



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

INTEROFFICE MEMORANDUM

DATE: November 10, 2005
TO: CPT Team Coordinators, Medical Directors
FROM: Peggy Scheuermann, Deputy Division Director *Peggy Scheuermann*
SUBJECT: Exceptions to Mandatory Referral Criteria

The memo of September 21, 2005 regarding Exemptions to Mandatory Referral Criteria is hereby redacted and should be destroyed. The following guidelines have been reviewed and approved by both Dr. Alexander and Dr. Haney and will be incorporated into the CPT Handbook and the CPTIS Guide.

MANDATORY REFERRAL TO THE CHILD PROTECTION TEAM

Chapter 39.303(2) requires all cases meeting mandatory referral be referred to the Child Protection Team as indicated below (emphasis added):

- (2) The child abuse, abandonment, and neglect reports that must be referred by the Department of Children and Family Services to child protection teams of the Department of Health for an assessment and other appropriate available support services as set forth in subsection (1) must include cases involving:
- (a) Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
 - (b) Bruises anywhere on a child 5 years of age or under.
 - (c) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual conduct has been determined to have occurred.
 - (d) Any sexually transmitted disease in a prepubescent child.
 - (e) Reported malnutrition of a child and failure of a child to thrive.
 - (f) Reported medical neglect of a child.
 - (g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
 - (h) Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

EXCEPTIONS FROM REFERRAL

A child meeting the mandatory criteria for Child Protection Team referral may be exempt from referral under the following circumstance:

- The CPI, with supervisory approval, determined after conducting a child safety assessment that there were no indications of injuries meeting the criteria in Section 3.1, paragraph A.

*This bullet addresses DCF or the designated sheriff's office making an exception to a referral when a child has **no injury** meeting mandatory criteria. Remember that the CPT medical director can still require the child be referred if they think a medical evaluation is needed. If the CPI does not refer the child after being notified that the medical director feels a medical evaluation is needed, then this does not get recorded as a DCF or SO exception, it stays as a mandatory case not referred and the comments screen should document the discussions. Under no circumstances should any child with injuries be identified as a DCF or SO exemption from referral.*

This is the only situation in which a child meeting the mandatory criteria will be exempt from referral. The drop down box in CPTIS will no longer include a selection for CPT exemption.

EXEMPTION FROM A FACE-TO-FACE MEDICAL EVALUATION

Chapter 39.303(3) covers the CPT review of abuse reports for the purposes of determining if a face-to-face CPT medical evaluation is necessary. A face-to-face medical evaluation by a child protection team is not necessary when:

- The child was examined by a physician who is not a member of the Child Protection Team, and a consultation between the Child Protection Team medical professional and the examining physician concluded that further medical evaluation was unnecessary.

Guidelines:

Emphasis should be placed on the requirement that the CPT medical professional has consulted with the examining physician and concluded that further medical evaluation was unnecessary. The CPT Case Coordinator should still determine if other CPT assessment activities are appropriate.

- The Child Protection Team board-certified pediatrician determined that a medical evaluation was not required.

Guidelines:

This should not be used to exempt a case from referral when a child has injuries that the CPI indicates are adequately explained. It should be used judiciously, only in cases when the CPT physician is certain that the child could not benefit from a medical evaluation. The CPT Case Coordinator should still determine if other CPT assessment activities are appropriate.

The Child Protection Team Information System (CPTIS) will be updated to include a field for cases meeting mandatory criteria that will not receive a medical evaluation. This field will be most likely placed on the registration screen and will include a drop down box that will allow the

physician to select one of the two above reasons for exemption from medical evaluation. A comment field will be required to document the rationale for the exemption.

Exceptions identified in CPTIS must meet the above requirements. Team Coordinators and Supervisors must review all exceptions entered into CPTIS to ensure that data is in compliance with Florida Statute and the CPT Handbook.

Remember that an exception to the criteria for mandatory referral does not preclude the acceptance of a referral, if other assessment services offered by the team are appropriate. Teams should also accept referrals on non-mandatory cases when the child would benefit from team assessments.

We realize that these guidelines are more stringent than they have been. Review of cases at the Statewide Medical Directors meeting and review of cases in the data system indicated a need to strengthen the referral process and ensure that children receive the benefit from CPT medical evaluations and other CPT assessments. We will be sending clarification of these new guidelines to the DCF Central Office and Local Sheriff's Offices responsible for child protection investigations. If you need further clarification, please contact me at (850) 245-4220 or Dr. Haney at (850) 245-4217.

Cc: Randell Alexander, M.D.
Joseph J. Chiaro, M.D.
Michael L. Haney, Ph.D.
