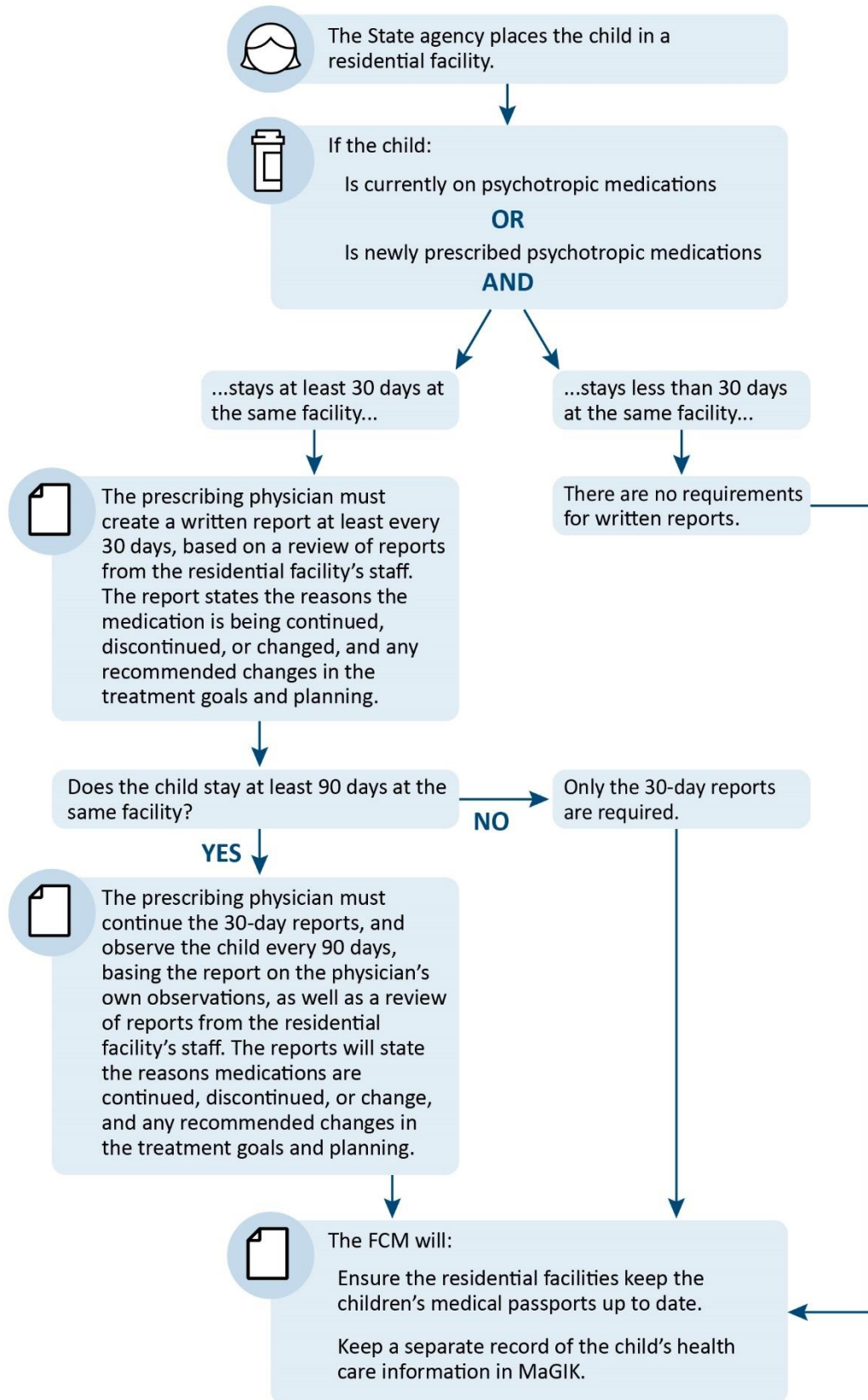
Documentation for Psychotropic Medications Prescribed for Children Residing in Residential Facilities Was Not Always Maintained in the Children’s Health Care Records

