

Report in Brief

Date: September 2022
Report No. A-05-21-00020

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 child. 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 a recent audit, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the State's child welfare information system.

Our objective was to determine whether Indiana 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 Medicaid claim data, health care records in Management Gateway for Indiana's Kids system (MaGIK), and records maintained outside of MaGIK for the children in our sample.

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

What OIG Found

Indiana 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: (1) the health care records for 109 of the 115 children in the sample did not contain medical passports; (2) the psychotropic or opioid medications prescribed for 76 of the 115 children were not recorded in MaGIK; (3) the health care records for 49 of the 85 children in the sample who were prescribed psychotropic medications did not include authorizations for those medications; and (4) the health care records for 13 of the 21 children residing in residential facilities and prescribed psychotropic medications did not contain the required written reports and medical reviews from the prescribing health care providers.

What OIG Recommends and Indiana Comments

We made multiple recommendations, including that Indiana: (1) ensure that health care records for the children under its care and supervision are maintained in accordance with State requirements by providing training, technical assistance, and implementing additional controls and procedures; (2) obtain the psychotropic medication authorizations for the children in the sample who are currently in foster care and did not have the authorizations documented; and (3) continue efforts with the Indiana Family and Social Services Administration to obtain access to Medicaid claim history. The detailed recommendations are in the report.

Indiana concurred with our recommendations and described actions that it planned to take to address them. Specifically, Indiana stated it is in the process of developing a new child welfare information system, called I-KIDS, that will enable it to: (1) strengthen its efforts to implement controls and procedures for maintaining health care information for children under its care and supervision, (2) ensure that prescription authorizations are properly stored and made available upon appropriate request in a timely manner, and (3) automatically exchange data with the Indiana Medicaid Management Information System. Other actions that Indiana plans to take are detailed in our report.

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