

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

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

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Office of Inspector General

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Report in Brief

Date: February 2023

Report No. A-05-21-00030

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



Why OIG Did This Audit

The United States Food and Drug Administration issued a safety announcement stating that a review found the combined use of opioid and some psychotropic medications can result in serious side effects, including slowed or difficult breathing and death. In addition, ineffective oversight of psychotropic and opioid medications may increase the risk of inappropriate dosing or medication combinations. To receive Federal funding for child welfare services, States are required to have a plan for the oversight of prescription medications, including psychotropic and opioid medications prescribed for children in foster care. In recent audits, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the States' child welfare information systems.

Our objective was to determine whether Michigan 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 electronic case records in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) and the Medicaid claim data for the children in our sample.

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

What OIG Found

Michigan 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 the Act. Specifically, we found: (1) the electronic case records for 18 of the 115 children in the sample who were prescribed psychotropic or opioid medications did not contain the required medical information; (2) the electronic case records for 14 of the 85 children in the sample who were prescribed psychotropic medications did not include consent forms for psychotropic medications; and (3) opioid medications prescribed for 60 children in the sample were not recorded in MiSACWIS.

What OIG Recommends and Michigan Comments

We made multiple recommendations, including that Michigan ensure that electronic case records for children in foster care are maintained in accordance with requirements by: (1) modifying procedures for the monitoring of caseworkers to ensure the required medical information is maintained in MiSACWIS; (2) implementing policies to document when consent forms are not required in non-emergency situations, monitoring Medicaid claim data to ensure consent forms are obtained and documented, and implementing procedures to monitor other medications prescribed for children, including opioids, for potential medication interaction and adverse side effects for children who are prescribed psychotropic medications; and (3) implementing procedures to monitor Medicaid claim data for opioid medications prescribed for children and providing training for documenting the opioid medications prescribed for children due to medical procedures or emergency treatment. The detailed recommendations are in the report.

Michigan generally agreed with our recommendations and described actions it has taken or plans to take to address our recommendations. Specifically, Michigan stated that it: (1) has provided several trainings and will develop corrective action plans to address medical passport deficiencies, (2) will review existing policy for documenting psychotropic medications and is working to develop correction action to ensure workers monitor medications prescribed for children, and (3) now obtains Medicaid claim data and will develop training materials on documentation requirements for children prescribed opioid medications.

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

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INTRODUCTION

WHY WE DID THIS AUDIT

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 August 2016, the United States Food and Drug Administration (FDA) issued a safety announcement stating that a review found the combined use of opioid and some psychotropic medications¹ can result in serious side effects, including slowed or difficult breathing and death.² In addition, ineffective oversight of psychotropic and opioid medications may increase the risk of inappropriate dosing or medication combinations.

Children in foster care are more likely to be prescribed psychotropic medications compared with children not in foster care.³ 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 psychotropic and opioid medications prescribed for children in foster care.⁴ In recent audits, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the States' child welfare information systems.⁵

OBJECTIVE

Our objective was to determine whether the Michigan Department of Health and Human 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).

¹ Prescribed psychotropic medications include medications that depress the central nervous system.

² FDA Drug Safety Communications, "FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning" (issued August 31, 2016).

³ Between 16 and 33 percent of children in out-of-home care may be using psychotropic medication on any given day, although the rate of use varies significantly based on certain factors, including the child's age, placement setting, and length of involvement with the child welfare agency. Among children generally, about 6 percent are taking psychotropic medications at some point during a given year. *Child Welfare: Oversight of Psychotropic Medication for Children in Foster Care*, Congressional Research Service (Feb. 17, 2017).

⁴ Social Security Act § 422(b)(15)(A).

⁵ *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>. *Indiana Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care* (A-05-21-00020), issued September 2022. Available online at <https://oig.hhs.gov/oas/reports/region5/52100020.asp>.

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.

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)).⁶ The State agency administers the Medicaid program, overseeing the Medicaid claim processing and information system in Michigan.

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

⁶ The Michigan Medicaid system is funded by an enhanced Federal match.

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)).⁷

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) 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)).

Michigan's child welfare system is called the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). In 2018, Michigan declared that it would transition its SACWIS to the CCWIS. However, during our audit period, calendar years (CYs) 2019 and 2020, MiSACWIS was still operating according to the SACWIS requirements.

Michigan Department of Health and Human Services

The State agency administers the children's services, aging and adult services, community operations, health and behavioral support, and family support programs throughout the State of Michigan. The State agency's Children's Services Agency oversees all child welfare services for children and their families, including the foster care program. Foster care services are provided by the State agency's local offices and private child placement agencies under contract with the State agency (supervising agencies), with policies laid out in foster care policy manuals. The supervising agencies employ foster care caseworkers (caseworkers) to provide the case management services for children under their care and supervision.⁸

⁷ 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)).

⁸ Caseworkers are the primary case managers for the children in foster care.

