



North Carolina Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

MEMORANDUM

TO: CAP/C Supervisors and Case Managers
FROM: Teresa Piezzo, RN, BC, BSN
Home Care Initiatives Manager
DATE: December 2, 2009
RE: Training Sessions, Website Changes, County Needs, Waiver
Renewal, Diabetic Supplies, Abuse and Neglect
2009-11

Special Training for Contracted Nurses

DMA will offer training for nurses who are contracted by case management agencies to do assessments and consultations. It will be held at DMA, in room 297 of the Kirby Building, on December 9, 2009 beginning at 10:00 AM. A sign-up sheet is attached.

This training is open to both the nurses and the case manager supervisors responsible for contracting them. It will provide an overview of the CAP/C program, specific information regarding the assessment, and discussion of the nurse's consultative role in plan of care development, incident report review, etc.

New Case Manager Training

DMA will offer two training for new CAP/C case managers. They will be held on January 15 and March 18, 2010. They will be held at DMA, in room 297 of the Kirby Building, from 9:00 AM to 4:00 PM. Sign-up sheets are attached.

This training is an optional extension of the self-study case manager training. Completion of the CAP/C self-study case manager training is **required** before attending this in-house training. The self-study is located at <http://www.ncdhhs.gov/dma/capctraining/capctraining.html>. Allow plenty of time to complete the training, and submit your final exam prior to attending in-house training. The in-house training is an informal, small-group, interactive session in which we reinforce some of the more difficult and/or important concepts and have plenty of opportunity for questions and answers.

Refresher Case Manager Training

DMA will offer training for all CAP/C case managers on Thursday, February 18, 2010. It will be held at DMA, in room 297 of the Kirby Building, beginning at 10:00 AM. The meetings will last until 4:00 PM or until all questions are answered, whichever is earlier. A sign-up sheet is attached.

This training session is open to everyone except for those case managers who are new and have not yet attended a new case manager training. This will be an informal question-and-answer type session with no set agenda. If possible, please indicate your questions on the registration form; this will help us gather appropriate resources for you prior to the training session.

Website Updates

The on-line version of the Case Manager Training has been updated to reflect all of the recent changes to the CAP/C program. The training can be found at <http://www.ncdhhs.gov/dma/capctraining/capctraining.html>. All Case Managers new to CAP/C should complete this training within three months of employment. It is also recommended that any Case Manager who has not completed this training do so.

These memos can now be found on the same page, beginning with the July 2009 memo.

County Needs

CAP/C is currently without any case management providers in the following counties: Alleghany, Hyde, Montgomery, Tyrrell, and Washington. If your agency is or knows of someone who is interested in serving one or more of these counties, please contact Teresa Piezzo at 919 855 4385, teresa.piezzo@dhhs.nc.gov or Jennifer Brest at 919 855 4382, jennifer.brest@dhhs.nc.gov.

Waiver Renewal Workgroup

As we prepare for our waiver renewal, we will have weekly meetings beginning in December. We would like for a Case Manager to be part of this process. If you are interested, and can attend or participate in several of these weekly meetings at DMA on Monday afternoons, please contact Jennifer Brest at jennifer.brest@dhhs.nc.gov or 919 855 4382.

Diabetic Supplies

Beginning February 1, 2010, only Prodigy test strips, lancets, lancing devices, and syringes will be covered by N.C. Medicaid. Diabetic supplies billed for Medicaid reimbursement must be obtained from Prodigy Diabetes Care, LLC. Prodigy will bill Medicaid directly for these supplies; case managers will no longer be able to bill for diabetic supplies as of February 1, 2010. Please see the December Medicaid Bulletin for additional information.

This Memo's Training Topic: Child Abuse and Neglect

This information is obtained from and used with the permission of the Child Welfare Information Gateway. Please refer to <http://www.childwelfare.gov/can/> for more information.

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child**:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

Offers conflicting, unconvincing, or no explanation for the child's injury
Describes the child as "evil," or in some other very negative way
Uses harsh physical discipline with the child
Has a history of abuse as a child

Definition of Physical Abuse

Physical Abuse

Citation: Gen. Stat. § 7B-101

Abused juvenile means any child less than age 18 whose parent, guardian, custodian, or caretaker:

Inflicts or allows to be inflicted upon the child a serious physical injury by other than accidental means
Creates or allows to be created a substantial risk of serious physical injury to the child by other than accidental means
Uses or allows to be used upon the child cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior

Signs of Neglect

Consider the possibility of neglect when the **child**:

Is frequently absent from school
Begs or steals food or money
Lacks needed medical or dental care, immunizations, or glasses
Is consistently dirty and has severe body odor
Lacks sufficient clothing for the weather
Abuses alcohol or other drugs
States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver**:

