



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 1, 2015

ALL COUNTY INFORMATION NOTICE NO. I-30-15

TO: ALL COUNTY CHILD WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY PUBLIC HEALTH DIRECTORS
ALL JUDICIAL COUNCIL

SUBJECT: PSYCHOTROPIC MEDICATION AUTHORIZATIONS-DATA
RECONCILIATION REPORT

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION 369.5 AND
739.5; CALIFORNIA RULES OF COURT RULE 5.640; ALL
COUNTY INFORMATION NOTICE I-69-13; CHILD AND FAMILY
SERVICES IMPROVEMENT AND INNOVATION ACT (PUBLIC
LAW (PL) 112-34); ALL COUNTY INFORMATION NOTICE I-20-08

This All County Information Notice (ACIN) provides information about tools to manage the administration of psychotropic medication for children in foster care. These tools provide county child welfare departments with an opportunity to further understand the nature of psychotropic medication usage by foster children under juvenile court jurisdiction on a case-by-case basis. These tools can also assist counties in evaluating their practices related to obtaining court authorizations and the provision and oversight of health care.

Background

In early 2012, the Quality Improvement Project: Improving Psychotropic Medication Use in Children and Youth in Foster Care (QI Project) was initiated. The goal of the project is to improve the health of children and youth in foster care, with the focus of improving the oversight and monitoring of psychotropic medication use as outlined in the Federal Child and Family Services Improvement and Innovation Act of 2011 (PL 112-34), and required of state Title IV-B agencies as part of their Health Care Coordination and Oversight Plan.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

Under California law, the juvenile courts are responsible for directly authorizing and overseeing the administration of psychotropic medications for children in foster care. Judicial approval is required prior to the administration of psychotropic medications to any minor who has been declared a dependent of the juvenile court and removed from the physical custody of the parents, or to any minor who has been declared a ward of the court, removed from the physical custody of the parents, and placed into foster care.

The Psychotropic Medication Protocol for children in foster care, also referred to as the JV-220 process, initiates the court authorization of psychotropic medications for juvenile court dependents (under 18 years of age) who have been removed from the physical custody of their parents, and for wards who have been removed and placed into foster care. The court-ordered authorization is initiated following a request from the child's medical doctor or psychiatrist indicating the reasons for the request, a description of the child's diagnosis and behavior, and the expected results and side effects of the medication. The county child welfare agencies and probation departments are encouraged to request authorization within three (3) business days of the receipt of the request and necessary information from the physician, and the court must deny or approve the request within seven (7) business days of receipt of the completed forms. The county social worker or probation officer coordinates with juvenile court staff to obtain official documentation of the court's approval or denial of the use of psychotropic medications for any dependent minor who has been removed from their parents or ward in foster care. This authorization becomes part of the child's case file. Updated information and requests must be provided to the court at a minimum of every 180 days if the child is to continue taking the same psychotropic medication, and the administration of the psychotropic medication may only continue if the court renews the order for authorization. Psychotropic medication authorizations are entered into the Child Welfare Services/Case Management System (CWS/CMS) as part of the child's case record. Instructions regarding data entry of psychotropic medication information were issued in [ACIN No. I-20-08](#).

Psychotropic Medication Data Match

Under a data sharing agreement executed between the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS), CDSS performed an initial match of CWS/CMS and a DHCS dataset that contained fee-for-service and Medi-Cal managed care encounter data of Medi-Cal pharmacy paid claim records for all children in foster care¹ (under 18 years of age) who received a psychotropic medication during Federal Fiscal Year (FFY) 2012-13.

The CDSS received 104,688 records for 12,025 children who received a Medi-Cal pharmacy paid claim for psychotropic medication during FFY 2012-13. Of the youth

¹ Children in foster care were identified through Medi-Cal Aid Codes

under 21 years-old who received a Medi-Cal pharmacy paid claim for psychotropic medication, 98.7 percent were matched against data in CWS/CMS. A detailed description of the methodology for creating county-specific reconciliation reports is attached for your reference; please see Attachment A.

Data Reconciliation Reports

Based on the favorable match rate resulting from the above-described methodology, beginning immediately, and each quarter thereafter, CDSS will continue to perform psychotropic medication data matches of CWS/CMS and the aforementioned DHCS data to produce client-level reports that will reconcile DHCS Medi-Cal pharmacy paid claims data with CWS/CMS JV-220 authorizations documented in the Medications Page of the Health and Education Notebook in CWS/CMS. These reports are intended to provide an alert to counties for each child, identified by case ID, of children who had a Medi-Cal paid pharmacy claim but had no preceding court-ordered authorization date (up to one year prior) for psychotropic medication that was documented in the Medications Page in the CWS/CMS Health and Education Notebook. If a court-ordered authorization date for psychotropic medication precedes a Medi-Cal pharmacy paid claim, up to one year prior, it will not be included with the current report. Only those children who do not have a court-ordered authorization documented in CWS/CMS that preceded a Medi-Cal pharmacy paid claim are included in these reports. The client-level reports will be sent to each county's child welfare director via an encrypted and password-protected e-mail. The CDSS is also developing client-level reports for distribution to county probation departments. Details regarding probation reports will be provided in a subsequent ACIN.

A sample of the reconciliation report is attached for your reference; please see Attachment B.

Use of Reconciliation Reports

The reconciliation reports are provided as the first step in assisting county child welfare departments in fulfilling their responsibilities concerning the care and coordination of psychotropic medication use to children in foster care. Counties can use the report to evaluate current efforts related to:

- Engaging and coordinating with medical and/or care providers to obtain court authorization for prescribed medications;
- Engaging and instructing care providers to ensure court-authorized, prescribed medications are filled;
- Monitoring the projected end date of existing court authorizations and planning for re-authorizations where appropriate;

- Updating the court authorization date in the CWS/CMS when a new authorization is signed for a current medication; and
- Fidelity to data entry practices to ensure that documentation in the CWS/CMS is accurate and up-to-date.