For children in residential facilities who are prescribed psychotropic medications, the prescribing health care providers must provide written reports every 30 days and perform medical reviews of the children every 90 days. The 30-day written reports are based on staff reviews and the health care providers’ observations of the children. In addition, the 30-day written reports must state the reasons the psychotropic medications are being continued, discontinued, or changed. The 90-day reviews are the actual observations of the child by the health care provider.²⁹ The residential facilities are required to keep the medical passports up to date, and the FCMs must ensure that this occurs. In addition, the FCMs are required to maintain separate records of the children’s health care information in MaGIK.³⁰ Figure 4 shows the requirements for documenting psychotropic medications provided to a child in a residential facility.

²⁹ Title 465 of the Indiana Administrative Code, section 2-9-73.

³⁰ IC 31-28-1, 31-28-2, and 31-28-3. CW Manual, chapter 8, section 27.

Figure 4: Requirements for a Child in a Residential Facility



For the children in foster care who were residing in residential facilities and prescribed psychotropic medications, the State agency did not maintain health care records in accordance with requirements. Of the 85 children in our sample who were prescribed 1 or more psychotropic medications, we determined 21 children were placed in residential facilities for more than 30 days during our audit period. We found that the State agency did not comply with the documentation requirements for 13 of these 21 children. Specifically, the health care records for these children did not contain: (1) 30-day written reports and 90-day medical reviews in MaGIK (13 children and 10 children, for whom those reviews were required) and (2) 30-day written reports and 90-day medical reviews in the residential facilities (12 children and 10 children, for whom those reviews were required).

The following are examples of children whose health care records were missing the required 30-day written reports and 90-day medical reviews for children residing in residential facilities who were prescribed psychotropic medications.

Example 4: Child’s Health Care Records Did Not Contain the Required Documentation While Residing in Residential Facilities and Prescribed Psychotropic Medications

For one child in our sample (17 years old), the health care records did not contain the required documentation for the period that the child was residing in residential facilities and prescribed psychotropic medications.³¹ The child was placed in two residential facilities, consecutively, during a 6-month timeframe. During these placements, the child was prescribed six psychotropic medications and up to five different psychotropic medications in a single month. The child’s health care records documenting the child’s diagnoses and psychotropic medications prescribed for the child were incomplete. In addition, we found the health care records in MaGIK did not contain the required 30-day written reports and 90-day medical reviews, and the State agency was unable to provide these documents from the child’s case file.

Example 5: Child’s Health Care Records Did Not Contain All of the Required Documentation While Residing in Residential Facilities and Prescribed Psychotropic Medications

For one child in our sample (17 years old), the health care records did not contain all the required documentation while the child was residing in residential facilities and prescribed psychotropic medications. The child was placed in three residential facilities, consecutively, during a 13-month timeframe. During the placements, the child was prescribed up to two different psychotropic medications in a single month. We found the health care records in MaGIK only contained six of the 30-day written reports and did not contain the required

³¹ For Examples 4 and 5, we provide the age of the children at the beginning of the first residential facility placement during the audit period.

90-day medical reviews. In addition, the State agency could not provide these documents from the child's case file.

The State Agency Did Not Have Procedures To Ensure Family Case Managers Maintained Documentation for Children Residing in Residential Facilities Who Were Prescribed Psychotropic Medications

There were several contributing factors for the noncompliance with documentation requirements related to the psychotropic medications prescribed for children in foster care. The State agency did not have procedures to ensure the 30-day written reports and 90-day medical reviews were obtained and maintained in accordance with State requirements for the children residing in residential facilities who were prescribed psychotropic medications. In addition, the State has an established training curriculum, randomly reviews the FCMs' cases, and provides direct supervision of the FCMs. However, the training and monitoring did not ensure that residential facilities maintained the 30-day written reports and 90-day medical reviews and that separate records were maintained in MaGIK.

