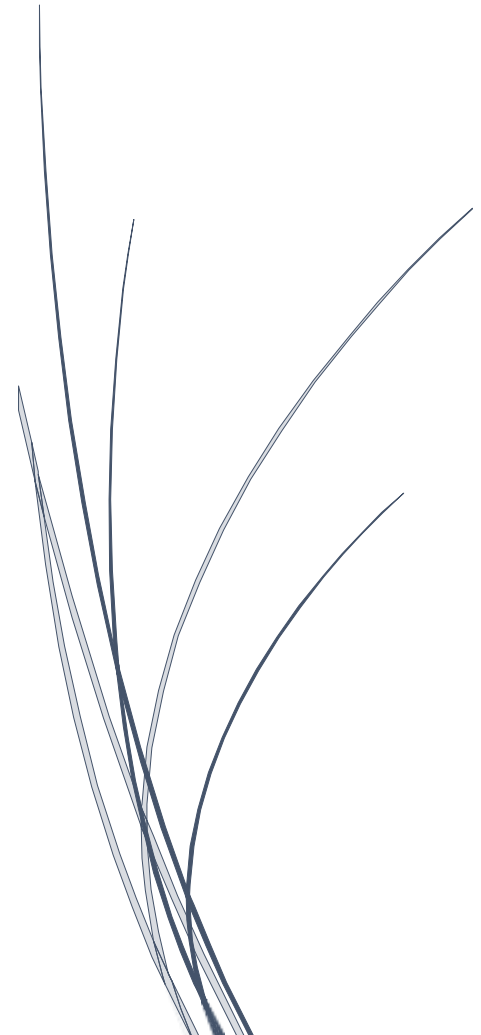


Children's Division Access to Medical Records Report

Report for January 1, 2021 – June 30, 2021

1st Semiannual 2021



Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early child care, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for twenty-four (24)-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care.

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

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

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

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

Current Efforts for Access to Medical Records

The [Health Care Information Summary](#) and [Child/Family Health and Developmental Assessment](#) forms continue to be utilized for any initial placements. The case managers complete the forms and upload them into the document imaging system (OnBase). The summary and assessment forms must be provided to the resource provider within seventy-two (72) hours whenever possible, but no later than thirty (30) days following the initial placement date. The Child/Family Health and Developmental Assessment, an updated Health Care Information Summary and all prior [Monthly Medical Logs](#) must be provided to the resource provider at the time of a subsequent placement no later than seventy-two (72) hours following the subsequent placement date. The summary, assessment forms and monthly medical logs have been revised and the Health Information Specialist team has created an internal notification to inform staff of the revised forms and provide a reminder of the placement requirements for each form.

The Children's Division has revised policy to incorporate the additional requirements in the [Foster Parents' Bill of Rights Section 210.566 RSMo](#). The resource providers shall be given at time of placement full access to the child's medical, psychological, and psychiatric records in their possession, including reports prior to the child coming into care; continued full access to all records that come into the possession of the division or of which the division becomes aware; access shall include providing information and authorization for the resource parent to review or to obtain the records directly from the medical, psychological, or psychiatric services provider; and resource parents may decline access to any or all of the child's records. In addition, a required action for initial placement is to provide a copy of the Foster Parents' Bill of Rights, RSMo 210.566 to licensed or unlicensed resource providers.

A recent separation from parents/caregiver can be emotionally, physically and financially distressing for the family and other individuals involved in the situation. Developing common ground to work toward the best outcome for the child requires patience, cooperation and adequate planning between all parties. The first Family Support Team (treatment team) meeting is a crucial step toward the parties developing and planning coordinated services. The individuals who should be invited to a Family Support Team meeting include parties to the case, placement and service providers, including those who provide medical and behavioral healthcare. Other stakeholders who can advocate for the family may also be invited to attend.

