

Report in Brief

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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.