

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**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**

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# *Office of Inspector General*

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## Report in Brief

Date: July 2020

Report No. A-05-18-00007

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 children. 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 recent audits, we found that children's case records did not always contain documentation to support that the required health care services were provided.

Our objective was to determine whether Ohio 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.

### How OIG Did This Audit

We selected a sample of 70 children who were prescribed psychotropic medications and 30 children who were prescribed opioid medications during calendar year 2017. We reviewed the Medicaid claims data, Ohio's Statewide Automated Child Welfare Information System (Ohio SACWIS), and the case files to identify the psychotropic and opioid medications prescribed for the children in our samples.

## 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

### What OIG Found

Ohio 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 Social Security Act. We found that for 61 case records, the medications listed in them were not accurately documented in the Ohio SACWIS. Additionally, we found that psychotropic medications prescribed for children in foster care were not always correctly identified as psychotropic in the Ohio SACWIS because the medication list in the Ohio SACWIS had not been updated, and the county agency workers were authorized to manually enter medication in the Ohio SACWIS.

### What OIG Recommends and Ohio Comments

We recommend that Ohio: (1) improve monitoring to ensure that county agencies maintain the required documentation in the Ohio SACWIS for the medications prescribed for children in its custody; (2) continue its efforts to obtain access to Medicaid claim data for children in its custody to assist with the monitoring of medications prescribed for the children; (3) implement procedures for the monitoring of opioid medications prescribed for children in its custody; (4) review and update the medication list in the Ohio SACWIS on a regular schedule, at least once a year and as medications are approved or discontinued, to improve the reliability and relevancy of the list; and (5) provide training and technical assistance to county agency workers who input medical and medication information into the Ohio SACWIS.

In written comments on our draft report, Ohio concurred with or stated that it is in accordance with our recommendations and described the actions that it had taken or plans to take to address them. The actions that Ohio described include (1) revising State requirements and conducting outreach to county agencies to address the deficiencies, (2) establishing and executing a data sharing agreement to obtain Medicaid claims data, (3) monitoring trends and usage of opioid and psychotropic medications prescribed for the children in foster care, (4) updating the medication list in Ohio SACWIS on a regular schedule, and (5) providing training and assistance to the county agencies to assist users in recording medical information in the Ohio SACWIS. We recognize the corrective actions the State agency has implemented or plans to implement 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 children's foster care case records did not always contain documentation to support that the children received required health care services.<sup>1</sup> In another audit, we identified insufficient monitoring of a child in foster care prescribed multiple medications. The child experienced a severe reaction after taking the medications.<sup>2</sup>

### OBJECTIVE

Our objective was to determine whether the Ohio Department of Job and Family 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)

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<sup>1</sup> *Ohio Did Not Always Comply With Requirements Related to the Case Management of Children in Foster Care* (A-05-16-00022), issued May 2018. Available online at <https://oig.hhs.gov/oas/reports/region5/51600022.asp>. Accessed on October 31, 2019.

<sup>2</sup> *Ohio Ensured That Allegations and Referrals of Abuse and Neglect of Children Eligible for Title IV-E Foster Care Payments Were Recorded and Investigated in Accordance With State Requirements as Required by Federal Law* (A-05-16-00020), issued July 2017. Available online at <https://oig.hhs.gov/oas/reports/region5/51600020.asp>. Accessed on October 31, 2019.

administers the programs. In Ohio, the State agency is responsible for administering the programs at the State level.

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)). The Title IV-E State plan provides for the establishment or designation of a State authority or authorities responsible for establishing and maintaining standards for foster family homes and child care institutions, including standards related to safety, and requires the State to apply the standards to any foster family home or child care institution receiving funds under Titles IV-E or IV-B of the Act (the Act § 471(a)(10)).

A State must also submit a State plan to receive funding under Title IV-B. Title IV-B requires the State to have a plan for overseeing and coordinating health care services for any child in foster care placement. The State plan 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 that administers the Title IV-E program also administers 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)).<sup>3</sup> The Ohio Department of Medicaid (ODM) administers the Medicaid program, overseeing the Medicaid claim processing and information system in Ohio.

### **Federal Funds for State Child Welfare Information Systems**

The Statewide Automated Child Welfare Information System (SACWIS) was 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)).

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<sup>3</sup> The Ohio Medicaid system is funded by an enhanced match.

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—for example, the Medicaid Management Information System (MMIS) (45 CFR § 1355.52(e)(2)).<sup>4</sup>

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 direct 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)).

During our audit period, calendar year (CY) 2017, the CCWIS requirements were in effect. However, Ohio's child welfare system was still operating according to the SACWIS requirements. In 2018, Ohio declared that it would be transitioning its SACWIS to a CCWIS.