Without proper procedures in place to ensure residential facilities obtained and maintained documentation from prescribing health care providers, the quality of care provided to children who were prescribed psychotropic medications may have been at risk.

RECOMMENDATIONS

We recommend that the Indiana Department of Child Services:

- ensure that health care records for the children under its care and supervision are maintained in accordance with State requirements by:
 - providing training and technical assistance to the FCMs on how to maintain health care records and input medications in MaGIK,
 - implementing additional controls and procedures to ensure medications prescribed for children are input in MaGIK,
 - implementing additional procedures to ensure the required authorizations for psychotropic medications are obtained and documented, and
 - implementing additional procedures to ensure the required 30-day written reports and 90-day medical reviews are obtained and documented for children residing in residential facilities who are prescribed psychotropic medications;
- obtain the psychotropic medication authorizations for the children in the sample who are currently in foster care and did not have the authorizations documented; and

- continue efforts with the Indiana Family and Social Services Administration to obtain access to Medicaid claim history.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with all of our recommendations and described actions that it planned to take to address them.

For our first recommendation, the State agency stated that it is in the process of developing a new CCWIS, called I-KIDS, that will:

- strengthen the State agency's efforts to implement controls and procedures for inputting medication information and maintaining health care records and medication authorizations;
- enable the exchange of data with the State's MMIS, that will include access to Medicaid claim history;
- feature a lookup table for psychotropic medications that will be connected to the Medicaid claim information and will tag any medication classified as a psychotropic drug; and
- feature a web portal where medical records will be stored for each child and readily available to those who need it, including foster and relative caregivers, physicians, guardians ad litem, FCMs, and court-appointed advocates.

In addition, the State agency stated that it will:

- update policies and training protocols for staff members on the acquisition and storage of medical records, including documenting health care information in MaGIK;
- update the monthly case review questionnaire and interview process to include the handling of medications for children in foster care, including compliance with policies and procedures regarding psychotropic medications;
- ensure the medication authorizations are stored properly in MaGIK, enabling the State agency to produce the documentation in a timely manner, and will update policies as needed; and
- implement additional procedures to obtain and document the required 30-day written reports and 90-day medical reviews for children residing in residential facilities who are prescribed psychotropic medications.

For our second recommendation, the State agency acknowledged it was unable to produce required authorizations for medications prescribed to the children in our sample. However, the State agency confirmed that the authorizations were provided to the prescribers, and no children were unsafely prescribed medications. The State agency stated that, going forward, it will ensure that prescription authorizations are also properly stored and made available upon appropriate request in a timely manner. Specifically, I-KIDS will contain a child-specific portal allowing anyone with appropriate permission to review authorizations and treatment records.

For our third recommendation, the State agency acknowledged that currently Medicaid claim data is not automatically entered into MaGIK. The State agency stated this will be remedied by the implementation of I-KIDS, which will be able to exchange data with MMIS.

The State agency's comments appear in their entirety as Appendix B.

We commend the State agency for the actions it has taken and plans to take to address our recommendations.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit covered 6,334 children in foster care who were prescribed 1 or more psychotropic or opioid medications during CYs 2019 and 2020. We randomly selected a sample of 115 children from 3 categories: 55 children who were prescribed psychotropic medications, 30 children who were prescribed opioid medications, and 30 children who were prescribed psychotropic and opioid medications. We reviewed the Medicaid claim data, health care records in MaGIK, and health care records maintained outside MaGIK for the children in our sample.

We did not perform an overall assessment of the State agency's internal control structure. Rather, we limited our review of internal controls to those that were significant to our objective. Specifically, we: (1) assessed the State agency's procedures for maintaining health care records in accordance with requirements and (2) assessed the State agency's process for obtaining health care records and documenting the health care information in MaGIK.

