July 2010 - Volume # 1 - Issue # 2

CDAPI Corner

A Monthly Newsletter on Child and Dependent Adult Protection Issues

Senior Connect: Mental Health Services for Older Iowas

As of July 1, 2010, Medicaid members age 65 and older are eligible for managed behavior health care (mental health and substance abuse services) through the Iowa Plan, which is managed by Magellan Health Services. This change makes it possible for older Medicaid members to become eligible for a broad array of services including: Intensive Psychiatric Rehabilitation; Assertive Community Treatment; Mobile Counseling, Substance Abuse , Community Support, Supported Community Living; and Peer Support Services. Many of these services are not available through traditional fee-for-service Medicaid administered by Iowa Medicaid Enterprise (IME). There are a few groups of Medicaid members over 65 who will not be eligible for Iowa Plan managed care such as those who have limited Medicaid benefits, are enrolled in the PACE; or are enrolled in the Medically Needy with a spenddown.

Adult protective assessors should add this information to their toolbox. In the course of your work, if you serve older adults who may have mental health or substance abuse needs and are Medicaid members, you may want to help them get connected to services that will enable them to remain in the community, such as those now available through SeniorConnect. For more information about the services and how to connect with providers in your local community, please contact George Dorsey, *SeniorConnect* Liaison, Magellan Behavioral Health, at: gwdorsey@magellanhealth.com or 800-638-8820, ext. 85277.

Tip of the Month

Information a **Away – Questions about AIDS and HIV**

Questions about children with AIDS and HIV don't come up often, yet they have strict confidentiality requirements so when the time comes that you need a review here is where to find the answers:

Manual 17-F(3), *Additional Permanent Placement Information,* Topic 9, ***Children with AIDS or HIV***

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/17-f3.pdf

Manual 1-C, *Confidentiality and Records*, Pages 166 – 174, ***HIV-Related Information***

http://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/Manual_Documents/Master/1-c.pdf

Have protective issue questions?
Call us at the Service Help Desk.
Tony Montoya 515-281-6786 or, Sue Potter 515-281-7272 or,
SERVICE HELP DESK – 1-866-347-7782

SIDS: A Diagnosis of Exclusion

As a child protective worker, you've just been assigned an assessment in which a three month old infant has been found unresponsive at home by the caretaker. The child is taken to ER and EMS responsed to the home. Upon being assigned the case, you contact law enforcement to arrange a joint investigation. In communicating with Law Enforcement, they inform you that it appears child's death was SIDS (Sudden Infant Death Syndrome) but as a matter of procedure an autopsy will be done.

Do you know the difference between a death from SIDS, a death by parental negligence and infanticide? Even the experts can't always tell.

Earlier this month here in Iowa, a woman pleaded guilty to child endangerment for smothering her 5 month infant daughter in 2007. At the time of the child's death in 2007, an autopsy had been performed and classified as a SIDS by the medical examiner. Law enforcement had initially investigated and found no signs of foul play. This child's death was initially thought to be a SID and no report was made to DHS. Case closed.

However, it wasn't until September 2009, when a witness came forth that law enforcement realized that a crime had been committed. When the mother was arrested and charged with murder, she confessed to using a pillow to smother her daughter.

Only a small percentage of infant deaths are infanticide, another percentage are preventable and the remainder are SIDS. Your job is to determine if the actions taken, or not taken, by the infant's caretaker(s) were the actions of a reasonable and prudent person.

What is a SIDS death? Where do you start your work to determine if the infant's death was preventable? SIDS is a diagnosis of exclusion. Only a medical examiner can make this determination, and such a diagnosis should be made only after thoroughly evaluating all of the information available. The current definition of SIDS from the American Academy of Pediatrics is:

> *The sudden death of an infant younger than 1 year that remains unexplained after thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history*.[1]

You are not a law enforcement officer or a physician so your work has a different focus and you are looking at acts of neglect rather than criminal charges:

- Work with law enforcement, participating in interviews if allowed.
- Request law enforcement's death scene report
- Visit the death scene as soon after the death as possible.

SIDS (continued)

- Look for “evidence” such as where the infant was placed for sleep, room temperature, was the child covered in blankets , is there evidence of drug or alcohol use, does the home environment appear healthy, who all was present before and at the time of the infant’s death, what emergency team responded …
- Take pictures of the death scene
- Review the infant’s health history with the pediatrician
- Interview all collaterals individually as early in the assessment as feasible

Interviews with the parents of a recently deceased infant require skill, empathy and objectivity. Strive to acknowledge the parents’ grief and explain the need to know precisely how their infant died in order to help them achieve closure and possibly to prevent the death of another infant. Sometimes a genetic link is discovered, defective baby products are being used (recalls of defective cribs, pack and plays and blankets have occurred recently) or outdated parenting practices are being utilized. Inform parents of available counseling and support groups for them and any surviving siblings.

True SIDS deaths occur most often in infants between two and four months of age with 90% occurring before six months of age. SIDS rates are two to three times higher among African-Americans, Alaska native and some American Indian populations.[2]

Risk factors for SIDS that you should consider in making a determination of whether abuse or negligence occurred include:

- Infant not placed to sleep on back and not sleeping in a crib, pack and play or bassinet
- Co-sleeping with adults or children
- Soft sleep surface (such as adult bed, couch)
- Crib or bassinet with blankets, pillows, crib pads, toys
- Caretakers using drugs (even prescribed) or drinking alcohol
- Overly hot room or environment
- Low birth weight
- Lack of prenatal or well child care
- Health of the infant in the days before the death

As with all difficult assessments, use your supervisor for clinical supervision and contact the Service Help Desk if you have questions. This article is an overview and may not include all areas important to your assessment.

Leaving you with one last thought – Any medical examiner will tell you it isn’t natural for an infant to die. Unless an infant’s death occurs in a hospital under medical care for a known cause, an autopsy is required to determine the cause of death because that death may have been preventable.

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[1] ***Distinguishing Sudden Infant Death Syndrome from Child Abuse Fatalities**, American Academy of Pediatrics, Kent P. Humel, MD and the Committee on Child Abuse and Neglect, NATIONAL ASSOCIATION OF MEDICAL EXAMINERS, Vol. 118 No. 1 July 2006.*

[2] *Ibid.*

Assessment Summary Addendum (*Manual 17-B(1), page 52*)

An addendum to a *Child Protective Services Assessment Summary* is necessary in two situations:

1) When you do not have all the information needed to complete the assessment in the 20 days allowed, for reasons such as:
   - A subject or significant collateral source is unavailable for an interview.
   - Law enforcement recommends a delay in interviewing a subject of the report.
   - Necessary information or interview results from another jurisdiction are not yet available.
   - Necessary medical or psychological information (such as a laboratory report on drug testing) is not yet available.
   - Recently acquired information necessitates additional interviews or inquiries.
   - Documentation that relates to the report arrives beyond the 20 business days allowed.
2) When additional information is acquired after the Child Protective Services Assessment Summary is completed, in circumstances such has:
   - A person alleged to be responsible for the abuse who was previously unavailable for an interview comes forward and requests an interview to address the report allegation.
   - New information becomes available which changes the information provided and supports or alters the finding, conclusion, or recommendation of the summary.
   - A final appeal decision or a review decision that modifies the original summary.