### **Ohio Department of Job and Family Services**

The State agency certifies county agencies that provide foster care, adoption, and residential services for children and ensures that the agencies adequately provide care and that the agencies are equipped to recommend or approve other agencies to provide care. The State agency's Office of Families and Children oversees Ohio's foster care providers and agencies and is responsible for State-level administration and oversight of the Federal Foster Care Program in Ohio. In Ohio, 88 county agencies directly provide child welfare services.

### **State Requirements for Public Children Services Agencies**

The Ohio Revised Code (ORC) states that each county in Ohio must have a public children services agency (county agency). A county agency may be a county children services board, county Department of Job and Family Services, private entity, or Government entity that has assumed the powers and duties of the children services functions.<sup>5</sup>

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<sup>4</sup> 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)).

<sup>5</sup> ORC chapter 5153.02.



County agencies must coordinate comprehensive health care for children in their custody and placed in a foster care setting. To ensure coordination of health care, the county agencies are required to arrange health care services from the children's previous and existing medical providers. County agencies must also coordinate health care whenever the child has a condition that needs treatment during the foster care placement. In addition, county agencies are monitored on the documentation of medical information.

The State agency requires the county agencies to complete the "Child's Education and Health Information" form when a child is placed in a foster care setting. The form must contain the most recent information available regarding the child's medical history, including, but not limited to, the child's known medical problems and medications. The county agencies are also required to revise or update the information on the form if there is an administrative review, a placement change, or a change in or new information regarding the child's health (Ohio Administration Code (OAC) Chapter 5101:2-38-08(A-C)). County agencies are required to document health information about the child in the child's case record, which includes the child's prescription medications (OAC Chapter 5101:2-42-66.1(D)(7)), in the Ohio SACWIS.<sup>6</sup>

## **HOW WE CONDUCTED THIS AUDIT**

Of the 13,249 children in the custody of an Ohio county agency and residing in a foster care setting who were eligible for Title IV-E foster care funding for CY 2017, 4,248 children (32 percent) were prescribed 1 or more psychotropic or opioid medications. We selected a simple random sample of 70 children who were prescribed psychotropic medications and a judgmental sample of 30 children who were prescribed opioid medications. We reviewed the Medicaid claim data and the Ohio SACWIS to identify the psychotropic and opioid medications prescribed for the children in our samples. In addition, we reviewed the children's case files at 31 county agencies in Ohio from March 21 through April 30, 2019.

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.

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

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<sup>6</sup> OAC Chapter 5101:2-42-66.1(D)(7) was repealed as of May 1, 2019. County agencies are still required to document a child's health information in the Ohio SACWIS, per OAC Chapter 5101:2-42-66.2(I) and OAC Chapter 5101:2-33-23.

under Title IV-E of the Act. Specifically, we found that 61 of the 100 case records for children in our samples had the following documentation deficiencies:

- The case records for 33 of the 70 children in the sample did not accurately document in the Ohio SACWIS the psychotropic medications that were prescribed for the children and the related health information.
- The case records for 28 of the 30 children in the sample did not contain information about the opioid medications that were prescribed for the children and the related health information documented in the Ohio SACWIS.

These documentation deficiencies occurred primarily because the State agency did not have sufficient controls in place to ensure that the county agencies were adequately documenting the psychotropic and opioid medications prescribed for children and related health information in the Ohio SACWIS. Without adequate controls in place for documenting the medications prescribed for the children and related health information, the State agency could not be assured that the county agencies were adhering to State requirements on documenting the psychotropic and opioid medication records in the Ohio SACWIS. As a result, the Ohio SACWIS was not always a reliable source of information for the coordination of health care and monitoring of psychotropic and opioid medications that were prescribed for the children in foster care.

Additionally, we found that eight medications that were prescribed to seven children in foster care were not correctly identified as psychotropic in the Ohio SACWIS because the medication list in the Ohio SACWIS had not been updated, and the county agency workers were authorized to manually enter medication in the Ohio SACWIS. In several instances, we found that county agency workers incorrectly entered medications that were already listed in the Ohio SACWIS or entered a new psychotropic medication in the Ohio SACWIS but did not flag the medication appropriately. As a result, the State agency could not always be assured that the medications listed in the Ohio SACWIS by the county agencies were accurately identified as psychotropic.

