

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**OKLAHOMA DID NOT ALWAYS COMPLY
WITH REQUIREMENTS FOR PROVIDING
HEALTH CARE SERVICES TO CHILDREN
IN FOSTER CARE**

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Office of Inspector General

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

Congress has expressed concerns about the safety and well-being of children in foster care. These issues were highlighted in a media report that provided several examples of children who died while in foster care. To determine whether health and safety vulnerabilities exist, we are performing reviews of foster care group homes in several States, including Oklahoma. In Oklahoma, the Department of Human Services is responsible for administering the Title IV-E foster care program.

Our objective was to determine whether Oklahoma complied with State requirements for ensuring that children eligible for Title IV-E and residing in group homes received required health care services designed to protect their health and safety, as required by Title IV-E of the Social Security Act.

How OIG Did This Review

We selected a random sample of 70 children in group homes during calendar year 2015 and reviewed the children's case files and the Medicaid Management Information System (MMIS) for records of visits to health care and dental providers.

Oklahoma Did Not Always Comply With Requirements for Providing Health Care Services to Children in Foster Care

What OIG Found

Oklahoma did not always ensure that there was documentation in the case files of Title IV-E eligible children supporting that they had received required health care services designed to protect their health and safety. We found that 17 of the 70 case files that we reviewed did not contain evidence to support that required health care services were provided. For 7 of the 17 children whose case files lacked documentation, there were Medicaid claims in the MMIS to support that all required health services had been provided. However, for 10 of these children, there was no Medicaid claim to support that dental care was provided during the year.

Oklahoma did not follow its policies and procedures to ensure there was evidence in Title IV-E case files to support that all required health care services were provided to Title IV-E children in foster care. Nor were there Medicaid claims in the State's MMIS to support that all of the children whose case files lacked documentation received the required services.

These documentation failures demonstrate that Title IV-E eligible children in foster care may not be receiving required health care services.

What OIG Recommends

We recommend that Oklahoma follow its policies and procedures to ensure that Title IV-E eligible children in foster care receive required health care services and that the visits are documented in the children's case files.

The State agency agreed with our recommendation and described actions it had taken to address the recommendation. For example, the State agency indicated it had worked to improve the quality of caseworker contacts with children and had updated the electronic system it used to monitor health care screening services.

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INTRODUCTION

WHY WE DID THIS REVIEW

The Children's Bureau within the Administration for Children and Families (ACF) awards grants to States to fund the Federal Foster Care Program, which provides safe foster care placements for eligible children and youth who cannot remain in their homes. Congress has expressed concerns about the safety and well-being of children in foster care. These issues were highlighted in a media report¹ that provided several examples of children who died while in foster care. Additionally, in a recent series of audits of State-monitored childcare facilities in various States,² we found that the majority of childcare providers had instances of potentially hazardous conditions and noncompliance with State health and safety requirements, including criminal records check requirements. To determine whether similar vulnerabilities exist in foster care group homes, we are performing reviews in several States, including Oklahoma.³ In Oklahoma, the Department of Human Services (State agency) is responsible for administering the Title IV-E foster care program.

OBJECTIVE

Our objective was to determine whether the State agency complied with applicable State requirements for ensuring that children eligible for Title IV-E and residing in group homes received required health care services designed to protect their health and safety, as required by Title IV-E of the Social Security Act (the Act).

BACKGROUND

Federal Foster Care Program

Title IV-E of the Act established the Federal Foster Care Program, which helps 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. At the Federal level, ACF administers the program. The State agency is responsible for administering the program at the State level.

The Act requires an approved State plan that designates a State agency to administer the program (the Act § 471(a)(2)). The State plan also provides for the establishment or designation of a State authority or authorities that are responsible for establishing and

¹ Mother Jones, "The Brief Life and Private Death of Alexandria Hill." Available online at <http://www.motherjones.com/politics/2015/01/privatized-foster-care-mentor>. Accessed on January 18, 2017.

² All 20 audit reports in the OIG series Child Care Providers: Compliance with State Health and Safety Requirements can be viewed at <https://oig.hhs.gov/oas/child-care/text-map.asp>.

