



Mandatory Reporting Special Health Services



November 2015

DISCLAIMER NOTICE

- The information in this document is guidance about mandatory reporting and how to document those actions for SHS; done in the context of a Service Coordinator providing Service Coordination.
- When a Service Coordinator first meets with a family/participant the Service Coordinator may want to make them aware the one of the roles of a Service Coordinator is as a mandated reporter.

Abuse and Neglect Definition



Abuse and neglect occurs when a person(s) responsible for the care of a child, elderly or disabled person either deliberately or by extraordinary inattentiveness, permits the individual in his/her care to experience avoidable suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

Things to Report

- Suspected neglect
- Any non-accidental physical injury or injury which is at variance with the history given
- Suspected sexual abuse
- Suspected emotional abuse
- Non-organic (no medical reason) failure to thrive
- Psychological
- Self Neglect
- Financial
- Abandonment



How to Report

The following procedure shall be implemented when reporting suspected abuse or neglect of a child/disabled adult/elderly person:

- For suspected child abuse/neglect call **Children's Division at (800) 392-3738.**
- For suspected abuse or neglect of a disabled adult eighteen to sixty years of age or an elderly person age 60 or older call the **Division of Senior and Disability Services at (800) 392-0210.**



What to Include

- Name and home address of the suspected victim and family, caregiver or other persons believed to be responsible for the care of the suspected victim.
- The present whereabouts of the suspected victim, if not the same as their home address.
- The age, gender, and race, if known, of the suspected victim.
- The nature and extent of the suspected victim's injuries and physical status including any evidence of previous injuries.
- The name, age, and condition of other children/persons living in the same home or environment.
- Any other information that might be helpful when investigating the alleged abuse and neglect of the suspected victim.
- The name, address and title of the person(s) making the report.
- If any mandated reporter believes that continuing the current living arrangement constitutes an immediate threat to the suspected victim, the call to the hotline should include that concern.
- Also include information about the perpetrator (name, address, age, etc.).

Mandatory Reporting Documentation

- Documentation of a Mandated Report requires two (2) separate Progress Note entries.
- Program Manager notification must be done within one (1) business day of making a hotline call.
- A completed Confidential Event Report form must be submitted (through appropriate channels) to appropriate Program Manager.

Progress Note Entry

1st Progress Note entry records entire incident (without mention of making a Mandatory Report (hotline call)).

- Appropriate Contact Type selection will indicate how the Service Coordinator learned of the incident, i.e., participant visit or provider contact.

2nd Progress Note entry records action of physically making the Mandated Report (hotline call).

- Contact Type selection is always 'Other'.
- The body of the Progress Note will only state 'A hotline call was made.'
- No additional statement is to be entered.
- This note entry will follow the 1st progress note in date/time sequence.
- In this note entry it is permissible to use 3rd party language.

Confidential Event Report Form

- Regional Coordinators will keep the original electronic copy of the Confidential Event Report form completed by the Service Coordinator.
- Regional Coordinators will update the original Confidential Event Report form if additional information is received via letter, calls, etc. (i.e., resolution, follow-up, additional report about the same event, etc.)
- Regional Coordinators will send the updated Confidential Event Report form to the Program Manager.
- No Service Coordinator, associated with any Program, will keep any copies (electronic or written) of Confidential Event Report form submissions.

Third-party Reporting Requirements

- If a Provider reports abuse to a Service Coordinator, the Service Coordinator must direct the Provider to make a hotline call.

And

- Now that the Service Coordinator is aware of the situation, as a mandated reporter the Service Coordinator must also make a hotline call as a 3rd party reporter.

ABI Program Confidential Event Report Form

DATE OF EVENT: [REDACTED]

PARTICIPANT NAME: [REDACTED]

PARTICIPANT DCN: [REDACTED]

SUMMARY OF REPORTABLE EVENT: [REDACTED]

ACTION TAKEN BY SERVICE COORDINATOR (including date reported to appropriate agency): [REDACTED]

DATE REPORTED TO PROGRAM MANAGER: [REDACTED]

COMPLETED BY: [REDACTED]

CYSHCN CONFIDENTIAL EVENT REPORT FORM

DATE OF EVENT: [REDACTED]

PARTICIPANT NAME: [REDACTED]

PARTICIPANT DCN: [REDACTED]

SUMMARY OF REPORTABLE EVENT: [REDACTED]

ACTION TAKEN BY SERVICE COORDINATOR (including date reported to appropriate agency): [REDACTED]

DATE REPORTED TO PROGRAM MANAGER: [REDACTED]

COMPLETED BY: [REDACTED]

HCY & MFAW CONFIDENTIAL EVENT REPORT FORM
(Not to be printed or retained in the participant record)

Date Completed: [REDACTED]

Completed By: [REDACTED]

Program: HCY MFAW

Regional Office: [REDACTED]

Date of Event: [REDACTED]

Participant Name: [REDACTED]

Participant DCN: [REDACTED]

Participant DOB: [REDACTED]

Summary of Events: [REDACTED]

Action Taken: [REDACTED]

Recommendations: [REDACTED]

Follow up Required: [REDACTED]

Investigator: [REDACTED]

Summary of Investigation: [REDACTED]

Date Resolved: [REDACTED]

Resolution: [REDACTED]

Indicators of Suspected Neglect

- Underweight, poor growth, or failure to thrive (that which is not related to an organic cause)
- Constant hunger, consistent poor hygiene, or inappropriate clothing
- Consistent lack of supervision, especially when engaged in dangerous activities or over an extended period of time.
- Abdominal distention and wasting of subcutaneous tissue
- Constant fatigue and listlessness
- Gross dental problems and/or mouth, which are not related to an organic case
- Unattended major physical problems or medical need
- Lack of proper immunizations
- Bald patches on infant's scalp, which result from lying on back for extended periods
- History of school truancy
- Confined or restrained



Indicators of Suspected Physical Abuse

- Bruises and welts
- Burns
- Human bite marks
- Bald patches on the scalp, which are interspersed with normal hair
- Unexplained bruises, welts, fractures, burns, lacerations or abrasions or other injuries
- Self-report or report by others of physical abuse
- Reported screams or sounds of physical abuse
- Physical developmental delays
- Hyperactive/disruptive behavior
- Failure to thrive



Indicators of Suspected Emotional Abuse of a Child

- Speech disorders
- Physical developmental delays
- Failure to thrive



Indicators of Suspected Sexual Abuse



- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Complaints of pain, swelling, or itching in the genital area
- Pain upon urination
- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
- Vaginal/penile discharge
- Venereal disease, particularly in a child under thirteen years of age
- Poor sphincter tone
- Pregnancy, especially in early adolescence
- Explicit sexual knowledge inappropriate for age and culture

Indicators of Suspected Emotional Abuse by a Caretaker

- Blaming, belittling, or rejecting child
- Constantly treating siblings unequally
- Persistent lack of concern by caretaker for child's welfare



- Questions?
- Comments?

Jennifer Braun, Training Coordinator
Missouri Department of Health and Senior Services
Division of Community and Public Health
Section for Special Health Services
920 Wildwood, Jefferson City, MO 65102
573/751-6246

jennifer.braun@health.mo.gov