

## Consultations with the DMCPH Health Unit

**Policy Number:** IA 49.00, OCM 46.00, SS 10.00

**Eliminated/Replaced Policies:** Staffings and Consultations with BMCW Medical Director (June 1, 2010)

**Subject:** Consultations with the DMCPH Health Unit

**Last Updated/Reviewed:** May 20, 2016

**Contact Div/Bur/Sec:** Division of Milwaukee Child Protective Services (DMCPH)

**Contact Name/Phone:** Robin Joseph, Ph.D., Division Administrator  
[robine.joseph@wisconsin.gov](mailto:robine.joseph@wisconsin.gov)

Dr. Michelle Urban, Medical Director  
[Michelle.Urban@wisconsin.gov](mailto:Michelle.Urban@wisconsin.gov)

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*Any information referenced within this document is considered to be a part of this policy with the exception of the "related resources" section.*

### Summary/Purpose

This policy establishes a process for case staffing and consultation with the Division of Milwaukee Child Protective Services (DMCPH) Health Unit, Access, and Initial Assessment. Contracted agencies, handling intensive in-home services, foster care and adoption, and ongoing case management programs, may consult with the medical director as needed or in relation to specific cases. For independent investigations, involving health related concerns or diagnosis, CIP may contact the Medical Program Assistant to schedule a health consultation and/or to collaborate with an RN.

### Policy:

Consultation with the DMCPH Health Unit provides medical and developmental expertise to help DMCPH identify, frame, and assess health conditions, medical concerns and developmental vulnerabilities that may impact child safety. Health consultations are not intended to replace case-specific collateral medical information gathering and contact with the child's health care provider(s). Treatment recommendations and decisions are the domain of the child's assigned primary care and/or specialty care providers and should be carried out. Consultation with our Health Unit is expected for cases with identified health concerns or conditions.

### Procedures:

The procedures outlined below note when to request a health consultation.

## Access Consultation on CPS and Service Reports

- If the information contained in the Access report involves alleged medical neglect and/or a health related issue that may affect the screening decision, the response time, or the manner in which Initial Assessment must respond, a consultation may occur between the Access Supervisor responsible for screening the access report and the Health Unit.
- The DMCPs Health Unit will assist in the identification and/or interpretation of reported medical concern(s) and will provide guidance for further information gathering as necessary.
- If the Access report is screened in and involves health concerns and/or medical neglect, the referral should be identified as a Health Alert (see below).
- All consultations with the Health Unit must be thoroughly documented in the access report.

## Health Alert Identification and Notification Process

- The Access screening supervisor will identify the case as a health alert with any of the following referrals:
  - Referrals on all hospitalized children at the time of report, including newborns
  - All drug affected infants, including unborn infants with allegations of drug exposure
  - All referrals called in by a healthcare provider or facility (hospital, clinic, school health staff).
  - All referrals on children with identified special health care needs
- The screening supervisor will notify the Health Unit (Medical Director, Medical Program Assistant, and all DMCPs Nurses), designated Program and Policy Analyst(s), all Program Managers and assigned and back up Office Associates (OA) and their assigned supervisor by email. "Health alert" and the assigned IA supervisor's name should appear in subject line of the case assignment email.
  - Use email distribution list titled, *Independent Medical Alert Distribution List* (DCF DL DSP BMCW IND MEDICAL)
  - A list of OA's assigned to specific IA Supervisors can be found within Supplement A: Health Alert Notification and EDS report.
- The OA will conduct the following activities:
  - Pull and give the *Foster Care Health History Claim* report (EDS report) for all children listed in the household to the assigned supervisor within the next business day of receiving the "health alert/case assignment" email.
  - Review the household information via eWiSACWIS and corresponding Access report for accurate names and dates of birth (along with Person Maintenance for social security numbers) for the applicable child(ren). The household information in eWiSACWIS should be corrected if it is incorrect.

Note: In the event the OA or OA Supervisor has pulled an EDS report for this household (case) within the last 30 days, a new EDS report is not needed unless specifically requested by the IA specialist or IA supervisor.

- The assigned IA supervisor will verify that the assigned IA specialist has received the EDS report prior to the consultation between IAS, IA supervisor and IA Nurse. The EDS report must be accessible (in the paper case file or in eWiSACWIS). When the assigned OA (mentioned above) is out of the office, the OA's supervisor or designee will complete these tasks.

### **Initial Assessment Health Consultation**

Cases identified as Health Alerts require consultation with the DMCPs Health Unit during the initial assessments. Health consultations involve discussing the medical needs of the child(ren) that must be addressed to ensure child safety. A consultation should be scheduled with a DMCPs Nurse to occur within 48 business hours of the screened in access report. It is recommended that the initial health consultation occur before initiation of face-to-face contact with a child/family whenever possible, in order to provide case specific relevant health and developmental information that will help to inform the IA process, including the impact of identified health and/or developmental vulnerabilities on safety. If acute health needs or danger threat(s) are identified in the Access report, the health consultation should occur immediately.