We conducted our audit from May 2021 to June 2022, which included meeting with State agency officials.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal foster care laws, State requirements for documenting medication prescribed for children in a foster care setting, and the State agency's Child and Family Services Plan;
- met with State agency officials to determine how the State agency maintained health care records and documented health care information in MaGIK;
- obtained and reviewed the State agency's procedures for obtaining and maintaining health care information for children in foster care;
- reviewed the State agency's oversight procedures and the training curriculum provided to the FCMs;
- obtained the foster care placement data and Medicaid prescription claim data for children who were residing in a foster care setting and eligible for assistance under Title IV-E of the Act during CYs 2019 and 2020;
- identified children who were in foster care and prescribed one or more psychotropic or opioid medications during CYs 2019 and 2020;

- randomly selected a sample of 115 children who were in foster care and prescribed 1 or more psychotropic or opioid medications during CYs 2019 and 2020;³²
- reviewed the Medicaid claims for the psychotropic and opioid medications prescribed to the 115 children;
- reviewed the medication and related health care information in MaGIK for the 115 children;
- obtained and reviewed health care records maintained outside of MaGIK for the 115 children; and
- discussed the results of our review with State agency officials.

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.

³² The 115 children were randomly selected from 3 categories. We selected a random sample of 55 children who were prescribed at least 1 psychotropic medication, a random sample of 30 children who were prescribed at least 1 opioid medication, and a random sample of 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication.

APPENDIX B: STATE AGENCY COMMENTS



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Sept. 6, 2022

Department of Health and Human Services
Office of Inspector General

Office of Audit Services, Region V
Attn: Sheri L. Fulcher
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Chicago, IL 60601

Ms. Fulcher,

This letter serves as the formal response from the Indiana Department of Child Services (Indiana DCS) to the U.S. Department of Health and Human Services Office of Inspector General (OIG) draft report entitled “Indiana Did Not Comply With Requirements For Documenting Psychotropic And Opioid Medications Prescribed For Children In Foster Care,” Report Number A-05-21-00020, received by our agency on July 29, 2022.

The OIG’s audit focused on documentation and record keeping regarding psychotropic and opioid medication prescriptions to foster children within Indiana’s child welfare system. Indiana DCS is pleased the OIG found no instances of harm or inappropriate medication distribution to any children. DCS, however, agrees this monitoring process has afforded our agency the opportunity to improve our record-keeping policies and practices.

Indiana DCS understands the OIG believes the agency did not always comply with state record-keeping standards related to psychotropic and opioid medications prescribed to children in foster care who were eligible for assistance under Title IV-E of the Social Security Act (the Act). The purpose of this response is to acknowledge the OIG’s four underlying findings and detail the agency’s plans for remedying any gaps in documentation.

Indiana DCS believes its policy should clearly articulate where medical records are to be stored in its case management system. Indiana DCS’ current case management system comprises KidTraks and MaGIK.

OIG audit finding #1: The health care records for one hundred and nine (109) of the one hundred and fifteen (115) children who were included in the random sample for the purposes of this audit did not contain

medical passports.

OIG audit finding #2: The psychotropic or opioid medications prescribed for seventy-six (76) of the one hundred and fifteen (115) children who were included in the random sample for the purposes of this audit were not recorded in the Management Gateway for Indiana’s Kids (MaGIK) system.

OIG audit finding #3: The health care records for forty-nine (49) of the eighty-five (85) children who were included in the random sample for the purposes of this audit who were prescribed psychotropic medications did not include authorizations for those medications.

OIG audit finding #4: The health care records for thirteen (13) of the twenty-one (21) children included in the random sample for the purposes of this audit who were residing in residential facilities and prescribed psychotropic medications did not contain the required written reports and medical reviews from the children’s prescribing health care providers.

OIG issued three overarching recommendations based on these findings. DCS concurs with these recommendations, and the agency’s plans for implementing them are outlined below.

OIG recommendation #1: Ensure that health care records for the children in DCS care and supervision are maintained in accordance with state requirements by:

- Providing training and technical assistance to the family case managers on how to maintain health care records and input medications in MaGIK.
- Implementing additional controls and procedures to ensure medications prescribed for children are input in MaGIK.
- Implementing additional procedures to ensure the required authorizations for the psychotropic medications are obtained and documented.
- Implementing additional procedures to ensure the required 30-day written reports and 90-day medical reviews are obtained and documented for children residing in residential facilities who are prescribed psychotropic medications.

