

**OVERVIEW**

In cases of suspected child abuse or neglect, a medical examination assists with identifying, documenting, and interpreting injuries or potential medical conditions and helps determine the child's treatment needs.

**DEFINITIONS****Medical Practitioner**

A physician or physician's assistant licensed or authorized to practice under part 170 or 175 of the public health code, MCL 333.17001 to 333.17088 and MCL 333.17501 to 333.17556, **or** a nurse practitioner licensed or authorized to practice under section 172 of the public health code, MCL 333.17210.

**OBJECTIVES OF A  
MEDICAL  
EXAMINATION**

The objectives of a medical examination are to:

- Obtain treatment and medical care for the child.
- Obtain professional medical documentation of an injury or medical condition.
- Obtain an accurate medical diagnosis and treatment plan for an injury or medical condition.
- Obtain a medical opinion as to whether an injury appears to be intentional or accidental.
- Obtain a medical opinion as to whether an injury or medical condition is consistent with any provided explanation.
- Collect and preserve potential evidence.

**PROCEDURE****Situations  
Requiring a  
Medical Exam**

Case managers must request a medical examination for all alleged or suspected child victims when any of the following apply:

- Allegations of sexual abuse.
- Allegations or indication the child has been seriously or repeatedly physically injured as a result of abuse and/or neglect.
- The extent of the alleged abuse or neglect could cause unseen injuries (such as internal injuries or brain injuries).
- There is indication the child suffers from malnourishment.
- There is indication the child may need medical treatment.
- The child has been exposed to or had contact with methamphetamine production.
- An infant who is not mobile and has marks or bruises.
- The child has an injury, and the parent, child, or caregiver has provided an explanation of the injury that is not credible or is suspicious.
- The child has unusual bruises, marks, or signs of extensive or chronic physical injury.
- The child has an injury and appears to be fearful of parent(s)/caregiver(s) or exhibits characteristics, such as anxiousness or being withdrawn.
- The child has an injury alleged or suspected to be from abuse and the parent/caregiver/alleged perpetrator has previously been found to be a perpetrator of severe physical injury/serious physical harm.

In investigations involving a child fatality in which abuse and/or neglect is the suspected cause, case managers must also request

medical exams for any siblings or other child(ren) residing in or visiting the perpetrator's home.

**Exception:** This requirement does not apply to investigations in which the child fatality is attributed solely to unsafe sleep and there are no concerns for abuse and/or neglect of any other children.

See [PSM 713-08, Special Investigative Situations](#), for more information on investigations involving a child fatality.

### ***Medical Examinations for Alleged Sexual Abuse***

Evaluate the following when determining whether a medical examination is needed:

- Do allegations or the information gathered indicate the child has been sexually abused and/or is at risk for a sexually transmitted infection through body fluid contact?
- Has the alleged incident occurred within 120 hours?
- Is the child experiencing physical symptoms, injury, or complaints?
- What type of incident is alleged/reported to have occurred, and will the medical evaluation provide value regarding the type of contact alleged to have occurred? For example, sexual penetration versus grabbing of breasts over clothing.

If the answer to any of these questions is yes, the case manager must seek parental agreement to take the child for a medical exam. If a medical exam is not requested in a case involving allegations of sexual abuse, the case manager must document the reason(s) why in a social work contact.

If the case manager is uncertain whether to request an examination, the case manager should contact their supervisor as well as a medical practitioner with experience in sexual abuse examinations to determine if an exam is recommended. If recommended by the medical practitioner, the case manager must request a medical exam. Contact with medical professionals and the results of any medical examinations must be documented in social work contacts.

***Medical Examination for Methamphetamine Production***

If a child is exhibiting symptoms suspected to be the result of exposure to methamphetamine production, the case manager must immediately request consent from the parent or legal guardian to obtain a medical exam. Symptoms may include:

- Respiratory distress/breathing difficulties.
- Red, watering, burning eye(s).
- Chemical/fire burns.
- Altered gait (staggering, falling).
- Slurred speech.

When a child is not actively displaying symptoms **but** has been found to have been exposed to methamphetamine production, a case manager must request a medical exam within four hours. Case managers should work with parents to obtain medical examinations in imminent situations. In situations when it is not feasible to obtain parental consent, case managers must seek medical assistance for the child(ren) exhibiting symptoms.

**Parental Consent  
for Medical  
Examination**

A parent/legal guardian has the right to withhold consent to a medical examination of their child. The case manager must engage the parent/legal guardian by taking the following steps:

- Clearly explain the basis for the recommendation for a medical examination and seek input on reservations and/or ways to address any immediate needs to ensure child safety.
- Engage the parent/legal guardian in decisions regarding the medical examination. For example:
  - Ask if they would like a support person present during the examination.
  - Ask who they prefer perform the medical examination; see who should do a medical examination.
- Assist in making transportation arrangements.
- Accompany the family to the examination.

If consent is still not granted, the case manager must contact their supervisor. If the case manager and supervisor determine a medical exam or second opinion is required to determine child safety, the case manager must seek a court order, MCL 722.626(3). The petition should explain the basis for the suspected abuse and/or neglect and the need for a medical examination. For information on filing a petition; see [PSM 715-3, Family Court: Petitions, Hearings and Court Orders](#).

To seek a court order during regular court hours, the case manager must file a petition setting forth the basis for suspected abuse and/or neglect and need for a medical examination.

During after-hours (nights, weekends, and/or holidays), the case manager must contact the judge or other designated court official to request the order.

