TEXAS
Department of Family and Protective Services

Complex Medical Investigations Resource Guide

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Complex Medical Investigations

PURPOSE

This handbook serves as a companion to the policy handbook. It is designed to provide staff with a state-wide, consistent model of best practices and task-specific details to help staff meet policies regarding Complex Medical Investigations.

It is important to note that this protocol handbook serves as the state-wide protocol.

Should you have any questions or need case direction on a complex medical investigation, email DFPSCPIComplexMedicalInvestigations@dfps.texas.gov.

GLOSSARY

Acute Maltreatment- refers to a single, severe incident of abuse or neglect that results in immediate harm or serious injury to a child or vulnerable person. This can include physical abuse (e.g., a violent beating causing fractures) or severe neglect (e.g., abandonment leading to medical crisis). Unlike chronic maltreatment, which occurs over time, acute maltreatment is characterized by its sudden and severe nature, often necessitating immediate medical or protective action.

Chronic Medical Condition- A child who has a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than three months. Common chronic diseases include diabetes, functional gastrointestinal disorder, eczema, arthritis, asthma, chronic obstructive pulmonary disease, autoimmune diseases, genetic disorders, and some viral diseases such as hepatitis C and acquired immunodeficiency syndrome.

FACN- The Forensic Assessment Center Network (FACN) is a coordinated group of physicians from six medical schools in Texas who are experts in child and adult abuse and neglect. The goal of the network is to ensure that medical professionals with experience in maltreatment are more readily available to offer their advice and expertise to DFPS caseworkers. This network fills in gaps when no local medical experts are available. The network helps staff make decisions about child and adult safety. DFPS is statutorily required to contract with the FACN.

Medical Child Abuse (formerly known as Munchausen by Proxy)– refers to a form of child abuse in which an adult falsifies developmental, physical, and/or psychological signs and/or symptoms in a victim causing that victim to be regarded as more ill or impaired than objective evaluation reveals them to be. (Other Common terminology used for this condition includes Fabricated Illness in a child, Factitious Disorder Imposed on Another, Pediatric Condition Falsification, Factitious, disorder (illness) by proxy, or child abuse in the medical setting). (Arizona)

Medically Complex Condition: A child who has a medically complex condition has more than one chronic medical problem that affects a wide range of body systems. This results in differences in how a child is able to interact with the world; they often have frequent visits to medical providers – doctors, therapists etc., and often need medical equipment. The medically complex condition does not need to be permanent. Examples include pregnancy, cystic fibrosis, diabetes and genetic syndromes but could also include a child who has asthma and ADHD.

Non-Displaced Injury- refers to injuries from abuse where bones or tissues are harmed but remain in alignment (e.g., a non-displaced fracture from physical abuse).

Non-Specific Injury- refers to an injury that lacks a clear or identifiable cause, mechanism, or origin. These injuries do not point to a specific event or trauma and may be attributed to various possible explanations.
Non-specific injuries are often concerning in cases of suspected abuse, as they may indicate underlying maltreatment when no reasonable explanation is provided. (e.g., bruises, fractures, or burns in unusual locations without a clear history of trauma; soft tissue injuries or internal damage without an identifiable accident; healing injuries at different stages, suggesting repeated trauma over time).

Second Opinions: seeking a different doctor's or specialist's opinion of a diagnosis or treatment plan after receiving an initial diagnosis or treatment plan for a medical condition (The second opinion is from another doctor in the same field as the first).

Specialty Consultations- Specialty consultations involve healthcare professionals with advanced training in specific areas of medicine. Specialty consultations often entail an in-depth evaluation of the specific condition. This includes specialized tests, diagnostic procedures, and comprehensive assessments to ensure that patients receive the most accurate diagnosis and appropriate treatment options.

Specific Injury- refers to an injury with a clearly identifiable cause, mechanism, or event. It is directly linked to a known trauma or incident, making it easier to diagnose and treat. (e.g., fractured wrist from a documented fall, burn from direct contact with a hot surface, a concussion from a motor vehicle accident, a deep cut from handling a sharp object).

WHAT IS A COMPLEX MEDICAL INVESTIGATION?

An investigation can be considered a Complex Medical Investigation when the allegations involve a child with multiple, serious, or chronic health conditions that require extensive, coordinated medical care and it is alleged a parent failed or refused to follow through with medical treatment or a doctor's recommendation.

An investigation will also be considered a Complex Medical Investigation when there are allegations of Medical Child Abuse (formerly known as Munchausen by proxy).

A Complex Medical Investigation may have the following allegations, but is not limited to:

1. Medical Neglect: when a parent or guardian fails to provide necessary medical care for a child's condition, potentially putting the child at risk of significant harm.

- Failure to follow through with prescribed treatments.
- Refusal to seek medical care despite the child showing signs of distress.
- Ignoring medical advice that is critical for the child's health.