Indiana DCS Response #1: DCS concurs with this recommendation. When a child enters foster care, current DCS policy requires a family case manager to create a hardcopy medical passport for the child as well as update the child’s health information electronically in MaGIK. Requiring a hardcopy and an electronic version of the child’s health information in the agency’s case management system creates duplicative work for family case managers and causes confusion. DCS will update its policies to clearly delineate where health information should be stored. The agency will then retrain staff members regarding where health care information for children should be documented in MaGIK.

The agency is in the process of developing a new Comprehensive Child Welfare Information System (CCWIS) that will greatly bolster the agency’s efforts to implement controls and procedures for inputting medication information, as well as maintain health care records and medication authorizations. This project, which constitutes a significant technological upgrade, has been underway since 2020 with Accenture as the vendor for Design, Development and Implementation. Per the Administration for Children and Families (ACF), every CCWIS must maintain the available medical record information received from the Medical Management Information System (MMIS), including Medicaid claim history. The new DCS CCWIS, called

I-KIDS, will comply with this requirement.

I-KIDS will feature a lookup table for psychotropic medications that is connected to the Indiana Family Social Services Administration's (FSSA) Medicaid claims information and updated in real time. DCS may review the current list any time a new medication is added to a child's file, and the system will automatically tag any medication classified as a psychotropic drug. This promotes better tracking of prescriptions as well as ensures the proper spelling of the medication.

The new CCWIS will feature a web portal where medical records are stored for each child. This ensures easy access for those who need the child's records. Digitizing this process will also decrease the potential for misplacing records, which is more likely with paper medical passports. The web portal is password-protected, ensuring personal health information is secure but readily available to those who need it; namely, foster and relative caregivers, physicians, guardians ad litem, family case managers and court-appointed special advocates.

As this system is developed, DCS will update both policy and training protocols regarding the acquisition and storage of medical records. This is a high priority for the department, as the agency acknowledges its record-keeping processes require updating.

To address these issues until I-KIDS is operational, DCS will share the results of this audit with all local offices and reinforce adherence to current policy with existing staff as well as in our cohort trainings for new family case managers. The current computer-assisted training for all field staff, Psychotropic Medication, will be updated with new policy information, and all staff will be required to complete a refresher course in the fourth quarter of 2022.

The agency agrees to implement additional procedures to obtain and document the required 30-day written reports and 90-day medical reviews (referred to in Indiana DCS contracts as treatment-plan updates) for children residing in residential facilities who are prescribed psychotropic medications. These 30-day written reports are currently uploaded into KidTraks, which is part of our case management system, by the residential facility.

Moving forward, all treatment documentation (including monthly progress reports and treatment plan updates) for youth in residential treatment and Licensed Child Placing Agency (LCPA) foster care placements will be uploaded into the DCS provider invoicing database (currently KidTraks) by the 10th of each month as well as when necessitated by a court proceeding.

The agency will provide a training to its family case managers by Dec. 31, 2022, to ensure medical records for children placed in residential facilities and LCPA foster care placements are logged in both the medical passport and the agency's case management system (MaGIK or KidTraks).

To promote quality assurance, Indiana DCS will update the monthly Practice Model Reviews questionnaire and interview process to include inquiries about the handling of all medication for foster youth with special focus on compliance to policies and procedure regarding psychotropic drugs.

The agency has drafted a legislative proposal for consideration during the 2023 session of the Indiana General Assembly to address potential inconsistencies between state statute and DCS policy, as well as to make record keeping more streamlined and convenient for caregivers and family case managers. Indiana DCS proposes removing any requirement for health care records, including medical passports, to be maintained exclusively on paper. Assuming our proposal is adopted into law, this change will reduce confusion related to maintaining records both electronically and in hardcopy.

Note: How the agency will implement additional procedures to ensure authorizations for psychotropic medications are obtained /documented is addressed below in response #2.