State Requirements for Maintaining Case Records

The State agency is required to maintain case documentation for children receiving foster care services.⁹ The State agency assumes case management responsibility when a child enters foster care. Each child entering foster care is assigned a caseworker in MiSACWIS.¹⁰ All information and documents related to the children's cases, including health information, are required to be stored in the electronic case records in MiSACWIS.¹¹ In addition, the State agency is required to maintain a medical passport for all children in foster care. The medical passport contains the medical information for each child, including medications prescribed.¹² The State agency is also required to obtain informed consent for each psychotropic medication prescribed for a child.¹³ The DHS-1643 form, *Psychotropic Medication Informed Consent*, or the prescribing physician's alternative consent form (consent form), must be used to document the discussion between the prescribing physician and the consenting party.^{14, 15}

HOW WE CONDUCTED THIS AUDIT

Of the 8,791 children under the care of the State agency who were eligible for Title IV-E foster care funding during CYs 2019 and 2020, 1,710 children were prescribed psychotropic or opioid medications while residing in a foster care setting. Of the 1,710 children, 1,558 children were prescribed psychotropic medications, 97 children were prescribed opioid medications, and 55 children were prescribed psychotropic and opioid medications. Specifically, 44,695 psychotropic and opioid medications were prescribed for the 1,710 children during CYs 2019 and 2020. Of the 44,695 Medicaid prescription claims, more than 99 percent were psychotropic medications (44,489 claims), and less than 1 percent were opioid medications (206 claims).

The State agency defines psychotropic medications as medications that affect or alter thought processes, mood, sleep, or behavior. A medication classification depends upon its stated or

⁹ Michigan Administrative Code (MAC), R. 400.12422, Annual Administrative Code Supplement, 2014 Edition. The State agency's Children's Foster Care Policy Manual (FOM) 722-05 (effective October 1, 2018).

¹⁰ FOM 722-01 (effective December 1, 2017).

¹¹ MAC, R 400.12422. FOM 722-05.

¹² MCL, section 722.954c (effective January 14, 2015). FOM 801 (effective November 1, 2018).

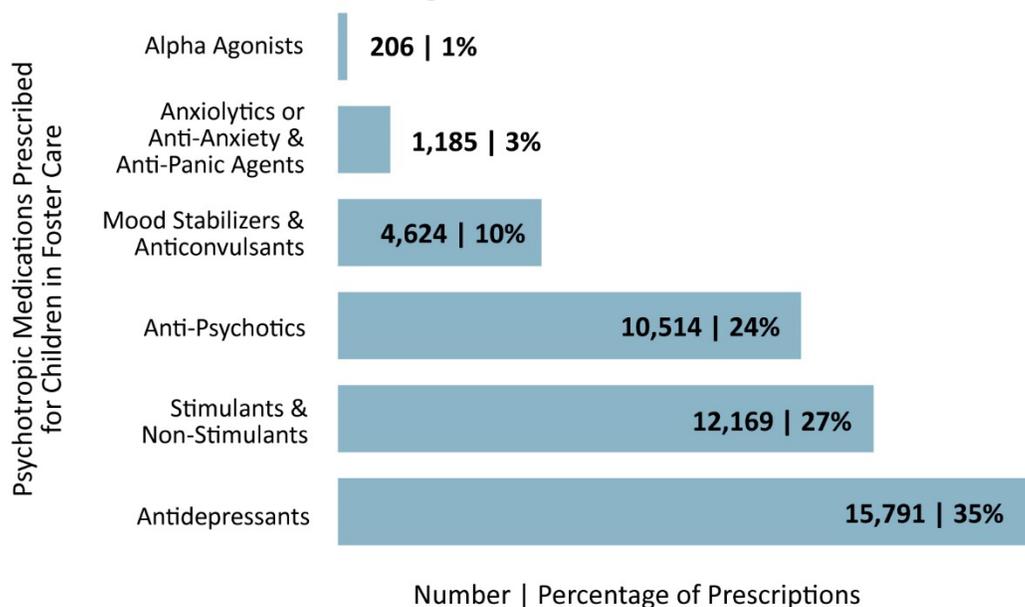
¹³ Informed consent is permission for treatment, provided after an explanation from the prescribing physician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. FOM 802-1 (effective September 1, 2016).

¹⁴ FOM 802-01.

¹⁵ The party with the authority to consent depends on the legal status of the child in foster care and may include the parent or legal guardian, caseworker, or court. When a youth turns 18 years old, a new consent must be documented. FOM 802-1.

intended effect.¹⁶ Using the therapeutic classes from the Medicaid prescription claims, we determined that the 44,489 psychotropic medications prescribed for the children in foster care during our audit period were classified as: (1) antidepressants, (2) stimulants and non-stimulants, (3) anti-psychotics, (4) mood stabilizers and anticonvulsants, (5) anxiolytics or anti-anxiety and anti-panic agents, and (6) alpha agonists.¹⁷ (See Figure 1.)

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



From the 1,710 children who were prescribed 1 or more psychotropic or opioid medications, we randomly selected a sample of 115 children.¹⁸ For these children, we reviewed the electronic case records in MiSACWIS and the Medicaid claim data to determine whether the State agency maintained the medication documentation in accordance with State requirements.

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.

¹⁶ FOM 802-1.

¹⁷ Alpha agonists are for treatment of attention deficit hyperactivity disorder or insomnia and sleep problems related to post-traumatic stress disorder.

¹⁸ 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.

Appendix A 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 electronic case records maintained in MiSACWIS for the children in our sample contained the following deficiencies:

- The electronic case records for 18 of the 115 children in the sample who were prescribed psychotropic or opioid medications did not contain the medical passports.
- The electronic case records for 14 of the 85 children in the sample who were prescribed psychotropic medications did not include consent forms for psychotropic medications.
- The opioid medications prescribed for 60 children in the sample were not recorded in MiSACWIS.