2. Physical Abuse: Parents may subject a child to unnecessary medical procedures or treatments. This may involve exaggerated claims about the child's medical condition or behaviors that align with medical child abuse (formerly known as Munchausen by Proxy).

3. Neglectful Supervision: a child with complex medical needs requires specialized equipment or monitoring, failure to provide proper oversight or care may be considered neglect.

4. Physical Neglect: for a child with a complex medical condition, a hazardous or unclean home environment might exacerbate their health issues, prompting an investigation.

CPI assesses such allegations by collaborating with medical professionals who can provide expertise regarding the child's condition, the necessary standard of care, and whether harm has occurred or is likely to occur. The goal is to determine if the child's safety and well-being are compromised due to the parent's actions or inactions and to provide appropriate interventions if needed.

STEPS FOR INVESTIGATING A COMPLEX MEDICAL INVESTIGATION

- Notify Law Enforcement, if applicable. See Policy 2136 When to Notify Law Enforcement about Reports of Abuse or Neglect

- Obtain a full statement from the reporter- Contact the reporter, as well as any medical collaterals and gather information on why abuse or neglect is suspected. Request timelines of events missed dates of appointments, information on the child's current diagnosis and prognosis, involvement of other medical specialists, current medications, the family's understanding of the treatment plan and whether the parent has requested a second medical opinion.

- Interview parents, legal guardians, and medical staff and obtain the following information (If working a joint investigation, conduct interviews with law enforcement present or following consultation with law enforcement):
    - the child's medical diagnosis and history
    - a detailed timeline for allegations
    - parental understanding of the condition
    - medications- Determine if there had been recent changes in medication, or if medication was stopped and for what reason. Obtain information on what the prescribed medications are for as well.
    - immunizations
    - developmental milestones
    - dietary habits
    - any current medical treatment plan
    - and any relevant social or environmental factors impacting the health of the child

- Provide the Medical Resource Form 3019 AND Authorization to Disclose Protected Health Information to be completed by parent.

- Photograph and conduct visual examination of the child- When conducting a visual examination of a child the caseworker should document the physical observations of the child, including skin, hair, nails, and clothing, and any change in appearance. Photographs can be a valuable tool for tracking the progress of the child over time and identifying any signs of regression. If there is a concern for malnutrition, ensure photographs are taken of the torso, back, arms, and legs to provide further details of a child's condition, if necessary. Caseworkers should take photos of any medical equipment and medications. Ensure the medical equipment is being used and prescriptions are being administered as required. See Policy 2245 Visual Examinations

- Interview family members and collaterals with knowledge of the family. Evaluate whether the collaterals have pertinent information regarding the child's medical conditions, their comprehension of the daily schedules and routines for the family, as well as their familiarity with any prescribed medications and their administration. Ensure these collaterals are providing you with first-hand information, and specifically ask the condition of the child the last time they saw that child (date and time).

- Request and obtain **ALL** Medical Records from ALL treating Physicians, including from any facility where treatment was provided. Ensure the caregivers have provided all the known clinics, emergency clinics, hospitals, and doctors information.

- Obtain an opinion from a physician who is certified in child abuse pediatrics by the American Board of Pediatrics or request an FACN consultation as necessary. Send **ALL** Medical Records to FACN for consultation. See FACN Resource Guide.

- Verify medications are being provided as necessary. If needed, contact pharmacies to confirm when prescribed medications were refilled (including formula for tube feeding) and when is a new prescription needed.

- Consult with Regional Nurse or CPS Medical Director as necessary.

- Consult with treating physicians. It is essential to consult with all current and former treating physicians to obtain a comprehensive understanding of the child's medical history, diagnosis, and any concerns raised by medical professionals.

- If needed, consult with a CSS or requesting a case mapping.

- Should you have any questions or need case direction on a complex medical investigation, email DFPSCPIComplexMedicalInvestigations@dfps.texas.gov.

Investigating Medical Child Abuse (Formerly known as Munchausen By Proxy)

These investigations can be complex and challenging to assess, particularly when determining whether abuse is taking place. The case worker should evaluate whether the following characteristics are present in their investigation.

Child/Victim Characteristics

- History of unexplained or difficult to treat illnesses.

- History of frequent visits to doctors, clinicians, or therapists of any type, hospitalizations, medical procedures, or surgeries.
- Presents with disabilities or symptoms that are not commonly seen in a child with reported diagnosis or condition.
- Healthcare providers have reported discrepancies with the history reported by the parent, guardian or custodian and clinical assessments.

Parent/Alleged Perpetrator Characteristics

- An intense desire to maintain close relationships with the clinical staff (physicians, clinicians or therapists of any type), or regularly engages in conflicts with staff regarding diagnostic and treatment decisions.
- Requests or demonstrate unusual acceptance of recommendations for invasive or painful procedures.
- Fails to express relief when presented with negative (normal) test findings.
- Appears to have more of an interest in the medical, developmental, or psychiatric conditions than in the child's well-being.
- Insists on performing procedures or routine care in the hospital, rather than a clinic or a pediatrician's office.
- Demonstrates a strong resistance to having the child discharged from medical care.
- Reports numerous dramatic or life-threatening events.
- Confesses to exaggerating or inducing illness in the child.
- Has previously been suspected of or confirmed for Medical Child Abuse.
- There is (direct or circumstantial) evidence that the parent, legal guardian, or custodian falsified illness in the child.

Parent-Child Relationship Characteristics

- The parent, legal guardian or custodian demonstrate excessive attention towards the child, is overprotective, or restricts activities and relationships.
- Older child victims behave similarly to the parent, guardian, or custodian (reporting symptoms, wanting clinical interventions, etc.).
- Younger child victims appear to have a passive tolerance of painful procedures.
- A child reported illness fabrication, coaching by a parent, guardian, or custodian, being given unknown medications or other concerning information.
- Video surveillance recordings revealed that the parent, guardian, or custodian is neglectful or abusive of the child when others are not present.
- Symptoms occur only when the suspected parent, guardian or custodian is present or within a few hours after they leave.
- Separation of the child from the suspected parent, guardian, or custodian result in a decrease of symptoms or disability in the child.
- The child's illness responds to standard medical treatment when away from the suspected parent, guardian, or custodian.
- Another family member has a history of unexplained or difficult to treat illnesses.

- Another family member has a history of frequent visits to doctors, clinicians or therapists of any type, hospitalizations, medical procedures, or surgeries.
- Another family member presents with disabilities or symptoms that are not commonly seen in a person with that reported diagnosis or condition.
- There has been a sibling death due to sudden infant death syndrome, unclear reasons or due to symptoms similar to the suspected victim.

Complex Medical Investigation Staffing

Once information is gathered regarding the allegations, a staffing must occur to determine next steps regarding appropriate safety intervention, and additional measures to ensure child safety. (See Policy 2233 Complex Medical Investigations). The staffing must include the following staff:

- Caseworker
- Supervisor
- Program Director
- Special Investigator
- Special Investigations Program Director
- Child Safety Specialist
- Regional Nurse
- If utilized in the investigation, include the FACN team or the physician who is certified in child abuse pediatrics by the American Board of Pediatrics
- Program Administrator, Regional Director and Legal (if necessary)

Depending on the nature of the investigation, other team members may include law enforcement, probation officers, clinicians treating the various family members including the child's Primary Care Physician (PCP) and/or others. If child has been removed or a removal is imminent, include CVS staff or SSCC staff.

During the staffing, the caseworker should discuss the information gathered during interviews and observations. Input from other professionals in the staffing should be taken into consideration as well. A plan should be made to verify immediate protective actions are taken to ensure child safety when the caregiver's suspected behavior(s) places the child at risk for unnecessary invasive medical tests or interventions, potentially unneeded medications, physical or emotional abuse, neglect, or death.

If during the staffing a determination is made that a safety plan or family-initiated Parental Child Safety Placement is not enough to keep the child safe, legal intervention should be sought.

Safety Intervention and Additional Measures to Ensure Child Safety

When addressing the safety of a child with a complex medical diagnosis it is critical to ensure that the child's unique medical needs are met and determine if any safety interventions are needed. (See Policy 3200 DFPS Actions When Danger to a Child Is Present)

The three 3 types of safety plan interventions are:

- The child and the parent or legal guardian remain together, and contact is supervised.
- The child and the parent or legal guardian reside together but away from the danger.
- A Family-Initiated PCSP is implemented (the child and the parent or legal guardian do not reside together and contact between them is supervised).

A Safety Plan should be considered when the following apply, but not limited to:

- The caseworker identifies a danger to a child.
- The danger is present but can be mitigated with strict oversight.
- The caregivers show willingness to cooperate with CPS and medical providers.
- There's no immediate threat to the child's life if they remain in the home with safeguards in place.

Additional Safety measures that may also be required in a Complex Medical Investigation:

- **Supervised Medical Care**: All medical appointments and procedures must be attended or overseen by a third party, such as a neutral family member, social worker, or nurse. This third party should be able and willing to contact law enforcement or the department if there are any concerns of safety or the health of the child.
- **Treatment and medication Compliance**: Caregivers must follow prescribed treatment plans and administer medications as directed by medical professionals, with proof of compliance. The caseworker can help develop a medical log for the family to maintain information with the name of medication, as well as the date, time, and dose given. Check medication bottles to verify medications are filled appropriately.
- **Medical Providers**: Request caregivers to limit seeking medical care from multiple providers (doctor shopping). For example, indicate that prior to switching the physician of the child the parent/caregiver contact the caseworker to discuss the options of second opinions. Did the parent/caregiver discuss with the current physician the desire to seek a different opinion?
- **Behavioral Observations**: Request caregivers to confirm that the medical issues and symptoms reported are accurate and free from any misrepresentations.
- **Transportation**: Gather information on reliable transportation options to ensure the child attends medical or therapy appointments. This may include personal transportation, assistance from the department, ride-share, public transit, Medicaid covered medical transport, or local nonprofit transportation services.
- **Emergency Protocols**: Outline steps to follow if the child's health deteriorates, including who to contact and where to seek care.

When to Consider Placement Outside the Home:

If the circumstances become too serious for the child to safely reside with the parent or guardian, consideration should be given to a Family-Initiated Parental Child Safety Placement.

A Family-Initiated Parental Child Safety Plan should be considered:

- There is an immediate danger to the child.
- All options allowing the child and the parent or legal guardian to remain in the home together were exhausted.
- A parent or legal guardian may decide to place a child with a PCSP caregiver, and the parent does not live in the home.

Caregiver Capability and Assessment in a Complex Medical Investigation

Policy 3212. 1 Assessment of Caregivers outlines the necessary caregiver assessment procedures that must be completed before a safety plan is implemented. When evaluating the appropriateness of caregiver in a Complex Medical Investigation, the caseworker should assess for the following:

- Ensure the caregiver has a clear understanding of the child's medical diagnosis, prognosis, and care requirements to include their willingness to prioritize the child's medical needs.
- Assess whether the caregiver is open to receiving training on specialized care, for example, administering medications, or using medical devices like a feeding tube or ventilator.
- Determine if the caregiver has prior experience in managing medical conditions, either professionally or personally.
- Confirm that the caregiver can adhere to medical instructions, including medication schedules, therapy sessions and dietary restrictions.
- Ensure that the caregiver can communicate effectively with doctors and medical professionals to keep up with appointments.
- Ensure they have reliable and appropriate transportation for medical appointments and emergencies.
- Confirm that the caregiver can provide adequate supervision, especially for medically fragile children.
- Confirm that the caregiver is willing to maintain open communication with the department, attend required meetings and comply with ongoing case plans.
- Ensure that Durable Medical Equipment (DME) and Home Health Nursing services are coordinated and delivered when clinically indicated and applicable to the patient's care plan.

Ongoing Monitoring During a Placement in a Complex Medical Investigation:

- Ensure that the child's medical needs are met with the caregiver.
- Provide counseling or therapy if the child has experienced trauma from the medical situation or separation from their caregiver.
- Adherence to policy 3213.1 Required ongoing contacts during a safety plan and 3214 extending a Family-Initiated PCSP past 30 days.

Case Circumstances When a Safety Plan Should Not Be Considered:

There are times when a safety plan would be insufficient in ensuring child safety due to the case circumstances surrounding the danger and family dynamics. A safety plan intervention must not be implemented if:

- The parent or legal guardian's behaviors will continue to place the child in danger even under supervision.
- The child would continue to be in danger if returned to the parent once a safety plan intervention is no longer in place.
- A parent, legal guardian, safety plan monitor, or PCSP caregiver is unwilling to agree to the safety plan or refuses to sign the safety plan.
- There is not a safety plan monitor or PCSP caregiver who passes background checks and is knowledgeable, willing, and able to supervise and protect the child.
- The criteria for evaluating a safety plan monitor or PCSP caregiver cannot be met.
- A danger to the child is not present and a danger indicator is not marked on the safety assessment.
- A safety plan would require the child to move out of the state of Texas.

STAFFING FOR LEGAL INTERVENTION

In investigations, where the removal of a child is being considered due to complex medical concerns, obtaining comprehensive documentation and expert evaluations is critical. The focus is on understanding whether the child's health issues are due to natural causes, medical neglect, or potential abuse. These investigations require collaboration among medical professionals, child protection agencies, law enforcement, legal representatives, and specialized consultants to ensure an informed and justified decision has been made. This information must be documented in any legal documents, affidavits, and IMPACT. See Policy 2247 Removing a Child from the Child's Home

Key information to be discussed during a staffing for removal:

- Any DFPS and criminal history.
- Any additional abuse or allegation- this could include mental health issues, physical neglect, substance misuse, or domestic violence in the household.
- Potential requests for medical second opinions and any information that may have been provided from FACN.
- Whether the child's condition is due to medical factors, environmental factors, or caregiver actions/inactions.
- Timeline of symptoms and the type of medical conditions.
- Placement options and family support-Determining if there are any potential options within the family to ensure child safety.
- Statements from pediatricians, medical specialists, and therapists outlining concerns about the child's medical care.
- Medical reports from all providers and hospitals and ensuring that all medical records have been requested and received. This includes hospitalizations, diagnosis, treatment, surgeries, and the type of care that is needed daily.

- The parent or caregiver's involvement and their understanding of the child's medical condition. Do the parents/caregivers understand the child's medical needs and the consequences of not adhering to medical advice?
- Any barriers such as insurance, language, or transportation that could factor into the investigation.
- Is there any information to suggest willful neglect? Could misunderstandings, lack of access, or cultural beliefs be influencing the care?
- The observation and interactions between the child and the caregiver and if there are any concerning behaviors.
- Parent's compliance with medical appointments, directives, and recommendations.
- If law enforcement was involved, what has their investigation revealed?