The Children's Division Family Support Team meetings continue to be the primary service to establish goals, discuss proposed interventions and develop plans. The Children's Division is in the process of reviewing several areas in the Child Welfare Manual to create a comprehensive Social Service Plan. Some of the proposed requirements would require the plan to be developed within thirty (30) days of the date a case is opened. The process for planning could be expedited when a crisis or urgent need is identified. The Social Service Plan goals are being designed to facilitate sharing information between team members to include a request to access the child's medical documents that are currently in the possession of Children's Division and Children's Division contractors. When the plan is complete, the case manager will be required to provide a copy of the Social Service Plan to each Family Support team member. The Health Information Specialist team is collaborating with other Children's Division staff members to review and finalize the Social Service Plan.

The summary/assessment forms, medical logs, policy standards to implement the Foster Parents' Bill of Rights requirements and the Family Support Team meetings provide a versatile approach to promote access to a child's medical information. The Department remains mindful that any access to medical information is consistent with federal and state laws regarding confidentiality and patient privacy.

The Department has a contract with the Cerner Corporation for a pilot project that would create a Health Care Registry and HealthRecord for children in foster care. This project will explore the potential possibilities of expanding access to a child's medical information.

Future Plans for Access to Medical Records

The Cerner pilot project began on January 1, 2021. The project is being implemented in Jackson, Clay, Platte, Cass, and Vernon counties and will continue for thirty-six (36) months. The Cerner team has provided a project overview that includes the following: Initiation, Planning, Execution, and Operations phases, and timelines for each phase. Currently, the project is in the Execution phase, which includes Maintenance Testing, Train the Trainer, and Activation. The Cerner team has requested the Department provide individuals to participate in maintenance testing. The Department has chosen ten (10) Department subject matter experts to participate in testing the HealtheIntent platform's ability to produce the Healthe Foster Children Registry and the HealtheRecord for children in foster care in the pilot counties. The Cerner team has developed and presented a demonstration of the HealtheIntent platform to the Department staff members participating in the testing.

When testing is complete, the Cerner team will begin working on the plan to provide "Train-the-Trainer" sessions to the Department's platform testers. The training plan will focus on the purpose and importance of maintenance activities, new technology, security framework, cloud auditing, and resources for management. The Cerner project team will provide additional training, coaching and other services as needed. The Department's staff who complete the "Train-the-Training" sessions may be eligible to provide the training to any additional end users.

The final part of the "Execution" phase is the "Activation" of the entire Healthe Foster Children Registry and the HealtheRecord system. When the Department's platform testers receive the "Train-the-Trainer" training, the Cerner team plans to add up to fifty (50) end users. The Department has created a list of case managers, supervisors and other identified staff in each of the pilot counties to receive the training and have access to the system.

The Department is seeking funding to initiate the development of a foster parent portal for resource providers. The portal can allow resource providers additional access to a child's medical documents.

The Department is committed to developing and operating a statewide system for maintaining medical records and/or medical information/documents and informing Family Support Team members of the ability to access information/documents from that system. The collaboration and cooperation with the Cerner Corporation illustrates the Department's dedication to create an effective and efficient system. The Cerner project's phased procedural approach has led to the structured implementation and subsequent testing of the programs for appropriate functionality. Once testing is complete, the "Activation" of the entire HealtheRecord and Healthe Foster Children Registry system will be implemented. The Department has created a list of Department staff members who will receive the training and have access to the system. The Department will examine and analyze feasibility and cost-effectiveness of the entire system to determine if the system could be expanded statewide. If statewide access can be established, the Department may begin exploring the options to allow selected members involved in the child's care to have access to the system.

The Department's objective is to provide a semiannual update on the current status of this or any other project, the services related to the project, any discussions pertaining to forthcoming efforts and how these projects provide appropriate members of the child's Family Support Team access to pertinent medical records and/or medical information/documents. The Department's operational philosophy is that access to a well-organized medical records system is an invaluable service to the child, their families and individuals who are committed to providing exceptional services.