These documentation deficiencies occurred because the State agency did not have adequate controls to ensure the caseworkers and Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) maintained the children's electronic case records in accordance with State requirements.¹⁹ Specifically, the State agency did not have: (1) sufficient monitoring of caseworkers to ensure medical passports were maintained, (2) procedures requiring caseworkers and FC-PMOU to monitor medications prescribed for children, and (3) adequate procedures requiring caseworkers to monitor and document opioid medications prescribed for children. Without adequate controls in place, the State agency could not ensure that children in foster care received the necessary monitoring and care. As a result, the children's quality of care and health and safety may have been at risk.

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

For each child in foster care, the State agency must maintain a medical passport. A medical passport is a report generated from MiSACWIS from the health information entered in the health profile screens in MiSACWIS by the caseworker. The medical passport contains the child's health care appointments, developmental and behavioral concerns, immunization record, and medication record, including dosages, diagnoses, and prescribing physicians. When a child enters foster care, the caseworker must provide the medical passport to the foster care

¹⁹ The Foster Care Psychotropic Medication Oversight Unit tracks and provides technical assistance to caseworkers to ensure compliance with obtaining and documenting informed consent for psychotropic medications prescribed to children in foster care.

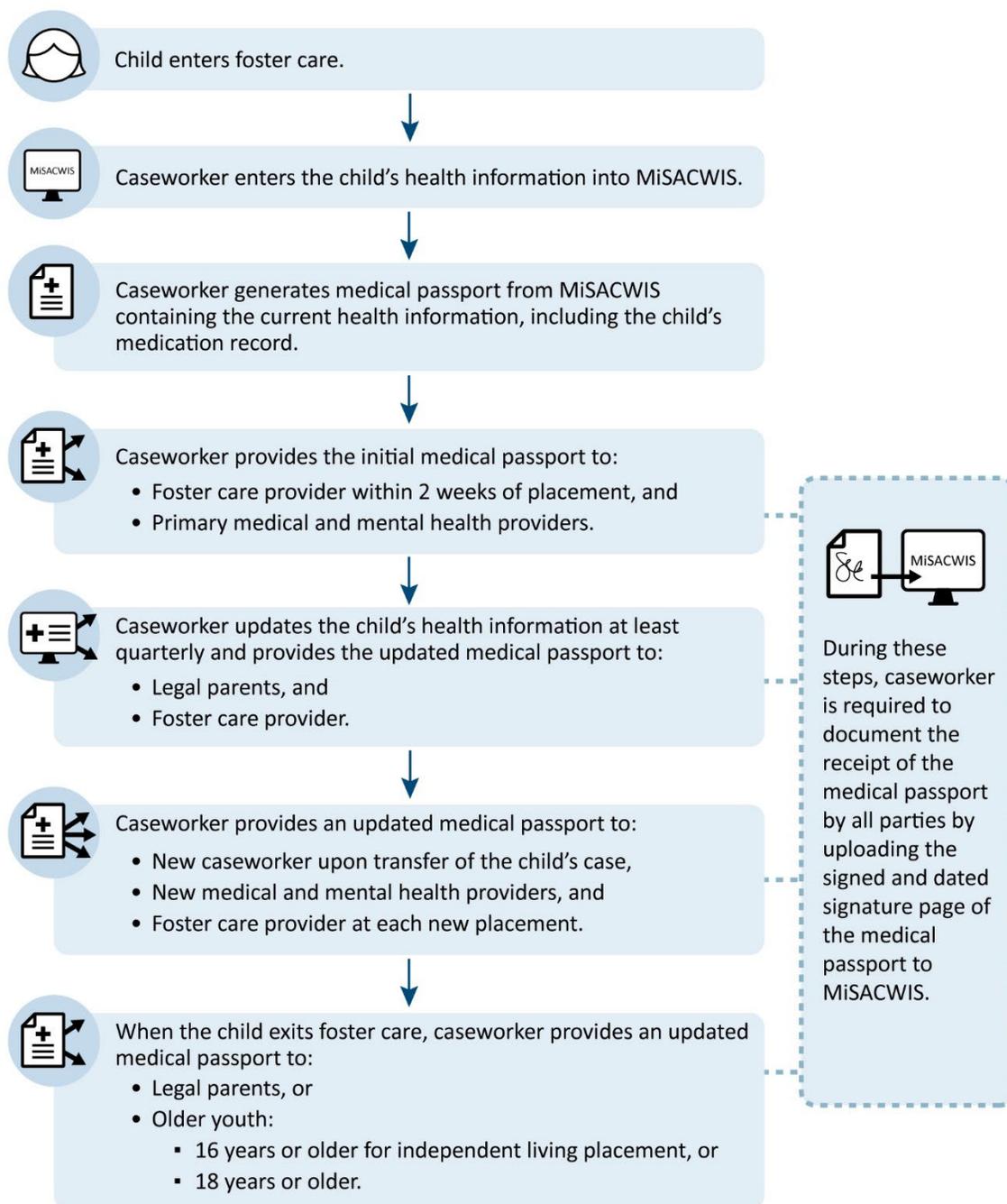
provider within 2 weeks of the child’s placement in foster care.²⁰ In addition, the caseworkers are required to update all medical information in MiSACWIS at least quarterly to reflect the child’s current and complete health information. The date the caseworker provides the medical passport to the foster care provider must be documented in MiSACWIS. In addition, the receipt of the medical passport by the foster care provider is documented by the foster care caseworker by uploading the signed and dated signature page of the medical passport into the health profile section of MiSACWIS.²¹

Figure 2 on the next page shows the requirements for maintaining the medical passport for a child in foster care.