AFFIDAVITS FOR REMOVAL IN A COMPLEX MEDICAL INVESTIGATION:

An affidavit for the removal of a child in a Complex Medical Investigation needs to be thorough, objective, and fact-based. It should clearly outline the reasons for the intervention, supported by evidence, to demonstrate that removal is in the best interest of the child.

DFPS must provide sufficient evidence in a removal affidavit for the court to grant a removal order.

DFPS must document in the affidavit all reasonable efforts, consistent with the circumstances and providing for the safety of the child, that were made to prevent or eliminate the need for the removal of the child (See Policy 5421 Requirements for Completing a Removal Affidavit). It should focus solely on the evidence and professional assessments to support the case for removal.

Here is what should typically be included, but not limited to:

Detailed Medical history:

- Diagnosis and Conditions: List of the child's medical diagnoses, including dates and treating physicians.
- Treatment Plans: Outline prescribed treatments, medications, therapies, and follow-up care.
- Medical Appointments: Record of attended, missed, or canceled medical appointments, and any explanations provided by caregivers.

Specific Instances of Concern:

- Non-Compliance: Document instances where the parents/caregivers failed to follow medical advice, refused treatment, or delayed care.
- Deterioration of Health: Describe how non-compliance has impacted the child's health, including hospitalizations or worsening conditions.
- Contradictory Behavior: Any discrepancies between caregivers' reports and medical findings.

Professional Opinions:

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Statements from medical professionals regarding:

- The necessity of specific treatments.
- The potential consequences of not receiving care.
- Whether the child is in immediate danger.
- The outcome of any second opinion or whether one was requested or granted.
- Include quotes or summaries from healthcare providers, with names and credentials.

Efforts to Address the Issue Without Removal:

- Outline any attempts made to work with the family, and why they were unsuccessful, before seeking removal, such as:
    - Providing resources or education.
    - Offering transportation
    - Referrals to family services or counseling.
    - Offered second opinion options and/or FACN
- If conflicting medical opinions exist, documentation should clarify the reasoning behind which medical assessment is being relied upon for decision-making.
- Any type of Safety Plan intervention, including a Family Initiated PCSP that was implemented or why one was not considered.
- Family Team Meetings or other plans that were attempted to be developed.

Legal and Ethical Considerations:

- Acknowledgment of any cultural, religious, or ethical beliefs that may have influenced the family's decisions. See Policy 2362 Religion
- Explain why, despite these factors, removal is necessary to protect the child.
- Any tribal affiliations that may influence a caregiver decision.
- Legal considerations and justifications for removal should be well-supported by medical and investigative findings to ensure a defensible decision in court.

Current Status of the Child:

- Describe the child's current living situation, health condition, and whether they are in immediate danger.
- Indicate if temporary protective measures (e.g., hospitalization) have already been taken.

Request for Action:

- Clearly state what action is being requested (e.g., emergency removal)
- Justify why removal is the least restrictive option to protect the child's health.

Supporting Documentation:

Records should explicitly state whether interventions or supports were offered and if the caregiver was given the opportunity to comply with medical recommendations

- Reference attached exhibits, such as:
    - Medical records.
    - Doctor's statements.
    - Law Enforcement Reports
    - Photos (if applicable)
    - Specialist Reports
    - School Records or statements from school officials

Assessments and Affidavits from Medical Professionals

Discuss and seek affidavits from medical professionals on their evaluation of the child and the concerns for abuse or neglect. This is to include the pediatricians, specialists, psychologists, attending physicians at the hospital, nurses or any other medical professional that has been involved with the child.

- Affidavits should include information on the examination and any signs of abuse, for example, unexplained injuries, failure to thrive or Medical Child Abuse concerns.
- Affidavits from psychologists should include any diagnosis, signs of emotional abuse or trauma to the child.

Determining Placement Options After the Removal

Continue coordinating with your supervisor to clarify the specific protocols in your region for requesting placement options for the child. Understanding these procedures is important, as they may directly impact decisions and identify who will be involved in the process. For example, if the child is in a Single Source Continuum Contractor (SSCC) area where Community Based Care is involved, the placement process and roles of staff may differ. Staying aligned with regional guidelines will ensure that all necessary steps are followed, and all needed individuals are involved in the placement process.

- For an overview of the placement process, see the Texas Child-Centered Care (T3C) System and Placement Resource Guide.

- DFPS or Single Source Continuum Contractor (SSCC) caseworkers must work to minimize placement moves and find a placement that is the most appropriate for the child or youth.

Once it has been determined that removal is necessary to ensure the child's safety, placement options must be carefully considered. If the child is placed in in a kinship home, discussions should focus on whether this arrangement can serve as a long-term solution or if an alternative placement in a foster care home is required.