³ Other reviews include Oklahoma (A-06-16-07004) and Ohio (A-05-16-00049).

maintaining standards for foster family homes and childcare institutions, and the plan requires that the State apply the standards to any foster family home or childcare institution receiving funds under sections IV-E or IV-B of the Act (the Act § 471(a)(10)).

The State plan must also require the State to develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect their health and safety (the Act § 471(a)(22)).

The Act mandates that Title IV-E eligible children are categorically eligible for the Title XIX (Medicaid) program available in the State of residence (the Act §§ 473(b)(1) and 473(b)(3)).

Foster Care Program in Oklahoma

In Oklahoma, the Child Welfare Services division is responsible for the Title IV-E foster care program under the State agency. The child welfare specialist and placement provider assigned to the case ensure the continuity of medical services and records while the child is in foster care.

Oklahoma Child Care Services (OCCS) is a division of the State agency and is responsible for licensing childcare facilities. OCCS is required to conduct three monitoring visits of residential childcare facilities annually (two unannounced and one announced).⁴ At each monitoring visit, licensing staff checks resident files.

A group home is a community-based residential service provider that provides program support management for the care and treatment of youth in the custody of the State agency who are determined to be deprived and whose treatment needs can no longer be met in their own home, a relative's home, or in traditional family foster care. The State agency entered into contracts with 22 group homes to provide foster care services. The contractors are licensed by the State agency. The contract includes a provision that contractors are subject to all applicable State and Federal laws, rules, and regulations and all amendments.

State Requirements

The OAC requires the State agency to develop minimum requirements for the care and protection of children in residential childcare facilities operated and certified by the State agency.⁵ The OAC also requires medical and dental services for children in the State agency's custody in out-of-home care.⁶ In addition, the OAC requires the State agency to provide

⁴ "Residential childcare facility" means a 24-hour residential program where children live together with, or are supervised by, adults other than the child's parents or relatives (Oklahoma Administrative Code (OAC) 340:110-1-41).

⁵ OAC 340:110-1-42(a)(1).

⁶ OAC 340:75-6-88.

medical care necessary to preserve the child's health per Oklahoma Children's Code provisions.⁷ Furthermore, the children in the State agency's custody receive Early Periodic, Screening, Diagnosis, and Treatment screenings according to the schedule of screening frequency as determined by the State, or at a minimum an annual physical exam. In addition, children over 3 years of age are required to receive a yearly dental exam.⁸ The State Title IV-E plan requires health records to be incorporated in the child's case plan.⁹ Instructions to staff for implementing OAC 340:75-6-88 (revised July 1, 2013) require the child welfare specialist or placement provider to ensure the continuity of medical services and records while the child is in out-of-home care, including making the records part of the child's paper case record.

HOW WE CONDUCTED THIS REVIEW

We obtained a list of 140 Title IV-E eligible children who resided in group homes in Oklahoma during calendar year (CY) 2015. We selected a random sample of 70 children and reviewed the children's case files for records of visits to health care and dental providers.¹⁰ For those case files that did not contain records of visits to health care and dental providers, we reviewed the Medicaid Management Information System (MMIS) to determine whether there was a Medicaid claim to support that the child received the required health care services.

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.

FINDING

The State agency did not always ensure that there was documentation in the case files of Title IV-E eligible children supporting that they had received required health care services designed to protect their health and safety. We determined that for 53 of the 70 Title IV-E eligible children in foster care, the case files contained evidence to support that the child had received required health care services during CY 2015. However, there was no documentation in the case files to support that 17 children were provided the required health care services

⁷ 10A O.S. § 1-7-103.

⁸ OAC 340:75-6-88.

⁹ Oklahoma Title IV-E State Plan (effective January 1, 2015), Section 2.D. A "case plan" is a written document that is part of the child's case record.

¹⁰ We used the term "case files" when referring to the paper case records maintained for the children.

during the year. For 7 of the 17 children whose case files lacked documentation, there were Medicaid claims in the MMIS to support that all required health services had been provided. However, for 10 of these children, there was no Medicaid claim to support that dental care was provided during the year.¹¹

The State agency did not follow its policies and procedures to ensure there was evidence in case files to support that all required health care services were provided to Title IV-E eligible children in foster care. Nor were there Medicaid claims in the State's MMIS demonstrating that all of the children whose case files lacked documentation had received the required services.

These documentation failures demonstrate that Title IV-E eligible children in foster care may not be receiving required health care services.

