Use Case: DHS Medical Director Access to CRISP

Overview

Children in the Child Welfare system are a population at very high risk for poor mental and physical health outcomes. The State of Maryland has a legal and ethical responsibility to provide healthcare services that meet the needs of these children. However, the Department of Human Services (DHS) has historically had difficulty tracking the needs of these children in their care.

As a result, in 2018, the Maryland Legislature passed HB 1582, establishing a State Medical Director for Children Receiving Child Welfare Services in the Department of Human Services. The bill outlines the qualifications for the State Medical Director and establishes certain responsibilities to improve the health of this at-risk group. The qualifications include being licensed to practice medicine in Maryland and have experience providing medical care to children.

The Medical Director is also tasked with collecting data on the “timeliness and effectiveness of the provision or procurement of health care services for children in the custody of the local departments; and track health outcomes for children in out-of-home placement”.

The Assistant Attorney General for the Department of Human Services has provided written notification that the use of CRISP is within the statutory authority of the State Medical Director for DHS.

As such, allowing access to CRISP for the Medical Director would allow him/her to effectively access information pertinent to the work they are performing under existing regulations to help understand and address the health and well-being of this vulnerable population.

Permitted Purpose Category

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).

Use Case Description

The State Medical Director shall have access to CRISP to access information about the patients in the care of the local DHS for the purpose of identifying health and wellness needs of children in their custody. Only the Medical Director and Clinical staff directly supervised by the Medical Director may be granted access upon request of the Medical Director. Access may not be granted to a third party or to nonclinical staff. DHS Medical Director, or designee, will submit a panel of patients every 90 days and access will be limited to the patients on this list.

Opt-Out Applicability

Any patient that opts out of CRISP will be opted out from the ability for the State Medical Director to access their health information.
**Eligible Participants**

The CRISP portal would be available for use by State Medical Director for Children Receiving Child Welfare Services in the Department of Human Services as designated by the State. The Medical Director must complete the required steps to gain access to the system and the Department of Human Services shall execute an MOU with CRISP outlining the provisions of this use case.

**Patient Impact Statement**

Any child that is in the custody of the local Department of Human Services, may have his/her CRISP record accessed by the State Medical Director for Children Receiving Child Welfare Services. This access eases the burden on the child and/or biologic family and the local department of human services if he/she/they may not know or have access to his/her/their child’s medical records. CRISP access allows the Medical Director to more easily identify a medical and/or mental health needs that have not been identified or addressed due to a lack of access to the child’s full medical record. This access to CRISP poses minimal additional risk to the child as access to the medical records that are found in CRISP are already accessible to the Medical Director through other means and will only be available for the purpose outlined in this use case. Additionally, privacy issues are less of a concern as access is limited to one individual who has a legal responsibility to care for the patient and access for the Medical Director is revoked if the child is removed from DHS custody.

**Approval**

This use case was originally approved by the Clinical Advisory Committee on March 15, 2021. The updated use case was approved by the Clinical Advisory Committee on March 10, 2022.