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When determining a foster placement for a child removed during a Complex Medical Investigation, the following factors should be staffed:

- Medical Needs and continued care to include the diagnosis, treatment plan and ongoing medical care needed.
- Medications, medical equipment, and specialized care requirements.
- The location of potential placement and their ability to access medical hospitals and specialists.
- Whether the home can accommodate the child's needs, including accessibility for mobility and any required medical equipment.
- Transportation options and whether the placement can accommodate the possible medical equipment or if medical transportation services will be needed. i.e., wheelchair accessibility.
- Potential placement options experience with the child's specific medical condition whether any additional training is required to ensure they can provide the care needed and whether they are able and willing to complete that training.
- If the child meets the criteria for Primary Medical Needs staffing (See Policy 4117.1 Required Meetings)

When determining placement for a child removed during a Complex Medical Investigation you should always obtain and provide all necessary information to the Child Placement Unit and involve your Supervisor, PD, PA and possibly the RD.

Other resources that you can involve in the case staffing are the:

- Regional Nurse
- Wellbeing Specialist

SECOND OPINIONS

What if a parent requests a second opinion?
In a Complex Medical Investigation or medical child abuse investigation, a parent, legal guardian, or caregiver may request a second opinion. A second opinion means the caseworker or parent chooses to see another doctor or specialist after receiving an initial diagnosis or treatment plan for a medical condition. It is a parent's right to request a second opinion. The family is not prohibited from seeking an alternative second opinion at their own expense. If the family seeks a second medical opinion, the caseworker must accept and consider this alternative opinion and document it in the contact narrative in IMPACT. See Policy 2233.13 Second Opinions

Caseworker Responsibilities regarding second opinions:

- Inform parents of their right to a second opinion.
- Inform the family that if they seek or request a second opinion, it is at their own expense.

- Provide the parent the opportunity to get a second opinion if requested; however, child safety comes first. Get an understanding as to why the family, or their attorney is requesting a second opinion. What information are they seeking?
- Inform medical staff of the family's request for a second opinion and their right to make such a request. Inquire of medical staff how a second opinion may be obtained in a timely and safe manner for the child.
- Assess the urgency of the situation and the timeframe in which a second opinion can reasonably be obtained, as this will vary depending on the circumstances. For example, if a child has been discharged against medical advice and is at immediate risk, an expedited second opinion is necessary. In contrast, if the child remains hospitalized and is medically stable, the second opinion may be scheduled during current admission.
- Assist the family in obtaining the requested second opinion. This may include researching other providers to offer the family as options and communicating with proposed and current medical staff.Inform the family that FACN can conduct a second opinion, or the family can choose a doctor on their own. Assess and speak to the parents and medical staff if a second opinion has been requested.
- Obtain medical release of information to gather information from the second opinion.
- Ensure that the conversations regarding the second opinion, along with the outcome, are documented.

There may be situations where obtaining a second opinion is not possible. This could be due to factors such as limited access to specialists, time-sensitive medical needs, or restrictions based on policy or insurance coverage. In such cases, alternative approaches may need to be considered to address the family's concerns within the available resources. The main goal is to get a good understanding as to why the second opinion cannot be granted and document the situation. You should continue to staff with your supervisor and/or program director and legal advice may be necessary if there are dangers to the child's safety.

What are some important questions to answer in documentation?

- Were the parents informed about their right to a second opinion?
- Did the parents request a second opinion?
- Did the caseworker inform the parents about FACN?
- Did the caseworker discuss second opinion options with current medical staff?
- Did the caseworker assist the family in obtaining a second opinion? If so, how?
- What is the timeframe for the second opinion?
- Did the caseworker explain that the second opinion would be their financial responsibility?
- What was the outcome?

Do not pause the investigation for a second opinion but explain how the agency cooperated with the family in obtaining a second opinion. Child safety is always the top priority. If the child is unsafe, implement safety measures and continue to work with the family when they have requested a second opinion.

DFPS, a referring provider, including a hospital, and FACN are prohibited from obstructing, preventing, or inhibiting the child's parent or attorney representing the child or parent, from obtaining all medical

records and documentation necessary to request an alternative opinion, including access to a child by a health care professional providing an alternative or second opinion or performing diagnostic testing. See Policy 2233.13 Second Opinions

SPECIALTY CONSULTATION

What is a Specialty Consultation?
In a Complex Medical Investigation or medical child abuse investigation a parent, legal guardian, or caregiver may request a specialty consultation. Specialty consultations allow a primary care physician to get information from specialists to improve the care of the patient. Different types of doctors can improve care by identifying more issues. Specialty consultations involve healthcare professionals with advanced training in specific areas of medicine. Patients seek these consultations when they require expert advice or treatment for health issues.

A specialty consultation referral may be requested by any of the following:

- The child's primary care physician or other health care practitioner that provided health care or treatment or otherwise evaluated the child.
- The child's parent or legal guardian.
- The parent or legal guardian's attorney.

