## **Medical Passports**

#### (FY2016 Appropriation Act - Public Act 84 of 2015)

### March 1, 2016

**Sec. 567. (1)**The caseworker or supervisor who is assigned to a foster care case is responsible for completing a medical passport for the cases assigned to him or her. If a child in foster care is transferred to a new placement or returned to his or her parent's or guardian's home, the medical passport and any school records in the caseworkers' or supervisors' possession must be transferred within 2 weeks from the date of placement or return to the home.

(2) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year a report on the items described in subsection (1), including the following:

(a) The percentage of medical passports that were properly filled out.

(b) From the total medical passports transferred, the percentage that transferred within 2 weeks from the date of placement or return to the home.

(c) From the total school records, the percentage that transferred within 2 weeks from the date of placement or return to the home.

(d) The implementation steps that have been taken to improve the outcomes for the measures in subdivisions (a) and (b).



### **Medical Passports**

DHHS evaluates the completion of the medical passports and the transfer of medical passports to current caregivers. Every six months, the Children's Services Administration, Division of Continuous Quality Improvement (DCQI) completes a case review of a representative sample of children entering foster care and children in foster care for more than one year with a change in placement. The following tables are a summary of data regarding the medical passport.

Medical Passport Provided to Current Caregiver on Date of Placement	Applicable	Met Requirement	% Achievement
July 1, 2014 to December 31, 2014	42	16	38%
January 1, 2015 to June 30, 2015	22	10	45%

N	ledical Passport Up to Date	Applicable	Met Requirement	% Achievement
	July 1, 2014 to December 31, 2014	63	23	36.51%
	January 1, 2015 to June 30, 2015	64	26	40.63%

Vritten Health Information to Iedical Provider	Applicable	Met Requirement	% Achievement
July 1, 2014 to December 31, 2014	63	20	31.75%
January 1, 2015 to June 30, 2015	64	23	36%

Vritten Health Information to Iental Health Provider	Applicable	Met Requirement	% Achievement
July 1, 2014 to December 31, 2014	33	14	42.42%
January 1, 2015 to June 30, 2015	26	9	34.62%

Current foster care policy requires that medical passports be updated quarterly and provided to parents of temporary court wards as well as to caregivers prior to or at the time of placement. Policy requires that medical passports be provided to parents at the time of reunification. Effective March 1, 2015, new policy was issued to instruct workers where to document information regarding the transfer of the medical passport in

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the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). Data for status updates on 2(b) will be available from MiSACWIS.

By June 30, 2016 a web portal or web bus will be available in MiSACWIS allowing foster care workers a direct view into CareConnect 360. CareConnect 360 draws information from the MDHHS Data Warehouse specific to Medicaid paid claims and encounters for Medicaid beneficiaries. The data includes Medicaid eligibility and enrollment information, claims and encounter data for behavioral and physical health, lab work, dental, school-based services and pharmacy information. The portal identifies likely or potential chronic conditions related to an individual. With this information, a medical passport can be produced that will provide parents, caregivers and service providers with pertinent information needed to meet the needs of a child in their care or practice.

Policy was updated in May 2015, to require educational records contained in the child's case file be provided to a caregiver or parent within two weeks of placement, replacement, or reunification. Current foster care policy also requires that if a child's case record does not contain the most recent school records, the caseworker must request copies of educational records within five days of enrolling a child in the new school. Additionally, at initial placement or any placement change, the case service plan must include a summary of a child's educational needs, including the child's current academic achievements and challenges.

MDHHS is currently unable to report the percentage of school records transferred within two weeks of placement, replacement, or reunification to a provider of foster care placement or parent. A request was made to add this requirement within MiSACWIS. In October 2015, this data element was made available in MiSACWIS. A communication memo has been released to the field directing case workers to where this is documented in the "placement" portion of MiSACWIS. It requires the caseworker to enter the date that educational records were transferred to a new placement. In addition, the Education Analyst will provide this information on the monthly supervisor calls.

It is expected that by this time next year, MDHHS will be able to report on the percentage of school records that were transferred to a new placement within two weeks.