²⁰ “Foster care provider” includes foster homes, relative placements, detention, and residential facilities. FOM 801.

²¹ MCL, section 722.954c. FOM 801.

Figure 2: Maintaining the Child’s Medical Passport



Source: FOM 801.

Medical Passports Were Not Always Maintained in the Children’s Electronic Case Records

The State agency generally maintained medical passports in accordance with State requirements. However, we found that for 18 of the 115 sampled children who were prescribed 1 or more psychotropic or opioid medications, the State agency did not comply with electronic case record maintenance requirements. Specifically, the children’s records did not

contain the medical passports, or the medical passports did not reflect the children's current and complete health information. For 11 children, there were no medical passports in MiSACWIS during our 2-year audit period. For the remaining seven children, the medical passports were not updated for almost a year.

The State Agency Did Not Have Sufficient Monitoring To Ensure Medical Passports Were Maintained in Accordance With Requirements

The State agency had procedures for documenting and updating medical passports in MiSACWIS. In addition, the State agency had an established training curriculum for caseworkers that included case management and data entry into MiSACWIS, and the supervisors are required to meet monthly for consultation with the caseworkers on every assigned case. However, for 18 of the 115 sampled children we found the electronic case records did not contain the medical passports, or the medical passports were not up to date. As a result, we concluded the State agency did not have sufficient monitoring of caseworkers by the supervisors to ensure the caseworkers maintained the children's medical passports in accordance with State requirements. Specifically, supervisors were not required to review MiSACWIS to ensure medical passports were updated.

The State agency is required to maintain a copy of each child's medical passport, including any updates, in MiSACWIS.²² Maintaining the health information in MiSACWIS enables caseworkers, foster care providers, parents, and health care providers to manage the child's health care needs appropriately. As a result, the State agency could not ensure that caseworkers, foster care providers, parents, and health care providers were always aware of the children's current health information. In addition, the well-being of the children who were prescribed psychotropic and opioid medications may have been at risk.

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

The State agency must obtain informed consent for each psychotropic medication prescribed for a child in foster care. The DHS-1643 form, *Psychotropic Medication Informed Consent*, or the prescribing physician's alternative consent form, must be used to document the discussion between the prescribing physician and the consenting party. When a parent is unavailable or unwilling to provide consent and the child's prescribing physician has determined there is a medical necessity for the medication, the State agency must file a motion with the court requesting an order for the prescription and use of psychotropic medication(s). In addition, when a youth turns 18 years old, a new consent must be documented.

Informed consent is not required in an emergency when a prescribing physician determines a child is at acute risk of harming self or others and medication may reduce or eliminate the acute risk. The caseworker must obtain a copy of the discharge report or other documentation

²² MCL, section 722.954c. FOM 801.

regarding the administration of emergency psychotropic medication. The caseworker is required to upload the related documentation to MiSACWIS.

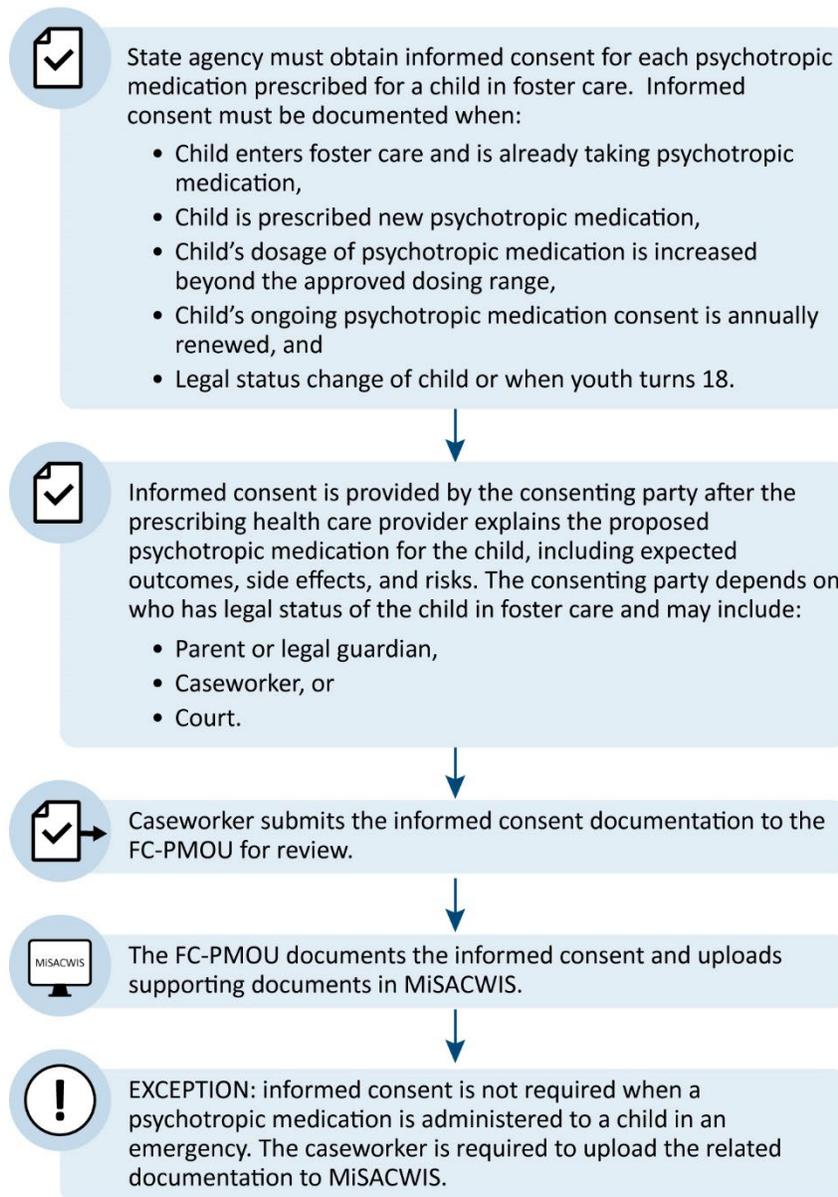
The FC-PMOU tracks and provides technical assistance to the caseworkers to ensure compliance with obtaining and documenting informed consent. The FC-PMOU reviews all consent forms for accuracy and completion. The FC-PMOU enters new claim information for psychotropic medications, updates psychotropic medications when notified by the caseworkers, and uploads the completed consent forms to MiSACWIS.