Examining these reports requires caution and attention to a number of key analytic considerations listed below. For a list of technical exclusions, please see the Methodology provided in Attachment A.

1. Currently, these reports are limited to information documented in the Medications page of the Health and Education Passport in CWS/CMS. Alternative documentation may be available but are not included in these reports.
2. These data reports are unable to reconcile the specific medications for which the documented court-ordered authorization is required against the specific medication of the Medi-Cal pharmacy paid claim.
3. Currently, CDSS is unable to provide county child welfare departments with the date or the name of the medication of the Medi-Cal pharmacy paid claim.
4. A review of a youth's case file may show that a court-ordered authorization date is documented in CWS/CMS; however, these reports provide counties with a youth whose court-ordered authorization date did not precede the paid claim date. In other words, the court-ordered authorization in the case file may be dated after the paid claim date, or is dated beyond one year prior to the paid claim.

Questions regarding psychotropic medication authorizations or the QI Project should be directed to Carole Minchew, Chief of the Foster Care Support Services Bureau at carole.minchew@dss.ca.gov or Lori Fuller, Manager of the Placement Services and Support Unit at lori.fuller@dss.ca.gov . For information about the methodology or sample data report provided with this ACIN, please contact the Child Welfare Data Analysis Bureau via email at CWSdata@dss.ca.gov.

Sincerely,

Original Document Signed By:

KAREN B. GUNDERSON, Chief
Child and Youth Permanency Branch
Children and Family Services Division

Attachments

Methodology for Psychotropic Medication Reconciliation between the Department of Health Care Services Paid Claims Data and Court-Ordered Authorization Dates entered in the Child Welfare Services/Case Management System (CWS/CMS)

Data Sources include CWS/CMS and the Medi-Cal Management Information System/Decision Support System (MIS/DSS). Data from CWS/CMS on youth in foster care is matched with a dataset containing fee-for-service and Medi-Cal managed care encounter data pharmacy paid claim records for psychotropic medication for children in foster care¹ from MIS/DSS during a given quarter.

This reconciliation contains youth who received a Medi-Cal pharmacy paid claim, but no preceding court-ordered authorization date for psychotropic medication was entered Health and Education Notebook in CWS/CMS.

Frequency: Quarterly data beginning July 1, 2014 through September 30, 2014, and each quarter thereafter.

These reports² include:

- Youth in an open foster care episode for 30³ days or more,
- Youth under 18 years-old,
- County Child Welfare Departments
- Trial Home Visits, Runaways/AWOL, Pre-Adoptive Homes, youth placed outside California under the jurisdiction of California agencies (outgoing Interstate Compact on the Placement of Children (ICPC)), and
- Court authorization..

These reports exclude:

- Youth placed in California under the jurisdiction of another state (Incoming ICPC placements),
- Non-Foster Care placements,
- Non-Dependent Legal Guardians,
- Other agency types: County Probation Departments, Kinship Guardianship Assistance Payment Program (Kin-GAP), Indian Child Welfare, Out-of-State Agency, Mental Health, State and Private Adoptions,
- Youth 18 and older,

¹ Children in foster care were identified through Medi-Cal Aid Codes.

² Age, agency, and placement type are based on the most recent paid claim in which the youth was under 18 years-old.

³ The 30-day period allows for the court to establish jurisdiction over the youth, Welfare and Institutions Code section 369.5 and 739.5.

Attachment A

- Episodes lasting fewer than 30 days, and
- Parental consent.

Medi-Cal Pharmacy Paid Claims for Psychotropic Medication without a Court-Ordered Consent Date entered in the Medications Page of CWS/CMS

This report identifies youth who received a Medi-Cal pharmacy paid claim during the quarter, but no prior court-ordered authorization for the medication is documented in CWS/CMS at least one year prior to the paid claim. Records are included unless:

1. The court-ordered authorization date for a psychotropic medication is dated on or precedes⁴ the paid claim date, up to 365 days prior to the paid claim, *and*
2. The prescription start date precedes or starts on the paid claim date, and the prescription projected end date is on or after the paid claim date, or is open. Because the prescription start and end dates are optional fields, the start and end dates can both also be open.

⁴ Consent dates are one year prior to quarter under review.

**Reconciliation Report between Paid Claims and Court Authorizations
for Psychotropic Medications**

County: County X

Report Period: Federal Fiscal Year 2013 - October 1, 2012 - September 30, 2013

Received a Paid Claim with NO Authorization		Received an an Authorization with NO Paid Claim	
Responsible Agency	Case ID	Responsible Agency	Case ID
Child Welfare	10000001	Child Welfare	21000001
Child Welfare	10000002	Child Welfare	21000002
Child Welfare	10000003	Probation	21000003
Child Welfare	10000004	Probation	21000004
Child Welfare	10000005	Child Welfare	21000005
Child Welfare	10000006	Probation	21000006
Child Welfare	10000007	Probation	21000007
Child Welfare	10000008	Child Welfare	21000008
Child Welfare	10000009	Child Welfare	21000009
Child Welfare	10000010	Child Welfare	21000010
Child Welfare	10000011	Probation	21000011
Child Welfare	10000012	Probation	21000012
Child Welfare	10000013	Child Welfare	21000013
Child Welfare	10000014	Probation	21000014
Child Welfare	10000015	Probation	21000015
Probation	10000016	Child Welfare	21000016
Probation	10000017	Child Welfare	21000017
Probation	10000018	Child Welfare	21000018
Probation	10000019	Probation	21000019
Probation	10000020	Probation	21000020

* Includes:

** Excludes: