
10. MEDICAL CARE STANDARDS

N. Mandatory Child Abuse and Neglect Reporting

APPLIES TO:

- A. This policy applies to all Mandated Reporters who treat or have contact with IEHP Medi-Cal Members.

POLICY:

- A. Primary Care Physicians (PCPs) are responsible for the overall health care of assigned Members including the identification and reporting of suspected child abuse or neglect cases.
- B. PCPs are Mandated Reporters according to Penal Code Section 11165.7 and as such they are responsible for directly informing Child Protective Services within their respective county, of identified or suspected abuse or neglect cases and filing reports with appropriate county agencies.
- C. Other Mandated Reporters, who are also responsible to directly report identified or suspected child abuse or neglect include IEHP professional staff and:
1. Medical, Dental and Hospital Personnel
 2. Mental Health Professionals and Counselors
 3. Social Service Personnel
- D. IEHP adopts the definition of child abuse/neglect from the California Child Abuse and Neglect Reporting Act: physical injury or death inflicted by other than accidental means upon a child by another person, sexual abuse, neglect, the willful harming or injuring of a child or the endangering of the person or health of a child, and unlawful corporal punishment or injury. For the full definition of “child abuse or neglect,” see California Penal Code Section 11165.6.
- E. Mandated Reporters, will report identified or suspected abuse or neglect such as:
1. A minor who is physically injured by other than accidental means.
 2. A minor who is subjected to willful cruelty or unjustifiable punishment.
 3. A minor who is abused or exploited sexually.
 4. A minor who is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

PROCEDURES:

Identification of Suspected Abuse or Neglect Cases

- A. At the health plan level, Providers, care managers, and UM personnel are in a position to identify and report incidents of potential child abuse or neglect. Any obligation to

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investigate the particulars of any case rests with Child Protective Services. This allows Mandated Reporters to act based only upon clinical suspicion, without being constrained by the need to investigate or to cast judgment.

- B. Health care givers must be alert for signs of possible child abuse or neglect including, but not limited to, the following signs and symptoms:
1. Evidence of malnutrition, starvation, dehydration, failure to thrive;
 2. Chronic neglect;
 3. Sexual assault;
 4. Exposure to controlled substances, street drugs, or alcohol;
 5. Conflicting or inconsistent accounts of incidents and injuries;
 6. Depression not responding to appropriate therapy or characterized by suicidal thoughts;
 7. Shaken baby syndrome;
 8. Blunt force trauma;
 9. Infection due to lack of medical treatment;
 10. A series of accidents, bruises, or fractures over time;
 11. Unexplained illness or injury;
 12. Poor or worsening school or work performance not otherwise explained;
 13. On office visit, the presence of physical findings of trauma inconsistent with a Member's stated history, or inconsistent with the parent's, caregiver's, or guardian's history. Examples include a stated mechanism of injury not consistent with a child's developmental age (e.g., a child who could not have rolled off a bed); and
 14. On office visit, the presence of behavioral or emotional clues pointing toward possible abuse or neglect. These may include excessive hostility between a Member and his/her parent or caregiver; excessively avoidant, sullen, fearful, submissive, or anxious behaviors on the part of the Member; or sexually inappropriate, explicit, or familiar behavior on the part of the Member during the office visit.
- C. In addition, Mandated Reporters have a variety of further information sources for the identification of child abuse or neglect cases including the following:
1. Request by an Emergency Room for authorization to treat an illness or injury of suspicious or questionable nature;
 2. Request by an Urgent Care Center for authorization to treat an illness or injury of suspicious or questionable nature;
 3. Hospitalization of a Member for suspicious trauma, illness, or injury;

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4. Office visits with Pediatricians, Primary Care Physicians (PCPs), and other health care Providers that reveal unusual physical or emotional findings;
5. Abuse cases identified during the UM or CM process;
6. Requests for assistance received by Member Services from victims of abuse; and
7. Calls to the twenty-four (24) Hour Nurse Advice Line from victims of abuse.

Reporting Suspected Abuse or Neglect Cases

- A. Mandated Reporters are responsible for telephoning reports of suspected child abuse or neglect and filing additional report(s) with appropriate agencies.
 1. The telephone report will include the following:
 - a. Name, title, and daytime number of reporting party, agency name and address, and date of report.
 - b. Name, address, age and present location of minor.
 - c. Any information that led the reporting party to suspect that abuse has occurred.
 - d. Nature and extent of the minor's injury and condition, if known.
 - e. The date and time of incident.
 - f. Names and addresses of parents or legal guardians.
 - g. Any other information requested by the child protective agency.

Riverside

Child Abuse:
Department of Public Social Services
Child Services Division
(800) 442-4918 (24 hours)

San Bernardino

Child Abuse:
Department of Public Social Services
Children and Family Services
(800) 827-8724 (24 hours)

Other Related Responsibilities

- A. IEHP and its Delegated IPAs are responsible for educating their contracted PCPs of the procedures for reporting abuse or neglect cases.
- B. IEHP and its Delegated IPAs are responsible for case managing abuse or neglect cases and verifying that reporting has occurred.
- C. IEHP and its Delegated IPAs are responsible for documenting abuse or neglect cases on the monthly Case Management Log (See Attachment, "Monthly Care Management Log" in Section 25).

REFERENCES:

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- A. California Penal Code §11165.6.
- B. California Penal Code §11165.7.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	April 1, 2012
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