The caseworker is responsible for discussing the medication compliance and treatment effects with the child and foster care provider(s). The caseworker must contact the prescribing physician with information regarding the child's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported. When psychotropic medication is discontinued, stopped, restarted, or if there is a change in medication dosage, the caseworker must contact the FC-PMOU with the current information so MiSACWIS can be updated.²³

Figure 3 on the next page shows the requirements for obtaining consent for psychotropic medications prescribed for a child.

²³ MCL, section 712A.12. MCL, section 712A.18(1)(f). MCL, section 712A.13a(8)(c). FOM 802-1.

Figure 3: Obtaining Consent for Psychotropic Medications



Source: FOM 802-1.

Consent Forms for Psychotropic Medications Were Not Always Maintained in the Children’s Electronic Case Records

The State agency generally adhered to the requirements for maintaining consent forms for psychotropic medications prescribed for children in foster care. However, of the 85 sampled children who were prescribed 1 or more psychotropic medications, we found that 14 electronic case records in MiSACWIS did not contain the consent forms for the psychotropic medications prescribed for children in foster care. For 3 of the 14 sampled children, the State agency indicated the medications were prescribed for conditions not requiring consent. The State agency told us that, for example, psychotropic medications may be prescribed to prevent

seizures in a child with epilepsy. We note, however, that unless an emergency exists, “consent is required for the prescription and use of all psychotropic medications for all children in foster care” (FOM 802-1). The policy manual does not allow for an exception for the use of psychotropic medications when prescribed to treat certain conditions.

The following is an example of a child whose consent forms for psychotropic medications were not found in MiSACWIS.

Example 1: Psychotropic Medications Prescribed Without Documented Consent Forms

For one child in our sample (8 years old), the State agency did not document the consent forms for psychotropic medications prescribed for the child.²⁴ 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 anti-psychotics, mood stabilizers, alpha agonists, and antidepressants. We found that the electronic case records did not contain the consent forms in MiSACWIS for the psychotropic medications prescribed for the child during our audit period. Additionally, one of the psychotropic medications prescribed for the child was never entered into MiSACWIS. For three psychotropic medications, the child was taking the psychotropic medications for almost a year before the medications were entered into MiSACWIS.

The State Agency Did Not Have Policies Covering Exceptions To Obtain Consent in Non-Emergency Situations and Did Not Have Procedures To Monitor 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 policies specific to non-emergency situations requiring the FC-PMOU to document when consent forms did not need to be obtained.²⁵

²⁴ For Examples 1, 2, and 3, we provide the age of the children at the beginning of the audit period.

²⁵ The State agency had policies in place requiring documentation of consent for children who were prescribed psychotropic medications, including administering psychotropic medications to children in emergency situations.

In addition, there were no procedures requiring the caseworkers and FC-PMOU to monitor the Medicaid claim data on a continuous basis for psychotropic medications prescribed for children in foster care to ensure consent forms were obtained.²⁶

Without policies for documenting exceptions to obtaining consent in non-emergency situations, the State agency could not ensure the FC-PMOU was always adhering to the requirement for obtaining the consent before the psychotropic medications were prescribed. In addition, without procedures in place to monitor the Medicaid claim data for medications prescribed for children, the State agency could not ensure informed consent was obtained for children prescribed psychotropic medications. As a result, the parties authorized to provide consent may not have been aware of the prescribed medications, and the foster care providers may not have been aware of the medication purpose or possible side effects.

THE STATE AGENCY DID NOT ADHERE TO THE REQUIREMENTS FOR DOCUMENTING OPIOID MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE

The State agency is required to document and maintain health information for children under its care and supervision, including children in foster care. When a child enters foster care, the caseworker is required to assess and document the child's current health status within the health profile section of MiSACWIS. The screens within the MiSACWIS health profile section are to be completed with all relevant health information to enable caseworkers, foster care providers, parents, and health care providers to manage the child's health care needs appropriately. The information in the MiSACWIS health profile includes the child's medical exams, diagnoses, health appointments, hospitalizations, medications, emergency treatments, immunization record, and follow-up treatments.²⁷

When a child is placed in foster care, the State agency provides consent for routine non-surgical medical care, emergency medical treatment, and surgical treatment. The caseworker is required to document all health care services in MiSACWIS, including appointments, hospitalizations, emergency room visits, and urgent care visits. For emergency treatments, the caseworker is required to update the MiSACWIS health profile section, including diagnosis, prescribed medications, and follow-up care. In addition, the caseworker is required to upload the discharge documentation to MiSACWIS. The caseworker is also required to ensure the foster care provider adheres to the treatment recommendations following hospital, emergency room, or urgent care visits.²⁸

²⁶ The State agency had procedures requiring the caseworkers to review the medications prescribed for the children prior to entering foster care. Also, the FC-PMOU had procedures to enter new claim information for children prescribed psychotropic medications, and to monitor prescription claim trends and prescribing quality indicators. "Prescribing quality indicator" is defined as a measurable element of prescribing performance for which there is evidence or consensus that it can be used to assess quality.