DFPS must refer a case for a specialty consultation in cases of abuse and neglect in conjunction with the following diagnoses, but not limited to:

- Rickets,
- Ehlers-Danlos Syndrome,
- Osteogenesis-Imperfecta,
- Vitamin D deficiency or
- other medical conditions that mimic child maltreatment or increase the risk of misdiagnosis of child maltreatment.

Specialty consultation referrals to FACN will not be routed to physicians who were previously involved in reviewing the case, such as part of a multidisciplinary team or the FACN The specialty consultation must be completed by physicians who are licensed in Texas and board certified in the field relevant to diagnosing and treating the conditions described. The physician must not be the original reporter of suspected abuse or neglect.

If DFPS determines a specialty consultation is necessary, the caseworker must provide written notification of the name, credentials, and contact information of the specialist and all medical records used by the department and FACN during the abuse or neglect investigation to the parents or caregivers of the child or their attorney. See Policy 2233.12 Specialty Consultations

The parent/guardian or attorney may object to the referral and request an alternate specialist. The caseworker and family collaborate to select an acceptable specialist. However, the caseworker may refer the child to a specialist over the objection of the family. Caseworkers must get supervisory approval to refer over the objection of the family. The family is not prohibited from seeking an alternative opinion, but it would be at their own expense. If the family seeks a second medical opinion, the caseworker must accept and consider this alternative opinion and document it in the contact narrative in IMPACT.

RESOURCES FOR WORKING COMPLEX MEDICAL INVESTIGATIONS:

- Email questions on Complex Medical Investigations to DFPSCPIComplexMedicalInvestigations@dfps.texas.gov
- Forensic Assessment Center Network (FACN) Resource Guide
- Medical Services Resource Guide
- Primary Medical Needs Resource Guide
- Regional Nurses Consultants
- Regional Well Being Specialists
- The American Professional Society on the Abuse of Children
- APSAC Practice Guidelines
- 3 in 30 Resource Guide
- Arizona Definitions of Terms Commonly Used in Child Abuse Cases

APPENDIX A- INTERVIEWING AND VISUAL ASSESSMENT

How do you conduct an interview and visual assessment of a child in a Complex Medical Investigation?

Questions to consider when interviewing a child in a Complex Medical Investigation:	**Child Observations:**
• How are you feeling? • What do you do every day? • What kinds of things do you do with your family? • Who lives in the home here with you? • Where do you sleep? Who sleeps in the other rooms? • Do you have a nurse? More than one? What kinds of things do they do? • Who gives you your medicines? Who changes/cleans your dressings/gastrostomy tube? • Where do you eat meals? And if you need help with eating, who helps you?	**Record physical observations of the child, including skin, hair, nails, and clothing, and any change in appearance. The caseworker observes and notes whether the child:** • Appears comfortable, happy, well-cared for • Has clean, trimmed and healthy-looking fingernails and toenails. • Is wearing clean clothes and diapers. • Has brushed, neat and clean hair. • Physical signs that child has gained or lost weight. • Smells clean, without odor. • Has clean teeth, good oral care. • Has clean bed and sheets. • Has unhealthy skin, bruises, bumps, etc. • Has clean healthy looking (not red, swollen, or infected) skin around the tracheostomy and/or gastrostomy tube (g-tube) (if they have one of these)

• Who takes care of you when you are sick? • Who takes you to the doctor? When was the last time you went to the doctor?	• Has special medical equipment that is clean, fits the child and is in working order. • Has pressure sores. Ask the caregiver or nurse to observe the child's back, legs, neck, and head if the child is on his/her back or side much of the time, in a wheelchair or other medical equipment. Also, ask if someone is repositioning the child to alleviate pressure on one area for extended periods of time (if they spend a lot of time in the same position) and who is getting the child up out of bed.

APPENDIX B -INTERVIEWING AND OBSERVING PARENTS

How do you effectively interview and observe a caregiver during an investigation?

Questions to consider when interviewing a caregiver in a Complex Medical Investigation:	**Physical observations of the home:**	**Assessment of child safety and well-being:**
Questions about the Child: • How do you communicate with children hearing or verbally impaired? How do children in your home who are non-verbal communicate their needs, discomfort, likes/dislikes? • Did you receive any training specific to the child's medical needs? • What doctors /Specialists does the child see? How often? Have there been any cancelled or rescheduled visits? Document previous and next appointment dates and outcomes of visits.	**The investigator must also do a physical walk-through of the child's home and backyard at the residence to observe the environment in which the child is living. The investigator must note:** • Safety of the home environment such as bathrooms, electrical sockets, storage of child's equipment and supplies required for daily living. • How the home is set up for the child with medical needs. For example, do all family members sleep under one roof, or is there more than one structure/residence where children sleep and live?	**The investigator documents:** • Information from the interviews and walk-through • An assessment of how the child's safety and well-being are met in the home • Whether additional follow-up is needed in any area. • Are parents actively engaged in the care of the child? • Are the child's healthcare needs being met? Are there any current unmet medical needs? • Have you followed up with the child's primary care provider and/or medical