RECOMMENDATION

We recommend that the State agency follow its policies and procedures to ensure that Title IV-E eligible children in foster care receive required health care services and that the visits are documented in the children's case files.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency agreed with our recommendation. In addition, the State agency described actions it had taken to address the recommendation. For example, the State agency indicated it had worked to improve the quality of caseworker contacts with children and had updated the electronic system it used to monitor health care screening services. The State agency's comments are included in their entirety as Appendix B.

¹¹ All of the children were more than 3 years old.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed a sample of Title IV-E eligible children who resided in group homes in Oklahoma during 2015.

We performed fieldwork at the State agency office in Oklahoma City, Oklahoma.

We did not assess the State agency's overall internal control structure. Rather, we limited our review of internal controls to those applicable to our audit objective.

METHODOLOGY

To accomplish our objective, we:

- reviewed Federal and State laws and regulations related to related to medical and dental requirements for children in the State's foster care program,
- interviewed State agency officials regarding the State's review of case files for children's medical and dental visits,
- obtained a list of Title IV-E children in foster care in group homes in Oklahoma during 2015,
- randomly selected 70 children who were Title IV-E eligible and resided in foster care group homes,
- reviewed the case files to determine whether the child received health care services,
- reviewed Medicaid claims when case files did not have required documentation of health care services, and
- discussed the results of our review with the State agency.

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: STATE AGENCY COMMENTS



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Ed Lake, Director



January 18, 2018

Ms. Patricia Wheeler
Regional Inspector General for Audit Services
Office of Audit Services, Region VI
1100 Commerce Street, Room 632
Dallas, TX 75242

RE: Response to Report Number: A-06-16-07006

Dear Ms. Wheeler:

Please accept our sincere apology for the lateness of this letter. Unfortunately it was internal mishandling on our part.

As requested, the Oklahoma Department of Human Services (DHS) is responding to the audit findings per Report Number A-06-16-07006. In summary, The Office of Inspector General (OIG) found that Oklahoma, specifically DHS, did not always ensure documentation was in the case files of Title IV-E children supporting that they had received required health care services designed to protect their health and safety. Of the 70 case files reviewed, 17 of the files did not contain evidence to support that required health care services were provided. However, for 7 of the 17 children, Medicaid claims were in the MMIS to support that required health care services were provided. This audit encompassed 70 children in group home care during calendar year 2015.

DHS accepts the OIG findings and concurs with the recommendation. Since 2015, DHS has actively educated staff on the importance of meeting the health care needs for children in all out-of-home placements, including group homes. Some of these efforts include:

- As part of reform efforts in Child Welfare Services, DHS launched initiatives focused on the primary caseworker's responsibilities for children in care. The intent was to promote the continuity of caseworker visits with the same caseworker visiting the child on a regular basis. For children residing in group home care, this is even more critical as other caseworkers, known as liaisons, took on some duties specific to meet the children's needs. As a result, the "Guide to Safety Assessment in Residential Settings" was developed to address questions related to the child's behavior; medical, dental, and medication needs; and personal care.
- DHS has been actively involved in a five-year demonstration grant through the Administration on Children, Youth, and Families, Children's Bureau, "Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare." This project sought to improve child access to mental health and behavioral services, among other things. While DHS is wrapping up grant efforts, an important aspect of the grant was the use of a behavioral health screener during the monthly caseworker visits. The applicable screener, based on the child's age, was completed by the caregiver and then was discussed during the visit. This approach provided more focus during the caseworker visit on meeting the child's behavioral and emotional health in a timely manner.

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- The Child's Passport, which is the electronic medical and educational record for children in DHS custody and out-of-home care, was updated in 2016 to include the Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) schedule upon login. This update informs the placement provider of the schedule for screening services and whether those screenings were conducted. Prior to this update, it was unclear as to the frequency of the screenings based on the child's age.
- During the last year, DHS engaged caseworkers to develop guides that will improve the quality of worker contacts with children and families. Quality contacts are purposeful interactions between caseworkers and children, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes by ensuring child safety, supporting permanency planning, and promoting child and family well-being. The new guides are set for release after January 2018. Extensive training will be included in rollout of the guides.

Sincerely,



Ed Lake, Director
Oklahoma Department of Human Services