²⁷ MCL, section 722.954c. FOM 801.

²⁸ MCL, section 722.124a (effective March 28, 2018). MCL, section 722.954c. FOM 801.

Figure 4 shows the requirements for maintaining health information in MiSACWIS for a child in foster care.

Figure 4: Maintaining Health Information in MiSACWIS

All information and documents related to a case for a child in foster care are stored electronically in MiSACWIS.

Caseworker is required to document the child's current health status including documenting the following within the Health Profile section of MiSACWIS:

- Medical and dental exams,
- Diagnoses,
- Health appointments including mental health services and medication reviews,
- Hospitalization,
- Chronic conditions,
- Allergies,
- Medications, including dosage, diagnosis resulting in prescribed medication, and prescribing physician,
- Emergency treatment,
- Immunization record, and
- Description of any follow-up treatment and appointments.

Caseworker is required to update screens within the MiSACWIS Health Profile section at least quarterly to ensure the child's current health information is up-to-date and accurate.

Source: FOM 801.

Opioid Medications Prescribed for the Children Were Not Documented in MiSACWIS

For the children in foster care who were prescribed opioid medications, the State agency did not document the medications in accordance with requirements. Of the 60 children in our sample who were prescribed 1 or more opioid medications, we found that none of the opioid prescriptions were documented in MiSACWIS.²⁹ After reviewing the children's electronic case records in MiSACWIS, we determined that most of the children who were prescribed opioid medications had undergone a medical procedure (43 children), and some had visited the emergency room (8 children). The remaining nine children who were prescribed opioid

²⁹ For the 60 children in our sample who were prescribed opioid medications, 30 of the children were also prescribed 1 or more psychotropic medications.

medications had no medical information in the electronic case records at the time the opioid medications were prescribed.

The following are examples of children who were prescribed opioid medications that were not documented in MiSACWIS.

Example 2: MiSACWIS Did Not Contain the Opioid Medications Prescribed for a Child in Foster Care

For one child in our sample (15 years old), the State agency did not document opioid medications prescribed for the child. The medical records in MiSACWIS indicated the child had undergone a tonsillectomy. According to the Medicaid claim data, the child was prescribed a 12-day supply of an opioid medication following the surgery. The opioid medication prescribed for the child was not recorded in MiSACWIS.

Example 3: A Child Was Prescribed Opioid and Psychotropic Medications, and MiSACWIS Did Not Contain the Opioid Medications Prescribed for the Child

For one child in our sample (15 years old), the State agency did not document opioid medications prescribed for the child. The medical records in MiSACWIS indicated the child had undergone a wisdom tooth extraction. According to the Medicaid claim data, the child was prescribed a 3-day supply of an opioid medication following the procedure. In addition, the child was prescribed two different psychotropic medications during the same month that the opioid medication was prescribed (30-day and 60-day supply). The psychotropic medications prescribed for the child were classified as antidepressants. The psychotropic medications prescribed for the child were recorded in MiSACWIS. However, the opioid medication was not recorded in MiSACWIS.

The State Agency Did Not Have Adequate Procedures for Monitoring and Documenting Opioid Medications Prescribed for Children in Foster Care

The State agency did not have adequate procedures requiring the caseworkers to monitor and document opioid medications prescribed for children in foster care. We determined that the caseworkers had access to the Medicaid claim data for medications prescribed for the children. However, there were no procedures for the caseworkers to monitor the Medicaid claim data for medications prescribed for children while in foster care. In addition, the State agency had an established training curriculum for caseworkers, including case management and data entry into MiSACWIS. However, we found that none of the opioid medications prescribed to the children were documented in MiSACWIS. We concluded that the training curriculum did not address the requirement for documenting medications prescribed for the children because of medical procedures or emergency treatments. In addition, for the children taking psychotropic

medications, there were no procedures requiring the caseworkers or the FC-PMOU to monitor other medications prescribed for the children, including opioid medications, for potential medication interaction and adverse side effects.

Because the opioid medications were not documented in MiSACWIS in accordance with requirements, and the State agency could not ensure the children received the necessary medical care following the medical procedures or emergency treatments. Additionally, we determined the training provided to caseworkers for documenting opioid medications in MiSACWIS was inadequate. For the children who were prescribed psychotropic medications, we determined the monitoring of medications for children in foster care who were concurrently prescribed opioid and psychotropic medications was inadequate. Specifically, there were no procedures requiring the caseworkers or the FC-PMOU to monitor other medications prescribed for the children, including opioid medications. As a result, the children's health and safety may have been at risk due to potential medication interaction and adverse side effects.