Consultations should occur whenever new medical information is received. During consultations, Nurses may advise IAS how to request relevant health records from a medical provider and may help determine which health records received should be documented or discarded.

A subsequent health consultation must occur 30-45 days after the case is open. Additional consultations may be needed as the case dictates and may be requested at any time by IAS, IAS Supervisor, IA Nurse or DMCPs management to discuss any health related questions/concerns they have regarding individual cases, including those not initially identified as Health Alert cases. Reconciling medical information must be addressed prior to case closure

These structured collaborations between IAS, IA Supervisors, and the medical consultant are intended to provide a value-added health perspective to inform decisions regarding individualized safety and case planning for children with identified health care needs/concerns.

### **Initial Assessment Process for requesting a consultation or staffing**

1. The IA Supervisor is primarily responsible for scheduling the initial health consultation within 48 business hours of the screened in Access report, or sooner if acute needs or danger threats are identified, by sending an Outlook calendar invitation. The consultation will include the assigned DMCPs Nurse, IAS, and IAS Supervisor. If the IA Supervisor is not available to schedule the consultation, the Nurse should schedule the consultation.
2. At each consultation, there will be discussion to determine if there is or is not a need for subsequent consultation(s). Any subsequent consultation/meeting must be scheduled before the end of the meeting.
3. In the event that a health consultation is cancelled, the individual who cancelled is responsible for rescheduling health consultation.

4. A final consultation must occur no later than the 45<sup>th</sup> day after the Access report is received to ensure all health concerns have been addressed. At any time, the IAS, IA Supervisor, DMCPs Nurse, or DMCPs Management may request/schedule subsequent health consultation(s).
5. When an emergency consultation is needed outside of normal business hours, the IAS and IA Supervisor will consult with the On-Call Program Manager to determine next steps.

### **Case Transfer**

When Initial Assessment determines that a case designated as a Health Alert will be transferred to either Intensive In-Home Services or Ongoing Case Management, the consulting Nurse should be notified and included in the case transfer staffing and so that the child's specific treatment recommendations and health care needs can be included as part of the case transfer process.

### **Documentation**

- The IAS will document an Assessment Contact in eWiSACWIS to reflect that a health consult was completed and to capture their understanding of information shared during all of the consultation along with agreed upon next steps.
- The Nurse will enter a case note under the narrative section of the case in eWiSACWIS, reflecting a summary of the information discussed/shared during the health consultation including any actionable items and/or agreed upon follow up.
- The Medical Program Assistant is responsible for the internal tracking of consultations. IA Supervisors and Nurses should review the tracking document for accuracy, and notify the Medical Program Assistant with any corrections or additions.
- Medical/mental health fields should also be updated with any new health information as it is available.

### **Responsibilities:**

Medical Program Assistant: internally track and compile DMCPs health consultations

DMCPs Nurses: provide health information to IAS and IA Supervisor during health consultations, schedule health consultations if IA Supervisor is not able to, advise IAS on how to request relevant health records, and document health consultations in eWiSACWIS

IAS: seek guidance and information from DMCPs Health Unit when medical conditions are associated with a case, attend health consultations and use information provided to inform the assessment process, document all health consultations in eWiSACWIS, and reschedule health consultations (if you are responsible for canceling a scheduled consultation)

IA Supervisors: schedule initial health consultations and attend all health consultations with IAS and Nurse and provide guidance to IAS when needed

Program Managers: ensure IA Supervisors and IAS comply with duties and responsibilities outlined in this policy and provide guidance on cases requiring an emergency consultation

Access Screening Supervisor: Identify health alert cases and notify all designated internal contacts via email; and consult the Health Unit when medical questions arise regarding a particular case.

OA's: pull and provide EDS report to assigned IA Supervisor and ensure household information is correct in the Access Report and in eWiSACWIS

**Related Resources:**

- [Wisconsin State Statutes Chapter 48 Children's Code](#)
- [Child Protective Services Safety Intervention Standards](#)
- [DSP Memo Series 2016-01 January 22, 2016; Protective Planning Documentation in eWiSACWIS, Protective Planning with Indian Children, and Updates to Safety Intervention Standards](#)
- [Child Protective Services Access and Initial Assessment Standards](#)
- [Ongoing Services Standards](#)
- [Health Alert Notification And EDS Reports Memo, August 3, 2015](#)
- *Foster Care Health History Claim* report (EDS)
- [Supplement: Office Associates and Initial Assessment Supervisor Assignments for Health Alert Notifications and EDS Reports](#)