Appears to be indifferent to the child
Seems apathetic or depressed
Behaves irrationally or in a bizarre manner
Is abusing alcohol or other drugs

Definition of Neglect

Neglect

Citation: Gen. Stat. § 7B-101

Neglected juvenile means a child:

Who does not receive proper care, supervision, or discipline from the child's parent, guardian, custodian, or caretaker
Who is not provided necessary medical or remedial care
Who lives in an environment injurious to the child's welfare
Who has been placed for care or adoption in violation of law

In determining whether a child is a neglected juvenile, it is relevant whether that child lives in a home where another child has been subjected to abuse or neglect by an adult who regularly lives in the home.

Abandonment

Citation: Gen. Stat. § 7B-101

Neglected juvenile includes a child who has been abandoned.

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Definition of Sexual Abuse

Sexual Abuse

Citation: Gen. Stat. § 7B-101

Abused juvenile means any child less than age 18 whose parent, guardian, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws regarding sexual offenses by, with, or upon the child:

- First and second degree rape or sexual offense
 - Sexual act by a custodian
 - Crime against nature or incest
 - Preparation of obscene photographs, slides, or motion pictures of the child
 - Employing or permitting the child to assist in a violation of the obscenity laws
 - Dissemination of obscene material to the child
 - Displaying or disseminating material harmful to the child
 - First and second degree sexual exploitation of the child
 - Promoting the prostitution of the child
 - Taking indecent liberties with the child
-

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child**:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression

Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
Is delayed in physical or emotional development
Has attempted suicide
Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver**:

Constantly blames, belittles, or berates the child
Is unconcerned about the child and refuses to consider offers of help for the child's problems
Overtly rejects the child

Definition of Emotional Abuse

Emotional Abuse

Citation: Gen. Stat. § 7B-101

Abused juvenile means any child less than age 18 whose parent, guardian, custodian, or caretaker creates or allows to be created serious emotional damage to the child. Serious emotional damage is evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others.

When a Report Is Required

Standards for Reporting

Citation: Gen. Stat. § 7B-101

A report is required when the person responsible for the child creates or allows to be created risk of injury to the child.

Persons Responsible for the Child

Citation: Gen. Stat. § 7B-101

A person responsible for a child's health and welfare means:

A parent, guardian, or custodian
A stepparent, foster parent, or an adult member of the child's household
An adult relative entrusted with the child's care
Any person such as a house parent or cottage parent who has primary responsibility for supervising a child's health and welfare in a residential childcare facility

Any employee or volunteer of a division, institution, or school operated by the department

Standards for Making a Report

Citation: Gen. Stat. § 7B-301

A report is required when a reporter has cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment.

Who Must Make a Report

Mandatory Reporters of Child Abuse and Neglect

Professionals Required to Report

Citation: Gen. Stat. § 7B-301

Any person or institution who has cause to suspect abuse or neglect shall report.

Reporting by Other Persons

Citation: Gen. Stat. § 7B-301

All persons who have cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment, shall report.

Privileged Communications

Citation: Gen. Stat. § 7B-310

No privilege shall be grounds for failing to report.

Only the attorney-client privilege shall be grounds for excluding evidence of abuse in any judicial proceeding.

Who May Access a Report

Persons or Entities Allowed Access to Records

Gen. Stat. § 7B-2901

The clerk shall maintain a complete record of all juvenile cases filed in the clerk's office alleging abuse, neglect, or dependency. The records shall be withheld from public inspection and, except as provided below, may be examined only by order of the court. The record shall include the summons, petition, custody order, court order, written motions, the electronic or mechanical recording of the hearing, and other papers filed in the proceeding.

The following persons may examine the juvenile's record and obtain copies of written parts of the record without an order of the court:

- The person named in the petition as the juvenile
- The guardian *ad litem*
- The county Department of Social Services
- The juvenile's parent, guardian, or custodian, or the attorney for the juvenile or his or her parent, guardian, or custodian

The director of the Department of Social Services shall maintain a record of the cases of juveniles under protective custody by the department or under placement by the court. This shall include family background information; reports of social, medical, psychiatric, or psychological information concerning a juvenile or the juvenile's family; interviews with the juvenile's family; or other information that the court finds should be protected from public inspection in the best interests of the juvenile. The records may be examined only by order of the court, except that the guardian *ad litem* or juvenile shall have the right to examine them.

In the case of a child victim, the court may order the sharing of information among such public agencies as the court deems necessary to reduce the trauma to the victim.

Case Management in Child Protection

Child protective services (CPS) interventions may provide case management services during or following investigations or initial assessments. Case management involves working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved.