RECOMMENDATIONS

We recommend that the Michigan Department of Health and Human Services:

- ensure that electronic case records for the children under its care and supervision are maintained in accordance with State requirements by modifying procedures for the monitoring of caseworkers to include a review of medical passports in MiSACWIS;
- ensure the electronic case records for children who are prescribed psychotropic medications are maintained in accordance with requirements by:
 - implementing policies specific to non-emergency situations that require the FC-PMOU to document when consent forms do not need to be obtained,
 - implementing procedures for caseworkers and the FC-PMOU to monitor the Medicaid claim data to ensure consent forms are obtained and documented, and
 - implementing procedures requiring caseworkers and the FC-PMOU to monitor other medications prescribed for children, including opioids, for potential medication interaction and adverse side effects; and
- ensure the electronic case records for children who are prescribed opioid medications are maintained in accordance with requirements by:
 - implementing procedures requiring caseworkers to monitor Medicaid claim data for opioid medications prescribed for the children and

- providing training to caseworkers on the requirements for documenting medications prescribed for the children in MiSACWIS, including opioid medications due to medical procedures or emergency treatments.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency generally agreed with our recommendations and described actions it has taken or plans to take to address our recommendations.

For our first recommendation to modify procedures for the monitoring of caseworkers to include a review of medical passports in MiSACWIS, the State agency agreed that protocols for monitoring need to be enhanced. The State agency explained that it has provided several trainings for local office personnel on entering health information and generating medical passports per policy and Michigan law. Additionally, the State agency explained that it will work with local offices to develop corrective action plans to address the medical passport deficiencies.

For our second recommendation, the State agency agreed there are opportunities for improvement in its processes for documenting psychotropic medications in a child's case record. Specifically, the State agency stated that it will review existing policy (FOM 802-1) regarding consent forms to determine whether additional guidance can be added for non-emergent circumstances. In addition, the State agency described opportunities through queries and outreach to enhance monitoring to ensure consent forms are obtained and documented. With respect to monitoring medications prescribed for children, the State agency stated it is working to develop corrective action. However, the State agency disagreed that it is the responsibility of the caseworker to conduct in-depth clinical monitoring of medications and stated that it is the responsibility of the prescribing clinician.

For our third recommendation, the State agency stated that it agrees with requiring caseworkers to monitor Medicaid claim data. However, the State agency noted that under Michigan law regarding confidentiality for individuals with substance use disorders, caseworkers do not have direct access to Medicaid claim data for opioids. However, the State agency explained that its Child Welfare Medical and Behavioral Health unit now works with the FC-PMOU to obtain Medicaid claims for opioid medications monthly, enters claims in MiSACWIS, and notifies the caseworker when the health information should be documented in MiSACWIS. In addition, the State agency stated that additional training materials will be developed and disseminated to caseworkers and supervisors.

After reviewing the State agency's comments, we maintain that our findings and recommendations are valid. Regarding the State agency's response to our second recommendation related to monitoring of other medications, including opioids, we do not dispute that in-depth clinical monitoring of these medications is the responsibility of the prescribing clinician. However, the policy manual already contains procedures for caseworkers

to monitor psychotropic medications prescribed for children in foster care (FOM 802-1). Our recommendation seeks to extend this monitoring to include opioids and other medications in an effort to prevent children in foster care from experiencing potential medication interaction and adverse side effects.

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

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

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit covered 1,710 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 at least 1 psychotropic medication, 30 children who were prescribed at least 1 opioid medication, and 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication. We reviewed the electronic case records in MiSACWIS and the Medicaid claim data for medications prescribed 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 electronic case records in accordance with requirements and (2) assessed the State agency's process for obtaining electronic case records, documenting the health care information, and inputting medications in MiSACWIS.

We conducted our audit from October 2021 to November 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 electronic case records and documented health care information in MiSACWIS;
- 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 caseworkers;
- 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 1 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;³⁰
- reviewed the Medicaid claims for the psychotropic and opioid medications prescribed to the 115 children;
- reviewed the medication and related health care information in MiSACWIS for the 115 children; and
- discussed the results of our audit 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.

³⁰ 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



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

December 28, 2022

Ms. Sheri L. Fulcher
Regional Inspector General for Audit Services
Department of Health and Human Services
Office of Audit Services
233 North Michigan, Suite 1360
Chicago, IL 60601

Re: Report Number A-05-21-00030

Dear Ms. Fulcher:

Enclosed is the Michigan Department of Health and Human Services response to the draft report entitled "*Michigan Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care*" that covered the period of January 1, 2019, to December 31, 2020.

We appreciate the opportunity to review and comment on the report before it is released. If you have any questions regarding this response, please refer them to Pam Myers at Myersp3@michigan.gov or 517-230-4879.

Sincerely,

Elizabeth Hertel

Elizabeth Hertel

EH:wb

Enclosure

Michigan Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care (A-05-21-00030)

Finding:

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 electronic case records maintained in MiSACWIS for the children in our sample contained the following deficiencies:

- The electronic case records for 18 of the 115 children in the sample who were prescribed psychotropic or opioid medications did not contain the medical passports.
- The electronic case records for 14 of the 85 children in the sample who were prescribed psychotropic medications did not include consent forms for psychotropic medications.
- The opioid medications prescribed for 60 children in the sample were not recorded in MiSACWIS.

These documentation deficiencies occurred because the State agency did not have adequate controls to ensure the caseworkers and Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) maintained the children's electronic case records in accordance with State requirements. Specifically, the State agency did not have: (1) sufficient monitoring of caseworkers to ensure medical passports were maintained, (2) procedures requiring caseworkers and FC-PMOU to monitor medications prescribed for children, and (3) adequate procedures requiring caseworkers to monitor and document opioid medications prescribed for children. Without adequate controls in place, the State agency could not ensure that children in foster care received the necessary monitoring and care. As a result, the children's quality of care and health and safety may have been at risk.