#### **THE STATE AGENCY DID NOT ALWAYS COMPLY WITH REQUIREMENTS RELATED TO PSYCHOTROPIC AND OPIOID MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE**

The State agency requires county agencies to document a child's health information, including the child's prescription medications and other medical information, in the child's case record when the child is placed in a foster care setting.<sup>7</sup> The child's health information must be updated if there is an administrative review, a placement change, or a change in or new

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<sup>7</sup> The health section of the "Child's Education and Health Information" form (JFS 01443) includes, but is not limited to, the child's known medical problems, immunizations, medications, medical and mental treatments, and hospitalizations.

information regarding the child’s health.<sup>8</sup> The child’s health information is required to be documented in the child’s case record<sup>9</sup> in the Ohio SACWIS.<sup>10</sup>

### **Psychotropic Medications Prescribed for Children in Foster Care Were Not Always Documented Accurately in the Ohio SACWIS**

Of the 70 case records for the sample children in the Ohio SACWIS that were prescribed psychotropic medications, 33 case records (47 percent) did not contain accurate documentation and related health information for the medications that were prescribed for the children. Specifically, in these 33 case records, we found 38 instances in which the psychotropic medication records did not match the medications prescribed for the child (32), did not match medication records in case files (3), or were not updated to reflect changes to the children’s medications (3) (Table 1).<sup>11</sup>

**Table 1: Case Record Documentation Errors in the Ohio SACWIS**

Medication records in the Ohio SACWIS did not match medications prescribed per Medicaid claim data	32
Medication records in the Ohio SACWIS did not match records in the children’s case files	3
Changes in medications were not updated in the Ohio SACWIS	3

#### *Medication Records in the Ohio SACWIS Did Not Match Medications Prescribed*

The county agency did not accurately document the prescribed medications in the case record in the Ohio SACWIS for 32 children who were prescribed psychotropic medications.

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<sup>8</sup> OAC Chapter 5101:2-38-08(A–C).

<sup>9</sup> A “case record” is the permanent documentation of the provision of social services to families and children maintained as hardcopy files, electronic files, or a combination of both (OAC Chapter 5101:2-1-01(B)(44)). For the purposes of this report, we refer to “case record” as the electronic documentation maintained in the Ohio SACWIS and “case file” as the electronic or hardcopy documentation maintained at the county agencies.

<sup>10</sup> See footnote 6.

<sup>11</sup> Some case records contained more than one instance of noncompliance. Appendix B lists the type and number of deficiencies we found per case record.

### **Example 1: Psychotropic Medications Prescribed Were Not Documented in the Ohio SACWIS**

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For one child in our sample (8 years old), the county agency did not document in the Ohio SACWIS the medications prescribed for the child. According to the Medicaid claim data, the child was prescribed seven different types of psychotropic medications during CY 2017 and up to five different types of psychotropic medications during the same month. In addition, the Ohio SACWIS did not have any documentation related to the child's immunizations, medical or mental health visits, and hospitalizations. Also, during our review of the case file at the county agency, we found that some of the child's medical diagnoses were not documented in the Ohio SACWIS.

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### **Example 2: Psychotropic Medications Documented in the Ohio SACWIS Were Not Prescribed or Were Prescribed but Not Filled**

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For one child in our sample (10 years old), the Ohio SACWIS documented more psychotropic medications than the child was prescribed, or psychotropic medications that were prescribed but not filled. According to the Ohio SACWIS, the child was prescribed four different types of psychotropic medications during CY 2017. However, only two of the psychotropic medications had associated Medicaid claims.<sup>12</sup> In addition, during our review of the child's case file at the county agency, we found only one of the psychotropic medications listed in the medical exam notes as a medication the child was taking. In this child's case, one or more of the psychotropic medications may have been prescribed by a health care provider but never filled.

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#### *Medication Records in Case Files Were Not Documented in the Ohio SACWIS*

Three of the children's case files indicated that the children were taking psychotropic medications, but the medications were not documented in the Ohio SACWIS, and there were no Medicaid claims for the psychotropic medications.

### **Example 3: Psychotropic Medications Documented in the Case File Were Not Documented in the Ohio SACWIS**

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For one child in our sample (14 years old), three medications documented in the case file were not documented in the Ohio SACWIS. According to the medication logs, the child was taking three different psychotropic medications while residing in a foster care setting during CY 2017. However, the medications were not

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<sup>12</sup> We confirmed with the State agency officials that the medications listed in the Ohio SACWIS, without an associated Medicaid claim, did not appear on some other payer's claims.

documented in the Ohio SACWIS, and we found Medicaid claims for only one of the psychotropic medications. In addition, the child's medical information in the Ohio SACWIS was incomplete.

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#### *Changes in Medications Were Not Updated in the Ohio SACWIS*

Three of the children's case files indicated that the children were taking psychotropic medications, but changes in the medications were not updated in the Ohio SACWIS.