Note: Although it is desirable for the CPS worker and the CAP/C Case Manager to work collaboratively, confidentiality issues may interfere with that effort. Duplication of case management services is not a concern in these situations.

Consequences of Child Abuse and Neglect

The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences. In reality, however, it is impossible to separate them completely. Physical consequences, such as damage to a child's growing brain, can have psychological implications such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity.

Factors Affecting the Consequences of Child Abuse and Neglect

Not all abused and neglected children will experience long-term consequences. Outcomes of individual cases vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of abuse (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of abuse
- The relationship between the victim and his or her abuser (English et al., 2005; Chalk, Gibbons, & Scarupa, 2002)

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is sometimes referred to as "resilience." A number of protective and promotive factors may contribute to an abused or neglected child's resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humor, and independence, as well as the acceptance of peers and positive individual influences such as teachers, mentors, and role models. Other factors can include the child's social environment and the family's access to social supports. Community well-being, including neighborhood stability and access to safe schools and adequate health care, are other protective and promotive factors (Fraser & Terzian, 2005).

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted. Meanwhile, the long-term impact of child abuse and neglect on physical health is just beginning to be explored. According to the National Survey of Child and Adolescent Well-Being (NSCAW), more than one-quarter of children who had been in foster care for longer than 12 months had some lasting or recurring health problem (Administration for Children and Families, Office of Planning, Research, and Evaluation [ACF/OPRE], 2004a). Below are some outcomes researchers have identified:

Shaken baby syndrome. Shaking a baby is a common form of child abuse. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or brain, damage to the spinal cord and neck, and rib or bone fractures (National Institute of Neurological Disorders and Stroke, 2007).

Impaired brain development. Child abuse and neglect have been shown, in some cases, to cause important regions of the brain to fail to form or grow properly, resulting in impaired development (De Bellis & Thomas, 2003). These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities (Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006). NSCAW found more than three-quarters of foster children between 1 and 2 years of age to be at medium to high risk for problems with brain development, as opposed to less than half of children in a control sample (ACF/OPRE, 2004a).

Poor physical health. Several studies have shown a relationship between various forms of household dysfunction (including childhood abuse) and poor health (Flaherty et al., 2006; Felitti, 2002). Adults who experienced abuse or neglect during childhood are more likely to suffer from physical ailments such as allergies, arthritis, asthma, bronchitis, high blood pressure, and ulcers (Springer, Sheridan, Kuo, & Carnes, 2007).

Psychological Consequences

The immediate emotional effects of abuse and neglect—*isolation, fear, and an inability to trust*—can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Difficulties during infancy. Depression and withdrawal symptoms were common among children as young as 3 who experienced emotional, physical, or environmental neglect. (Dubowitz, Papas, Black, & Starr, 2002).

Poor mental and emotional health. In one long-term study, as many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996). Other psychological and emotional conditions associated with abuse and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, depression, anger, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000; De Bellis & Thomas, 2003; Springer, Sheridan, Kuo, & Carnes, 2007).

Cognitive difficulties. NSCAW found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures

of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003). A 1999 LONGSCAN study also found a relationship between substantiated child maltreatment and poor academic performance and classroom functioning for school-age children (Zolotor, Kotch, Dufort, Winsor, & Catellier, 1999).

Social difficulties. Children who experience rejection or neglect are more likely to develop antisocial traits as they grow up. Parental neglect is also associated with borderline personality disorders and violent behavior (Schoore, 2003).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group, even at a young age. An NSCAW survey of children ages 3 to 5 in foster care found these children displayed clinical or borderline levels of behavioral problems at a rate of more than twice that of the general population (ACF, 2004b). Later in life, child abuse and neglect appear to make the following more likely:

Difficulties during adolescence. Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease (Johnson, Rew, & Sternglanz, 2006).

Juvenile delinquency and adult criminality. According to a National Institute of Justice study, abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime (juvenile or adult) (English, Widom, & Brandford, 2004).

Alcohol and other drug abuse. Research consistently reflects an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime (Dube et al., 2001). According to a report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children (Swan, 1998).

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (NEW)

January 15, 2010 March 18, 2010

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

For the new case manager training, please fax this form and your final exam no later than one week before the applicable training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (REFRESHER)

February 18, 2009

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

Please fax this form no later than one week before the training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025

CAP/C TRAINING REGISTRATION REQUEST FORM

CONTRACT NURSE TRAINING

December 9, 2009

Name: _____ RN CM Supervisor

County: _____

Case Management Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Specific questions or situations you would like to discuss during training

Please fax this form no later than one week before the training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025