



September 22, 2020

To: Special Committee on Foster Care Oversight

From: Norma Volkmer, Fiscal Analyst

Re: Missouri Model for Tracking Foster Youth Medical Records

TRACKING FOSTER YOUTH MEDICAL RECORDS: MODELING THE MISSOURI HEALTH INFORMATION SPECIALIST UNIT

This memorandum reviews the purpose, structure, and function of the Missouri Health Information Specialist Unit (HIS Unit) and provides an estimated cost for a similarly structured program in Kansas.

HIS Unit

In June 2017, a class action lawsuit was filed, on behalf of a group of children in foster care, against the Missouri Department of Social Services (DSS) and the Director of the Children’s Division (CD) of DSS seeking changes to how the DSS manages psychotropic medications for children in CD custody.¹ A settlement agreement (Agreement) was granted final approval in December 2019. Under the Agreement, the CD agreed to implement several policies, including funding a sufficient staff to gather and maintain the medical information and history of each child in CD custody. At the time of the Agreement, the CD had 12.0 full-time equivalent (FTE) positions for staff members, but this could be adjusted to meet the needs of the CD.

Organizational Structure and Policy

As of September 17, 2020, the HIS Unit had 16.0 FTE positions, which include 4 different roles:

- Health Specialist Coordinator (Coordinator) (1.0 FTE);
- Program Development Specialist (PDS) (1.0 FTE);
- Unit Manager (Manager) (2.0 FTE); and
- Health Information Specialist (Specialist) (12.0 FTE).

¹ Missouri Department of Social Services, Psychotropic Medication Settlement, <https://dss.mo.gov/notice-of-proposed-class-action-settlement.htm>. See also Joint Settlement Agreement, <https://dss.mo.gov/docs/settlement-2019/joint-settlement-agreement.pdf>.

The Coordinator oversees the entire program. The PDS works out of the central office. The remaining staff is divided between two teams, the Review Team and the Med Record Team, with a Manager and six Specialists per team.² Each specialist is assigned to a specific geographical area.

The purpose of the HIS Unit is to gather and maintain full medical records for children in CD custody, particularly children who are prescribed psychotropic medication. The documents include:

- Medical, surgical, and dental history;
- Psychosocial history;
- Past behavioral health and psychiatric history, including medication history, documented benefits, and adverse effects;
- Past hospitalization or residential treatment history;
- Allergies and immunizations;
- Current and past medications, including dosage and directions for administration;
- Family health history;
- Treatment and service plans; and
- Results of any clinically indicated lab work.³

Specialists compile the record by collaborating with CD case managers and reviewing CD resources. CD policy requires medical documents for children in custody be stored in the case manager's physical file and in OnBase, which is a digital imaging system. Case managers are required to keep physical copies of all medical documents securely stored in the home office per Council on Accreditation standards. Documents in OnBase are scanned or uploaded from email and can be accessed by CD staff and contracted employees.

Data Sharing and Technology Resources

In addition to collaborating with case managers and utilizing other CD resources, the HIS Unit has established outside resources to gather the needed medical documentation. In January 2020, the HIS Unit established a medical fax service with Biscom to respond to medical information requests. This allows for expedited review of psychotropic medication and treatment requests for children.⁴ The HIS Unit also established a Memorandum of Agreement to access ShowMeVax, Missouri's immunization information system, from which Specialists can derive immunization history.⁵ ShowMeVax is accessible by health care professionals, schools, and child care organizations.

The CD also decided to collaborate with the MO HealthNet Division of DSS to evaluate the Missouri Medical Passport Program project, which contained a Patient Centric Medical Solution (PCMS) system, which included a Foster Care Program support. The goal of the PCMS

2 HIS-Circuit Map.

3 Missouri Department of Social Services, [Children's Division Maintaining Medical Records Report, December 5, 2019-June 30, 2020](#).

4 *Id.*

5 *Id.*

was to share data between the patient and relevant health care professional *via* a card interaction processing (pairing).⁶ The case manager and foster family caregivers would also receive role-specific PCMS cards. The goal was to allow for the collection of up-to-date medical information at each medical visit.⁷ Ultimately, the CD discontinued the project due to obstacles it encountered, including lack of medical provider engagement, unforeseen complexity in delivering state-requested software functionality, delays with multiple health care data feed integrations, and the feasibility of providing case managers and foster family caregivers with their own PCMS cards.⁸ Per the company creating the system, the unwillingness of medical providers to allow enrollment of Medicaid patients was the largest and most expensive barrier.⁹

As of June 30, 2020, the MO HealthNet Division and Missouri Office of Administration were developing an electronic medical records system.¹⁰ The database will allow health care professionals to electronically input, store, and access information, as well as provide CD immediate access to a full medical record for each child. The pilot project will be for only a limited number of counties, but if successful would be considered for statewide expansion.