#### **Example 4: Psychotropic Medication Changes Were Not Updated in the Ohio SACWIS**

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For one child in our sample (7 years old), changes to a psychotropic medication prescribed for the child were not accurately documented in the Ohio SACWIS. A doctor prescribed a psychotropic medication for the child in March 2017 to help the child sleep, according to the Ohio SACWIS. The Medicaid claims and medication log in the child's case file supported that the child was taking the medication as directed. In July 2017, the county agency noted in the Ohio SACWIS that the medication was discontinued because the doctor determined that it was ineffective. However, a doctor prescribed the same medication for the child in October 2017, and, although there was only one Medicaid claim for the prescription that was filled in October 2017, the Ohio SACWIS did not show that the medication was discontinued after October 2017. Additionally, documentation in the county agency's case file indicated that the child took the psychotropic medication only through July 2017.

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#### **Opioid Medications Prescribed for Children in Foster Care Were Not Always Documented in the Ohio SACWIS**

Of the 30 case records for the sample foster care children who were prescribed opioid medications, the documentation in 28 case records (93 percent) and the related health information supporting that the medications were prescribed for the children was not in the Ohio SACWIS.

#### **Example 5: Opioid Medication Was Not Documented in the Ohio SACWIS**

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For one child in our sample (16 years old), there was a Medicaid claim for an opioid medication that was prescribed for the child during our audit period. However, there was no documentation in the Ohio SACWIS or in the child's case file that indicated the child was prescribed the opioid medication. In addition, documentation in the Ohio SACWIS showed that the child had self-reported an addiction to opiates 3 months before the opioid medication was prescribed.

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### **Example 6: Opioid Medication Was Not Documented in the Ohio SACWIS**

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For one child in our sample (13 years old), there were Medicaid claims for opioid, benzodiazepine, and muscle relaxer medications with the same prescription date. There was no documentation in the Ohio SACWIS that the opioid medication was prescribed for the child. In addition, the case file noted that the child was scheduled for a surgical procedure on the same day that the child was prescribed the medications. However, there were no details regarding the actual procedure or the medications prescribed for the child in the case file or in the Ohio SACWIS.

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In addition, of the 28 children who were prescribed opioid medications that were not documented in the Ohio SACWIS, 16 of these children were also prescribed psychotropic medications (57 percent).

### **The State Agency Could Not Verify That the County Agencies Were Adequately Documenting Prescribed Psychotropic and Opioid Medications in the Ohio SACWIS**

These documentation deficiencies occurred primarily because the State agency did not have sufficient controls in place to verify that the county agencies were adequately documenting the psychotropic and opioid medications prescribed for children and related health information in the Ohio SACWIS. In addition, the State agency and county agencies did not have access to the Medicaid claim history that would have assisted them with the monitoring of medications prescribed for the children in their care. The State agency does not have access to the Medicaid claim data for the children in its care because the data are protected health care information and are restricted. However, State agency officials informed us that they are collaborating with ODM to obtain access to the health services information.

Without adequate controls in place for documenting the medications prescribed for the children and related health information, the State agency could not be assured that the county agencies were adhering to State requirements on documenting the psychotropic and opioid medications in the Ohio SACWIS. As a result, the Ohio SACWIS was not always a reliable source of information for the coordination of health care and monitoring of psychotropic and opioid medications that were prescribed for the children in foster care. In addition, the State agency could not be assured that the county agencies appropriately monitored the prescribing of opioid medications for children who were also prescribed psychotropic medications.

Appendices B and C contain the instances of noncompliance with State requirements related to the case records we reviewed.

## DEFICIENCIES WITH THE OHIO SACWIS MEDICATION LIST

In June 2016, the State agency issued a report, *Ohio's Updated Healthcare Oversight and Coordination Plan for Children in the Child Welfare System*.<sup>13</sup> The plan includes a summary of enhancements the State agency made to the Ohio SACWIS to improve documentation of health care needs and services. One of the enhancements, implemented to help users of the Ohio SACWIS be more consistent and efficient, is a list in a dropdown field of the most commonly prescribed medications. The psychotropic medications listed in the dropdown field are automatically flagged as psychotropic. In addition, users also can manually enter any medication, including psychotropic medications, and manually flag any medication as psychotropic. Prior to this enhancement, users had to manually enter the name of a medication.

During our review of the 70 sampled case records for children who were prescribed psychotropic medications, we found 8 instances in which medications prescribed to 7 children were not identified as psychotropic or were incorrectly identified as psychotropic in the Ohio SACWIS (Table 2).

