



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Facility and Community Care
2501 Mail Service Center • Raleigh, N.C. 27699-2501

Michael F. Easley, Governor
Dempsey Benton, Secretary

William W. Lawrence, Jr., M.D., Acting Director

CAP/C CASE MANAGER CONFERENCE CALL MINUTES

Re: Child Protective Services

Date: July 30, 2008

Presenter: Sara Mims, Administrator, CPS Policy

- Q. What is considered neglect? For example, a mother has little interaction with child, pays little attention to her child, and frequently tells her child to 'hush'. At what point is it considered neglect?
- A. You don't have to know its neglect to report it – you just have to suspect neglect – DSS will decide. You may not know that CPS already has a case on that child – you may provide information that will help.
Get as much information as you possibly can. Explain what is happening to the child as a result of the lack of attention - how it is harming the child or placing the child at risk of injury.
- Q. What is considered medical neglect? For example, a child has a large wound and his parents do not take him to medical appointments.
- A. The definition is quite broad. See http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-101.html.
Tell CPS what the consequences are of not attending medical appointments, such as infection, worsening of wound or lack of healing.
- Q. Is there recourse if CPS decides not to take a case that you believe they should have taken?
- A. See the letter of decision; it contains instructions for contacting the director of the agency. You may also contact the **Help Desk at 919 733 9467**.
If it is urgent such that you think child needs to be taken into DSS custody, notify the District Attorney.

Q. Why does CPS call to make an appointment with the family? Do they have to? A report was made regarding a very unclean and unsanitary home environment, and parents cleaned up before DSS arrived.

A. The goal of making the report to DSS was to get the house cleaned up, and that happened.

There are two types of CPS assessment:

1. Investigative, which is not family centered; it is more of an adversarial approach. This type of assessment is used for reports involving abuse, abandonment, family foster homes.
2. Family Assessment, which is not adversarial. It is a more collaborative, helping approach in which the family is a partner.

If the house returns to its former state, make another report. Clearly state that it is a recurrent problem and you think the family needs more long-term assistance. With a family approach, 'professional collaterals' such as Case Managers must be very straightforward and honest with family.

Q. A child who is on a CAP/C waiting list has an open CPS case. Children and mother are not allowed to stay overnight with father, so they go to a relatives house to sleep and go back to own home during day. What is case manager's responsibility in ensuring safety in two different residences?

A. Once the child is on CAP/C, the Case Manager should be invited to and participate in child and family team meetings.

Q. Why do some counties have at-risk case management and some don't?

A. It is not required for every county to have preventive services, and if the county does offer it, it is totally voluntary on family's part. The future of at-risk case management is questionable once the moratorium on single case managers is lifted.

Q. How does a Nurse, Nurse Aide, or Case Manager handle knowledge of parental alcohol or substance abuse, when there is no apparent abuse or neglect of the child? Especially when a parent comes home impaired at the end of the nurse's/nurse aide's shift and is concerned about an impaired parent being alone with a medically fragile child. Is this reportable? Or not, since the child is at that point not abused or neglected?

A. CPS is not in the business of law enforcement; they need to look at the behavior and how it affects the child. Ask yourself what the impact to the child is. When you make a report, provide as much specific information as possible – for example, the parent could not aim the suction catheter into the trach to suction the child, and if the trach plugs, the child would be unable to breathe.

Q. How much, if at all, can CPS be involved in prevention? Example 1: If a parent signs a child out of the hospital against medical advice, without having been trained in the care of the ventilator or the trach or something else, can that be reported? We have been told no - that you can only get involved at the point where actual harm comes to the child as a result of the parent's actions. Is this

- correct? Example 2: What if we have a nurse in the home daily, and she realizes that the family is not changing the incontinent child's diapers at all, or doesn't know how to mix the tube feeding- it is only being done by the nurse when she is in the home. Nothing has really happened to the patient because the nurse is there every day. Would there be anything CPS would do about a situation like that?
- A. In both cases, make the report. DSS will decide whether or not to assess. During your report, tie your concern to what impact it has on the child. Explain what if anything you have done to intervene. Get as many observations from the nurses or aides as you can. It is always good to report the family's strengths as well.
- Q. How can a Case Manager make a report to CPS and maintain a working relationship with the family that he/she reported?
- A. If a DSS report makes it unable for you to work with family, that will be factored into DSS's plan. DSS believes that by using the family centered approach, you can maintain the relationship – you are in a helping role, not in an adversarial role. If you have been discussing concerns all along with family and they have not resolved it, then it should not come as a surprise to the family to tell them you need to make the report to get help from a third party to resolve the problem. You can also explain up front to all parties that you are in the role of a mandated reporter.
- Q. Can a Case Manager report 'hear say' – something that is reported to her but that the source will not report themselves?
- A. There is no such thing as hear say in CPS reporting. You have a suspicion, so you report it. As long as you make the report in good faith, it is not a problem.
- Q. How closely can CPS work with the Case Manager? How can we balance the need for confidentiality with the need for the Case Manager to ensure the child's health, safety, and well-being?
- A. There are statutory allowances for DSS to get and share information regarding their assessment and in home services. The agencies must see each other as partners – dialogue, good communication are key. The Case Manager should reach out to DSS and discuss this issue outside of the realm of a case, on a more general basis. The Case Manager should participate in team meetings as invited.