Kansas Health Information Specialist Unit

On August 26, 2020, representatives of the Kansas Chapter, American Academy of Pediatrics (KAAP) testified to the Special Committee on Foster Care Oversight regarding barriers pediatricians face in providing the best care to children in foster care. As part of this testimony, KAAP recommended the creation of a Health Information Specialist Unit within the Department for Children and Families (DCF). This unit would be composed of staff familiar with medical records and be responsible for coordinating health care for children in foster care. Physicians would provide information to the unit after every medical visit with a child in foster care in order to stay up to date. The KAAP representatives' testimony noted the Missouri HIS Unit and stated it had improved care.

The Kansas Legislative Research Department was asked to provide an estimate for a similarly structured program in Kansas under the DCF. There are two main costs associated with the Missouri HIS Unit: staffing the program and the development or purchase of a new system to maintain the records.

Staffing Costs

As noted above, the Missouri HIS Unit has 16.0 FTE positions. Each Specialist is required to have a bachelor's degree, preferably in social work or a comparable human services field, and five years of social work or related experience.¹¹ Managers and the Coordinator must have similar experience and education. No information was provided regarding the PDS position. No staff member was required to have a medical background.

6 *Id.*

7 *Id.*

8 *Id.*

9 *Id.*

10 *Id.*

11 Missouri Department of Social Services, Children's Division_CS Health Specialist.

For a similar program in Kansas, estimated funding requirements range from \$800,000 to \$1.1 million annually. This estimate is based on the following assumptions:

- Salaries, benefits, and office-related costs for each FTE position (position costs) are provided for;
- Position costs are equivalent to those of a social worker or social worker supervisor currently working within DCF or in Kansas;
- A PDS position is equivalent to a social worker supervisor for position costs; and
- No specialized education or up-to-date social work license is required for the positions.

Per data from DCF, assuming the proposed Kansas Health Information Specialist Unit (the Program) were the same size and structure as the Missouri HIS Unit, DCF would need an estimated \$1.1 million to staff the Program. This approximate funding level assumes 16.0 FTE positions, including 12.0 Specialists and 4.0 supervisors. It does not take into account any required education or experience level for social worker or supervisor positions. Such a requirement may alter salary or benefits associated with the position.

Due to a lower foster care population, DCF may not require the same staffing levels as the CD. According to Casey Family Programs, Missouri had 12,379 children in foster care, and Kansas had 7,683 children in foster care in fiscal year 2017.¹² Theoretically, fewer children in custody could require a smaller staff to track and maintain health care outcomes. For a scaled down program, with proportional staffing, estimated funding for the Program staff would be approximately \$800,000. This estimate would fund one specialist per each of the eight foster care catchment areas, three supervisors (DCF requires a 1:5 supervisor-to-worker ratio), and a PDS position. This approximate estimate for 12.0 FTE positions is based on data provided by DCF. This approximate estimate does not take into account required education or experience for the social worker or supervisor positions.

Technology

In addition to staff costs, there may be additional funding required to either purchase or develop a new system for the Program to gather and maintain medical records. Providing access to health care professionals, foster families, and other parties may require additional funding. As noted above, Missouri uses OnBase as the central hub, but they found it was too costly to build a more extensive system. According to technology company ITQlick, OnBase begins at \$25,000 per license.¹³ Assuming this is an accurate cost and that only the Program staff received licensing, preliminary estimates for OnBase would require \$300,000 to fund 12 licenses.

According to DCF, it may be possible to build additional software to hold this information into a new Comprehensive Child Welfare Information System (CCWIS). DCF is currently in development for a new CCWIS. Additionally, DCF noted the Kansas Health Information Network (KHIN) could be used to do the same tracking and maintaining of records. KHIN is used and maintained by the Medicaid managed care organizations and DCF believes it would be more cost- and time-effective to use it for the tracking and transfer of the medical records of children in foster care.

12 Casey Family Programs, [Missouri State Fact Sheet, 2019](#); and [Kansas State Fact Sheet, 2019](#).

13 ITQlick, OnBase Pricing, <https://www.itqlick.com/onbase/pricing>