**Table 2: Medications Not Reported Accurately in the Ohio SACWIS**

Psychotropic medications not flagged as psychotropic medications in the Ohio SACWIS	4
Nonpsychotropic medications flagged as psychotropic medications in the Ohio SACWIS	2
Psychotropic medications not listed as psychotropic medications in the Ohio SACWIS	2

### Cause and Effect of Deficiencies With the Ohio SACWIS Medication List

Deficiencies may have occurred because the list of medications in the dropdown field in the Ohio SACWIS has not been updated since the list was implemented in 2015. In addition, the county agency workers entering the medications in the Ohio SACWIS were authorized to manually enter medications and indicate whether they were psychotropic or nonpsychotropic medications. As a result, deficiencies may have occurred because the agency workers were not provided sufficient training and technical assistance for inputting medical and medication information into the Ohio SACWIS.

Without periodically updating the medication list for the most commonly prescribed medications, and because it authorized county agency workers to manually enter medications in the Ohio SACWIS, the State agency could not always be assured that the medications listed in the Ohio SACWIS by the county agencies were listed accurately. As a result, the Ohio SACWIS

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<sup>13</sup> Available online at <http://ifs.ohio.gov/PFOF/PDF/AppendixB-HealthCarePlanUpdate-2017.stm>. Accessed on October 3, 2019.

was not always a reliable source of information for the monitoring of psychotropic medications that were prescribed for the children in foster care. The health of the children may have been at risk if the county agencies overseeing them relied on the information.

## **RECOMMENDATIONS**

We recommend that the Ohio Department of Job and Family Services:

- improve monitoring to ensure that the county agencies maintain the required documentation in the Ohio SACWIS<sup>14</sup> for the medications prescribed for children in its custody;
- continue its efforts to obtain access to Medicaid claim data for children in its custody;
- implement procedures for the monitoring of opioid medications prescribed for children in its custody;
- review and update the medication list in the Ohio SACWIS on a regular schedule, at least once a year and as medications are approved or discontinued, to improve the reliability and relevancy of the list; and
- provide training and technical assistance to county agency workers who input medical and medication information into the Ohio SACWIS.

## **STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE**

In written comments on our draft report, the State agency concurred with or stated that it is in accordance with our recommendations and described the actions that it had taken or plans to take to address them. The actions described by the State agency include (1) revising State requirements and conducting outreach to county agencies to address the deficiencies, (2) establishing and executing a data sharing agreement with ODM to obtain Medicaid claims data, (3) working with ODM to monitor trends and usage of opioid and psychotropic medications prescribed for the children in foster care, (4) updating the medication list in Ohio SACWIS on a regular schedule, and (5) providing training and assistance to the county agencies to assist users in recording medical information in the Ohio SACWIS.

We recognize the corrective actions the State agency has implemented or plans to implement to address our recommendations. These corrective actions should provide improved monitoring and a reliable source of information for the coordination of health care for children in foster care that are prescribed psychotropic and opioid medications.

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<sup>14</sup> These recommendations will continue to be relevant once the State agency completes its transition to a CCWIS.



The State agency's comments are included as Appendix D. We excluded the attachments to the State agency comments because they contained personally identifiable information and other sensitive information.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

This audit covered 4,248 children in foster care who were prescribed 1 or more psychotropic or opioid medications during CY 2017. For the sample of 100 children, we reviewed the medications prescribed for the children, the case records in the Ohio SACWIS, and case files at 31 county agencies in Ohio from February through September 2019.

We limited our review of the State agency's internal controls to those applicable to specific medications and related health record documentation procedures in the Ohio SACWIS because our objective did not require an understanding of all internal controls over the submission of case record information in the Ohio SACWIS.

### 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 applicable Ohio State plan approved by ACF;
- interviewed State agency officials about medication reporting enhancements to the Ohio SACWIS and how Ohio monitored the medication prescribing for children in foster care;
- 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 CY 2017;
- identified the children who were in foster care and prescribed 1 or more psychotropic or opioid medications during CY 2017;
- developed a case review checklist as a guide for conducting visits at the county agencies;
- selected a sample of 100 children who were in foster care and prescribed 1 or more psychotropic or opioid medications during CY 2017;<sup>15</sup>

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<sup>15</sup> The 100 children were selected from 2 sampling frames. We selected a simple random sample of 70 children who were prescribed at least 1 psychotropic medication. The 70 children were in the custody of 1 of the 31 county agencies in Ohio. In addition, from the 31 county agencies, we selected a judgmental selection of 30 children who were prescribed at least 1 opioid medication. The 30 children were in the custody of 1 of the 13 agencies in Ohio.

- reviewed the Medicaid claims for the psychotropic and opioid medications prescribed to the 100 children;
- reviewed the medication and related health information for the case records in the Ohio SACWIS for the 100 children;
- conducted scheduled site visits at the 31 county agencies to review the 100 children’s case files;
- obtained and reviewed, at the 31 county agencies, the policies and procedures for the oversight and monitoring of psychotropic medications prescribed for children;
- interviewed officials at the county agencies to obtain information regarding the case files and determined whether the files contained additional documentation that was not contained in the Ohio SACWIS; 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.