Recommendations:

We recommend that the Michigan Department of Health and Human Services:

- ensure that electronic case records for the children under its care and supervision are maintained in accordance with State requirements by modifying procedures for the monitoring of caseworkers to include a review of medical passports in MiSACWIS;
- ensure the electronic case records for children who are prescribed psychotropic medications are maintained in accordance with requirements by:
 - implementing policies specific to non-emergency situations that require the FC-PMOU to document when consent forms do not need to be obtained,

Michigan Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care (A-05-21-00030)

- implementing procedures for caseworkers and the FC-PMOU to monitor the Medicaid claim data to ensure consent forms are obtained and documented, and
- implementing procedures requiring caseworkers and the FC-PMOU to monitor other medications prescribed for children, including opioids, for potential medication interaction and adverse side effects; and
- ensure the electronic case records for children who are prescribed opioid medications are maintained in accordance with requirements by:
 - implementing procedures requiring caseworkers to monitor Medicaid claim data for opioid medications prescribed for the children, and
 - providing training to caseworkers on the requirements for documenting medications prescribed for the children in MiSACWIS, including opioid medications due to medical procedures or emergency treatments.

Michigan Department of Health and Human Services (MDHHS) Response:

- MDHHS agrees that monitoring protocols need to be enhanced. Child Welfare Medical and Behavioral Health will work with local offices (public and private) to improve Medical Passport documentation. The policy related to medical passports is within FOM 801 Health Services for Children in Foster Care. Child Welfare Medical and Behavioral Health has provided several trainings for local office personnel outlining the importance of entering health information and generating the passports per policy and Michigan law. Child Welfare Medical and Behavioral Health will continue to work in partnership with the local offices as directed by Children's Services Agency (CSA) leadership to develop corrective action plans to address medical passport deficiencies.
- MDHHS agrees there are always opportunities for improvement in its processes for documenting psychotropic medications in a child's case record:
 - MDHHS agrees that additional policy clarification may be helpful for non-emergency situations. MDHHS will review existing policy and determine if additional guidance can be added for non-emergent circumstances.
 - MDHHS agrees there are always opportunities to enhance monitoring to ensure consent forms are obtained and documented. The FC-PMOU protocols for querying Medicaid claims weekly is inclusive of all medications that could be considered psychotropic and the FC-PMOU has protocols for separating out

Michigan Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care (A-05-21-00030)

medications that are being used for non-psychotropic purposes. These weekly queries for new psychotropic medications are utilized to reconcile with consents on file and outreach to workers to obtain consents that are outstanding.

- A small number of medications are known to be used for specific medical conditions, e.g., Neonatal Abstinence Syndrome. When the circumstances warrant, the FC-PMOU filters these instances out both for data management and for subsequent outreach.
- A subset of medications, e.g., divalproex sodium, may be used either for general medical conditions (seizures) or for mental health conditions (mood instability). In these circumstances, the FC-PMOU outreach requests information from the caseworker. When there is documentation that the medication is being used for medical purposes, this is noted by the FC-PMOU in the case file and identified in the database used for subsequent outreach.
- MDHHS agrees there are opportunities for improvement in procedures to ensure workers monitor medications prescribed for children. Child Welfare Medical and Behavioral Health is working to develop corrective action.

The FC-PMOU monitors medications prescribed for children via the following:

- Weekly queries for new psychotropic medications, reconciliation with consents on file and outreach to workers to obtain consents that are outstanding. Remaining gaps between the expectations for obtaining consent per policy and actual practice is being addressed through a Corrective Action Plan for the Michigan Implementation, Sustainability and Exit Plan (MISEP).
- CSA Policy FOM 802-1 contains a protocol for reviewing instances where medication regimens are complex. The specific circumstances leading to a review and the actions taken are outlined in FOM 802-1. Briefly, a utilization analyst reviews medications, identifies those regimens meeting criteria, gathers clinical and case data and sends to one of two child and adolescent psychiatrists for review. Based on the circumstances, the reviewer may determine that no action is warranted, may send an outreach letter to the prescribing clinician outlining any concerns, or may refer the youth's information to the Medical Consultant for a phone consultation with the prescribing clinician. These reviews become part of the child's case record, available to caseworkers.

MDHHS disagrees that it is the responsibility of the worker to conduct in-depth clinical monitoring. It is the responsibility of prescribing clinicians to

Michigan Did Not Comply with Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care (A-05-21-00030)

conduct in-depth clinical monitoring of the impact of any medication, including intended and side effects and drug-drug interactions. This monitoring is accomplished best through ongoing communication between the prescribing clinician, youth, family, and members of the clinical and child welfare teams.

- MDHHS agrees.
 - MDHHS agrees with the requirement to have caseworkers monitor Medicaid Claims data. However, this is challenging with Michigan laws.
 - To ensure compliance with Michigan laws regarding confidentiality for individuals with substance use disorders, caseworkers do not have direct access to Medicaid claims for opioids.
 - Child Welfare Medical and Behavioral Health now works with the FC-PMOU to obtain Medicaid claims for opioid medications monthly. Child Welfare Medical and Behavioral Health enters the claims in MISACWIS and notifies the child's caseworker that appointments and diagnoses related to the opioid prescribing event should be documented in MISACWIS.
 - MDHHS agrees that worker training materials could be enhanced. Documentation requirements are included in existing training, but additional materials will be developed and disseminated to caseworkers and supervisors.