**Note:** If the court refuses to authorize an after-hours medical examination, the case manager must continue the investigation without the medical examination **and** follow-up by filing a petition seeking a court order on the next business day.

### ***Medical Examination Without Court Order***

In accordance with MCL 722.626(3)(a) and (b), a case manager must obtain a medical examination without a court order in the following situations:

- The child's health is seriously endangered, and a court order cannot be obtained.
- The child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

If a medical examination without a court order is required and the child needs to be transported to receive the examination, and there is no parent or legal guardian who is available to accompany the child, the case manager must have law enforcement or an ambulance transport the child.

### **Who Should Conduct a Medical Examination**

Whenever possible, a medical examination should be performed by a medical practitioner who:

- Has experience and expertise in interviewing and examining child victims of abuse/neglect.
- Specializes in child-sexual-abuse medical examinations, when available (for sexual abuse allegations).
- Is able to provide opinion as to whether an injury is consistent with any provided explanation.
- Is willing to collect all relevant medical evidence and document medical facts.
- Is willing to provide court testimony.

### **Initial Consultation with Medical Professional**

**Case managers must consult with a medical practitioner immediately when an examination is needed.** Consultation should include the child's parent whenever feasible. When contacting the medical practitioner, case managers should request an examination of the child and provide the following information:

- The reason the medical examination is being requested.
- The reason(s) for suspicion of abuse and/or neglect.
- All known health/medical information regarding the child and family.
- Any additional pertinent case information including:
  - History of alleged and confirmed abuse/neglect.
  - Household/family makeup.
  - Home environmental factors.
  - Parent's behavior toward the child.
  - Explanations provided for an injury.

Case managers must make efforts to speak directly with the examining medical practitioner; however, if the medical practitioner is not available, the case manager may provide the information to a professional at the medical facility and provide case manager contact information for any questions the medical practitioner may have. Attempts must be made throughout the duration of the

investigation to speak to the examining medical practitioner. Efforts must be documented in social work contacts.

If there are bruises, marks, or injuries present that have not been photographed due to visual assessment restrictions, the case manager must request the practitioner take photographs during the exam; see [PSM 713-01, CPS General Instructions and Checklist](#).

### Results of a Medical Examination

A case manager must contact the medical practitioner or other medical professional familiar with the medical exam, to have them interpret the medical-examination findings. Case managers should ask the medical practitioner if the medical examination findings are consistent with the caregiver's explanation. If the findings or implications are unclear, the case manager must seek clarification.

See [PSM 713-01, CPS Investigation - General Instructions](#), for more information on requesting medical records.

### Payment for the Medical Examination

Payment for the medical examination is presumed to be the parent's responsibility. Case managers should request the parent use their private health insurance plan, pay out of pocket, or apply for Medicaid Assistance (MA), if eligible. If MA eligibility exists, the provider should bill the MA program.

If the department initiated a diagnostic medical examination and payment is not available from a third-party, and the parent is unable to pay, the case manager must make arrangements with the hospital, clinic or physician and add a DHS-93, Examination Authorization/Invoice for Service, under the Case Services tab of the ongoing module in the electronic case record to obtain payment by the department. For more information on payment; see [SRF 800, DHS-93 Medical Service Authorization](#), or [SRF 801, DHS-93 Medical Service Authorization Fee Schedule](#).

**Note:** Payment for inpatient hospitalization or treatment may not be authorized using the DHS-93. Costs for these services are paid by MA or are the parent's responsibility.

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## Second Opinion

Case managers have the discretion to seek a second medical opinion during a children's protective services (CPS) investigation. If an exam has not already been completed by a pediatric child abuse specialist, case managers should seek a second medical opinion in the following situations when initial medical findings are inconclusive:

- Medical findings conflict with other information or evidence, such as statements by the child or a witness or evidence of injuries.
- An immobile child was injured.
- Occurrence of bruising in uncommon locations, such as the abdomen, ears, neck, away from bony prominences or protuberances.
- Burns on children under 3 years of age.

### ***Referral Requirements***

The referral for a second medical opinion must include the following information:

- A statement informing the medical practitioner they are being asked to re-examine and evaluate the child or review medical records.
- The reason for the second opinion.
- All the information required in the Consultation with Medical Professionals for a Medical Examination section, in this item.
- All medical information/records obtained through the investigation.

If a second opinion is required but not obtained, the case manager must document in a social work contact and in the disposition questions, the reason a second opinion was not obtained.

### ***Process***

Michigan Department of Health and Human Services (MDHHS) county offices must reach out to local and regional medical professionals with appropriate qualifications for medical



examination of child abuse and neglect to determine a process of obtaining a second opinion.

If a Child Abuse Medical Expert Resource list is needed to identify qualified medical professionals; see [Medical Resources for Child Protection](#).

For payment of a second opinion, see *payment of medical examination* section in this item.

### **Conflicting Opinions**

When conflicting medical opinions exist, case managers may consult with a pediatric specialist or physician in their region who has experience assessing child abuse/neglect.

### **CASE RECORD DOCUMENTATION**

Contact with medical professionals and any requests for medical records must be documented in social work contacts. In investigations where a medical examination is requested, case managers must also provide a summary of the details of the request and outcome of the medical examination within the disposition question on medical examinations.

Any forms requesting medical records, as well as any medical reports or photographs obtained during the investigation, must be scanned and uploaded to the case record. Supervisors must review all medical reports and photographs prior to extension request or approval of disposition.

### **POLICY CONTACT**

Questions about this policy item may be directed to the [Child-Welfare-Policy@michigan.gov](mailto:Child-Welfare-Policy@michigan.gov).