**APPENDIX B: PSYCHOTROPIC MEDICATION RECORD ERRORS BY SAMPLE ITEM<sup>16</sup>**

**Table 3: Samples 1–25**

<b>Sample</b>	<b>Medication Records in the Ohio SACWIS Did Not Match Medications Prescribed Per Medicaid Claims Data</b>	<b>Medication Records in the Ohio SACWIS Did Not Match the Records in the Children’s Case Files</b>	<b>Changes in Medications Were Not Updated in the Ohio SACWIS</b>
1	-	-	-
2	X	-	X
3	-	-	-
4	-	-	-
5	X	-	-
6	X	-	-
7	-	-	-
8	-	-	-
9	-	-	-
10	X	-	-
11	-	-	-
12	X	-	-
13	-	-	-
14	-	-	-
15	X	-	-
16	X	-	-
17	-	-	-
18	-	-	-
19	-	-	-
20	-	-	-
21	X	-	-
22	-	-	-
23	X	-	-
24	-	-	-
25	X	-	-

<sup>16</sup> For the tables in Appendix B and C, “X” indicates that an error was identified and “-” indicates that no error was identified for the characteristic that was measured for each sample item.

**Table 4: Samples 26–50**

<b>Sample</b>	<b>Medication Records in the Ohio SACWIS Did Not Match Medications Prescribed Per Medicaid Claims Data</b>	<b>Medication Records in the Ohio SACWIS Did Not Match the Records in the Children’s Case Files</b>	<b>Changes in Medications Were Not Updated in the Ohio SACWIS</b>
26	X	-	-
27	X	-	-
28	X	-	-
29	X	-	-
30	-	-	-
31	-	-	-
32	-	-	-
33	X	-	-
34	X	-	X
35	X	-	-
36	X	-	-
37	-	-	-
38	-	-	-
39	-	-	-
40	X	-	-
41	-	-	-
42	X	-	-
43	X	-	-
44	-	-	-
45	-	-	-
46	-	-	-
47	X	X	X
48	-	-	-
49	-	-	-
50	-	-	-

**Table 5: Samples 51–70**

<b>Sample</b>	<b>Medication Records in the Ohio SACWIS Did Not Match Medications Prescribed Per Medicaid Claims Data</b>	<b>Medication Records in the Ohio SACWIS Did Not Match the Records in the Children’s Case Files</b>	<b>Changes in Medications Were Not Updated in the Ohio SACWIS</b>
51	X	-	-
52	-	-	-
53	X	-	-
54	-	-	-
55	-	-	-
56	-	-	-
57	-	-	-
58	X	-	-
59	-	-	-
60	-	-	-
61	-	-	-
62	X	-	-
63	X	X	-
64	X	-	-
65	X	-	-
66	-	-	-
67	X	-	-
68	X	-	-
69	X	-	-
70	-	X	-
<b>Total</b>	<b>32</b>	<b>3</b>	<b>3</b>

**APPENDIX C: OPIOID MEDICATION RECORD ERRORS BY SAMPLE ITEM**

**Table 6: Samples 1–30**

<b>Sample</b>	<b>Medication Records in the Ohio SACWIS Did Not Match Medications Prescribed</b>
1	X
2	X
3	-
4	X
5	X
6	X
7	X
8	X
9	X
10	X
11	X
12	X
13	X
14	-
15	X
16	X
17	X
18	X
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X
27	X
28	X
29	X
30	X
<b>Total</b>	<b>28</b>



Mike DeWine, Governor  
Kimberly Hall, Director

May 27, 2020

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

Re: Report Number: A-05-18-00007

Dear Ms. Fulcher:

The purpose of this letter is to formally respond to the recommendations of the February 27, 2020 U.S. Department of Health and Human Services, Office of Inspector General (OIG) draft report number A-05-18-00007 titled *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*. The Ohio Department of Job and Family Services, Office of Families and Children (ODJFS) is committed to ensuring the continued compliance with state and federal regulations related to monitoring of psychotropic and opioid medication information for children in foster care. As such, we are including responses to the recommendations outlined in the draft OIG report below.

**Recommendation: Improve monitoring to ensure that the county agencies maintain the required documentation in the Ohio SACWIS for the medications prescribed for children in its custody.**

ODJFS is in accordance with this recommendation. All ODJFS certified agencies are required to meet standards outlined in the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC) as applicable to an agency's certified or approved function(s). OAC 5101:2-5-10 requires agencies that provide 24 hour out of home care for children to maintain a case record that contains several elements, including medical information. This rule is currently in clearance for revision and additional language will be added to emphasize the medication requirements in the child's record. In addition, OAC 5101:2-5-13(A) (29) requires agencies to have policies for monitoring the appropriate use of psychotropic medications for children in foster care.