• Does the child attend public school? If so, where? Who transports the child to school? If needed, how are nursing services provided at school? • What special medical equipment does the child require? • Does the child have all the medical equipment and supplies needed? If applicable, obtain the name of the durable medical equipment (DME) company and contact number. • What is your understanding of the child's medical condition? **Questions about Nurses/Other In-Home Providers:** • Who are the in-home service providers that frequently come to your home? If applicable, obtain the name of the home health nursing agency and contact number. • Does the child have Private Duty Nursing? What do Private Duty Nurses do? **Questions about the Home and Caregivers:** • Who cares for the child when you need to leave the home?	• Whether there is enough space free of hazards or barriers for the child to move freely about the home, including children using walkers, wheelchairs, or other assistive devices. • Where the child takes baths, who bathes the child and the caregiver's description of what equipment they use if any for the child in the bathroom. • Whether cameras/video, intercom systems, baby monitors or other technology is being used for supervision and safety. • Whether there are special changes to the home to help meet the child's needs, such as bath lift or rail system on ceiling. • Whether there are ramps, or ways for the child to access the outside of the home if they use a wheelchair or another assistive device.	specialists to confirm the child's medical needs are being met, follow-up appointments are kept and there are no current concerns? • Is there a clear schedule of who is working with each child and when? • Is the child's area and medical equipment clean? • Is there evidence of bonding/a relationship between the children and caregivers? • Does the child have the ability to be mobile in the home? • Is there enough food to feed the children? • Does the child have enough medications? • Is the child clean and well cared for? **Staff immediately if:** • There are unsafe, physically neglectful conditions in the home. • The child's doctor, primary care provider, or in-home healthcare provider expresses concern for the child. • There is no medically necessary durable medical equipment or disposable medical

• Who transports the child to medical visits, etc.? • Are there any special transportation requirements (wheelchair accessible vehicle, special car seat, ambulance, etc.)? • How is the child transported (to school, medical appointments, visits, etc.)? • What equipment and supplies must be taken with the child when he/she is transported/leaves the home? • Do you experience any stress relating to caring for a child with medical needs? How do you manage that stress? • How do you keep track of different service providers that visit your home? **Questions to consider when interviewing in home providers in a Complex Medical Investigation**: • How often do you see parents interact with their children? Describe the interactions. • In the caregiver's absence, who is responsible for the children? • How long have you worked with the child and family?		supplies for the children. • There is missing medication available for the child. • The children appear to be dirty, underweight or exhibit a strong odor. • There is a lack of space to walk, maneuver, or evacuate the home due to excessive clutter that prohibits children with primary medical needs to easily exit the home during emergencies or otherwise. • Caregivers appear to be under the influence of drugs or alcohol impairing their ability to provide proper care and supervision to children with medical needs. Document the observations that indicate a parent is under the influence of a mind-altering substance.

• What tasks and activities do you perform while on duty? • Are there any that you feel are not strictly nursing-related?		

APPENDIX C-INTERVIEWING CHILD'S MEDICAL PROVIDERS

How do you effectively interview the child's medical providers during an investigation?

Interview Checklist: Child's Medical Provider
Preparation • Determine is joint interviews with law enforcement are required. • Review all relevant case files and medical history. • Identify the specific objectives of the interview. • Obtain necessary authorization (Release of Protected Health Information) • Prepare a list of tailored questions based on case concerns.
Introduction and Rapport • Introduce yourself (name, role, agency). • Explain the purpose of the interview (child safety and fact finding). • Acknowledge the provider's time and professionalism. • Confirm if the provider is comfortable and has time for the interview.
Information Gathering **A. General Health and Medical History** • Ask about the child's general health status. • Inquire about chronic conditions or developmental issues. • Ask about growth patterns and overall well-being. • Review immunization status and missed appointments. **B. Injury or Specific Medical Concern** • Ask the provider to describe any injuries or medical concerns. • Request medical findings or diagnosis (location, type, severity). • Ask if the explanation provided is consistent with the injury. • Inquire about accidental vs. non-accidental causes. **C. Development and Behavior** • Ask if there are any concerns with development or behavior. • Inquire about any indications of trauma or neglect.

- Explore any signs of failure to thrive (physical or emotional).

D. Caregiver Interaction and Medical Compliance

- Ask about caregiver participation in appointments.
- Inquire about follow-through on medical advice.
- Discuss missed or cancelled appointments.
- Note any resistance to recommended treatments.

Documentation and Professional Opinion

- Request relevant medical records.
- Ask if the provider has any mandated reporter concerns.
- Document quotes accurately and objectively.
- Avoid asking for conclusions beyond their medical expertise.

Closing the Interview

- Ask if they have any additional observations or concerns.
- Provide your contact information.
- Thank the provider for their cooperation.
- Clarify any follow-up actions or additional documentation needed.

Post-Interview

- Secure all notes and documents in accordance with policy.
- Complete documentation into IMPACT.
- Follow up on any outstanding records or referrals.