OIG recommendation #2: Obtain the psychotropic medication authorizations for the children in the sample who are currently in foster care and did not have a medication authorization documented.

Indiana DCS Response #2: DCS concurs with this recommendation. DCS recognizes that it was not able to produce the required authorizations for the medications prescribed to our children timely during this audit. The agency has confirmed, however, that these medication authorizations were provided to the prescribers, and no children were incorrectly or unsafely prescribed medications. Without appropriate authorization, the prescribers would not have been able to write the prescriptions for the medications. Much of the information listed as missing in this audit was in fact sent to the agency's family case managers in accordance with DCS processes that require documentation prior to payment for services (particularly for residential treatment and services provided by our LCPAs). The agency will ensure these records are also stored properly in the agency's case management system (MaGIK or KidTraks) going forward, enabling the agency to produce this documentation upon appropriate request in a timely manner. DCS' family case managers know the importance of obtaining proper authorization and providing it to the prescriber, and the agency's processes for retaining electronic copies of the authorizations and storing them in the child's case file will be improved to reflect that same diligence. DCS policies 8.26 (Authorization for Health Care Services), 8.27 (Maintaining Health Records – Medical Passports) and 8.30 (Psychotropic Medication) pertain to these matters and will be reviewed and updated as needed to ensure they clearly outline how staff members are expected to access and log information related to a child's medical history and ongoing needs.

Further, DCS is developing new technology as part of its new CCWIS system that will ensure these authorizations can be readily located. These advances include the development of a child-specific portal allowing anyone with appropriate permission to review treatment records and authorizations. Meanwhile, the agency will retrain all family case managers and family case manager supervisors where to store these documents in the current system in Q4 of 2022.

OIG recommendation #3: Continue efforts with the Indiana Family and Social Services Administration to obtain access to Medicaid claim history.

Indiana DCS Response #3: DCS concurs with this recommendation. The agency maintains a Memorandum of Understanding (MOU) with the FSSA Office of Medicaid Planning and Policy (OMPP), through which OMPP provides DCS with medical information about children under the care and supervision of DCS. Access to OMPP information allows the agency to populate a medical passport, as well as the child's file in MaGIK. This makes medical information accessible to family case managers, providers and foster parents, and ensures that timely and appropriate health care is rendered to the child. While DCS is provided with Medicaid claims data through the current MOU, the claims data are not automatically entered into MaGIK. This will be remedied by the agency's new CCWIS, which will be able to exchange data with the state's Medicaid Management Information System (MMIS).

DCS collaborates with Indiana University School of Medicine (IUSM) Department of Psychiatry on the Psychotropic Medication Advisory Committee (PMAC), as well as other key stakeholders. PMAC reviews Medicaid claims history and the use of psychotropic medications for children in DCS care. Information on PMAC and additional information can be found here: <https://www.in.gov/dcs/psychotropic-medication/>.

The PMAC program analyzes Medicaid claims for DCS-involved children and uses an algorithm to select cases based on risk parameters established using best practices for prescribing psychotropic medications with children. Most importantly, any concerning practice related to prescriptions provided to DCS-involved youth is automatically flagged. Any prescription that is potentially concerning may then be reviewed by IUSM psychiatrists, who may consult the prescribing provider.

Indiana DCS affirms that a robust monitoring system of psychotropic and opioid medications for foster children is critical to ensuring the safety and well-being of children in care and agrees there are opportunities to improve record keeping of these medications. One of the Indiana DCS values is the agency's commitment to continuous improvement; as such, our employees recognize that positive change comes only from challenging the status quo, and they welcome opportunities to think critically about our processes. Indiana's child-welfare system has made incredible strides in the past five years, and making these changes will build on that progress, bringing us closer to our vision of seeing children grow up in stable, supportive homes and communities. We look forward to implementing these measures to better serve Hoosier families and children when they need us most.

Respectfully,

/s/ Terry Stigdon

Terry Stigdon, MSN, RN
Director
Indiana Department of Child Services