After the OIG audit exit conference in September 2019, ODJFS took several steps to address the areas of concern. There were two child records where ODJFS identified duplicate spans where medications were indeed documented in the system. **Attachment A** contains a chart and documentation to show where the record was in compliance. ODJFS drafted a letter to the agencies that were subjects of the audit to share the results, and began

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internal meetings and discussions with OFC and the Ohio Department of Medicaid (ODM) staff regarding systems changes, interfaces and record sharing in response to audit, updates to list of psychotropic medications in SACWIS, and the psychotropic medication toolkit. On March 9, 2020 Ohio's Governor DeWine issued an Executive Order declaring a State of Emergency as a result of the respiratory disease COVID-19. In March 2020, OFC conducted outreach to agencies to remind them of the audit, explain their agency findings, and let them know the official letter and corrective action plan (CAP) requirements would be sent. On March 13, 2020 state and county staff transitioned to remote working for the first time in state and county practice and have been working to adjust processes as a result.

Ohio requested extensions to allow time to adjust to the new way of work and to ensure our county agencies remained focused on child safety. In recognition of this, ODJFS delayed notification of the requirement for agencies to submit their CAP until May 2020. ODJFS agencies that were subject to the audit have until June 19, 2020 to submit their CAP that shall address any deficiencies contained within the child records or their psychotropic medication policies. Ohio will provide finalized approvals to the OIG once they have been submitted. **Attachment B** contains a sample of the notification to agencies about their CAPS, and a template for completion.

ODJFS technical assistance specialists conduct formal reviews of an agency's performance to determine if the agency has met established standards and will continue to do so to ensure proper adherence to the standards. ODJFS will continue to assess compliance with psychotropic medication policies and oversight of psychotropics during Child Protection Oversight and Evaluation (CPOE) and the CFSR reviews as well as through comparative state level auditing of SACWIS entries with ODM claims data at regular intervals to ensure medications are being correctly entered. ODJFS staff will share audit findings with individual counties and address any related issues.

**Recommendation: continue its efforts to obtain access to Medicaid claim data for children in its custody.**

ODJFS is in accordance with this recommendation. On December 4, 2019, a data sharing agreement between ODJFS and the ODM was fully executed. The agreement covers all offices within ODJFS, including the Office of Families and Children, and allows for the sharing of mutually agreed upon data between the two agencies. The agreement was established so that the agencies would be able to share data and work together to identify analytical questions, topics, and projects related to both agencies in support of efficient and effective administration of programs. Specific projects are identified within the data sharing agreement. The agreement currently covers multiple projects which include:

1. Ensure youth who have recently emancipated from foster care can maintain Medicaid coverage;
2. Provide Medicaid claims data information to ODJFS for the purpose of updating Ohio's Needs Assessment to assist with identifying the service needs of families that come to the attention of Ohio's public children services agencies;

3. Provide data on youth placed in treatment foster care to ODM to assist with identifying service needs for this population, and;
4. Provide data from ODJFS to ODM on children placed outside of the state of Ohio to ensure those youth continue to receive the correct type of Medicaid coverage.

The agreement is beneficial to both agencies as it allows them to access the data needed to better serve each identified population. As additional needs are identified, the agreement can be amended to address additional populations and topics. Currently, the agencies are in the process of establishing a procedure for sharing medication data for children in agency custody and placement.

ODJFS and ODM have a “Children in Custody Joint Committee” that has been meeting regularly for the past two years to share information and discuss best practices. As information is identified around psychotropic medications, it will then be distributed to the counties. In addition, the ability of the managed care plans to assist in monitoring medications for our population will be shared with counties, enabling them to understand and work in partnership with the child’s managed care plan on medication reviews and tracking.

The state of Ohio has created the InnovateOhio Platform (IOP) that allows state agencies to input data that can be shared across agencies. ODM and ODJFS have begun identifying certain data tables that will allow greater access to data that could then be shared with the PCSAs. This will provide the counties the capability to analyze trends specific to their population and improve relationships with their managed care plans to advocate for improved health outcomes for their children in care. While this work is ongoing, ODJFS and ODM are exploring an interim solution that would enable a manual exchange and verification of claims information. The information could assist in achieving greater consistency between applications until the more permanent solution can be implemented.

**Recommendation: implement procedures for the monitoring of opioid medications prescribed for children in its custody.**

ODJFS is in accordance with this recommendation. ODJFS worked with the ODM to identify its efforts to ensure the appropriate use of psychotropic medications for children in foster care. ODM has enacted several measures since the OIG’s onsite review.

