

## Report in Brief

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Report No. A-05-22-00007

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 California 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 115 children who were prescribed psychotropic or opioid medications. We reviewed the Medicaid claim data, case records in the Child Welfare Services Case Management System (CWS/CMS), and other documentation for the children in our sample.

## California Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children In Foster Care

### What OIG Found

California 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 that the documentation for children in our sample contained the following deficiencies: (1) the opioid medications prescribed for 25 children in the sample were not recorded in CWS/CMS; (2) the psychotropic medications prescribed for 22 children were not recorded in CWS/CMS; and (3) for 28 children who were prescribed psychotropic medications, the court authorizations were not maintained in CWS/CMS, and California was not able to provide the court authorizations from the children's case files.

### What OIG Recommends and California Comments

We recommend that California: (1) establish procedures for county agency staff to document all medications (including opioid medications) prescribed for children in foster care in CWS/CMS, to the extent allowable under California law; (2) coordinate with California Department of Health Care Services to modify the existing data sharing agreement to obtain access to Medicaid claim data for all medications prescribed for children under its care and supervision, to the extent allowable under California law; (3) establish procedures for county agency staff to utilize Medicaid data match reports to verify that court authorizations for psychotropic medications prescribed for children in foster care are documented and maintained; and (4) develop and implement procedures for county agency staff to upload the court authorizations for psychotropic medications prescribed for children in foster care into CWS/CMS.

California partially concurred with our first, third, and fourth recommendations and described actions it plans to take to address them. For example, California plans to publish an information notice to all counties that will highlight procedures for county agency staff to document opioid medications, reiterate how counties may use existing Medicaid data reports to identify cases where court authorizations have not been documented in CWS/CMS, and highlight the benefits of uploading psychotropic medication authorizations into CWS/CMS. California did not concur with our second recommendation and cited privacy concerns that may limit the sharing of a foster child's health data. After reviewing California's comments, we maintain that our recommendations are valid. However, we modified the wording of two recommendations to reflect the privacy concerns raised by California.