In 2018, ODM surveyed the managed care plans (MCP) and published the Medicaid Managed Care Organization Drug Utilization Review Annual Report. ODM provided to ODJFS relevant sections of the report that address the MCP monitoring and management practices concerning antipsychotics in children. ODM asked each plan:

1. Do you currently have restrictions in place to limit the quantity of antipsychotics?
2. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children?
3. Do you either manage or monitor only children in foster care OR all children?
4. Do you have edits in place to monitor: child’s age, dosage, polypharmacy, other?

5. Briefly explain the specifics of your antipsychotic monitoring program(s).

In September 2019, ODM issued the Minimum Standards for Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act compliance guidance document:

<https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/PolicyGuidance/SUPPORT-Act.pdf>.

As of October 2019, the MCPs were required to have a program to monitor and manage the appropriate use of antipsychotic medications by Medicaid covered children, including children in foster care: “Yearly review at minimum of foster-care children prescribed mental health medications. If concerning treatment is identified, providers are referred for consultation with a specialist.”

Each MCP provided its compliance measures on how they monitor and manage the appropriate use of antipsychotic medications for Medicaid covered children. The Medication Therapy Management (MTM) language in their current provider agreement states the MCP shall develop, but is not limited to, MTM services focused on Opioid Services, Pediatrics, and Behavioral Health.

1. The Opioid Services shall be, but are not limited to, initiatives focused on the education and safe use of opioids as well as the proper disposal of opioids.
2. The Pediatric Services shall be, but are not limited to, initiatives focused on immunizations, asthma therapy, and treatment of upper respiratory infections.

The Behavioral Health Services shall include, but are not limited to, initiatives focused on the use of antipsychotic medications.

ODM has several mechanisms in place to monitor trends and usage of opioid and psychotropic medications prescribed for the Medicaid population which includes children. ODJFS will be working with ODM to build on this foundation to support better treatment outcomes for children.

ODJFS and ODM have a mutual commitment to solidifying our state and stakeholder practices and policies around information sharing on medications for children in custody. As a result, ODM will collaborate with MCPs to design requirements for a PCSA-requested targeted medication review process for children in custody.

**Recommendation: review and update the medication list in the Ohio SACWIS on a regular schedule, at least once a year and as medications are approved or discontinued, to improve the reliability and relevancy of the list.**

ODJFS concurs with this recommendation. This Spring, pharmacists from ODM worked with ODJFS to identify medications that should be added or deleted from the list in Ohio SACWIS. ODM is working to finalize the list of psychotropic medications to update the

reference values in the system. Updates will be incorporated in the system on July 9, 2020. ODJFS plans to review and update the medication list in the Ohio SACWIS on a regular schedule, at least once a year and as medications are approved or discontinued, to improve the reliability and relevancy of the list. ODJFS also updated a knowledge base article on December 20, 2020 to assist users with accurate data entry within the required JFS 01443 Child's Health Information report, to include how psychotropic medications are populated and displayed. Additionally, a new knowledge base article with captivate screen simulation is being developed to provide step by step instructions for recording all medical information in SACWIS, including medications. ODJFS will also update the Psychotropic Medication Toolkit (JFS 1682) to include an updated list of psychotropic medications.

**Recommendation: provide training and technical assistance to county agency workers who input medical and medication information into the Ohio SACWIS.**

ODJFS concurs. In addition to efforts outlined above, future plans to aid in retention and continued compliance with the recommendation include adding these topics to regularly scheduled stakeholder meetings and written communications. In alignment with our current approach to strengthen our communications, we plan additional outreach through organizations such as the Public Children Services Association of Ohio (PCSAO) and our Partners for Ohio's Families (PFOF) Regional team meetings. We will also pursue joint training opportunities through entities such as the Ohio chapter of the American Academy of Pediatrics.

Thank you for the opportunity to respond to the draft report. ODJFS will remain vigilant in its mission to assure the accuracy and completeness of psychotropic and opioid medication information for children in foster care. If you have additional questions please contact Kara Wentz, Assistant Director, at [Kara.Wentz@jfs.ohio.gov](mailto:Kara.Wentz@jfs.ohio.gov) or Al Hammond, External Audit Administrator at [Al.Hammond@jfs.ohio.gov](mailto:Al.Hammond@jfs.ohio.gov).

Regards,

/Kimberly L. Hall/

Kimberly Hall, Director  
Ohio Department of Job and Family Services

Cc:

Kara Wentz, Assistant Director  
Lakeisha Hilton, Assistant Deputy Director, Office of Families and Children  
Jeffery Van Deusen, Assistant Deputy Director, Office of Families and Children  
Al Hammond, External Audit Administrator  
Lewis George, Deputy Director, Office of Legal and Acquisition Services

Attachments