

Protecting Iowa's Children and Families

DIVISION 1: HHS INFORMATION SHARING POST-ADOPTION

Current

- When a child is adopted, they are no longer connected to their previous medical record.
- HHS is no longer able to see the child's medical record that includes needs, diagnoses, medications, allergies, and other important information.
- This could cause delayed medical treatment and inappropriate treatment plans.

Proposed

- Allow necessary information to be shared within HHS.
- Increase the continuity of care for the adopted individual.

Example: Johnny Doe just got adopted and is now Johnny Smith. Johnny Doe has ADHD and had prior authorization for his medication, but there is nothing under Johnny Smith's name that states he has ADHD or these medications prescribed to him. Johnny Smith has to wait to see the doctor to get his medical record updated, then get prior authorization for his medication.

This process caused Johnny to go a month without his medication. During this time, he was unable to focus in class and sent to the principal's office multiple times because he was physically unable to sit still or redirect his attention. When Johnny was at home, he was frustrated because he couldn't remember things like he could with his medication, and it was taking him three times as long to complete a task. This led to increased stress for Johnny and meant his parents and teachers had less time for the other children.

DIVISION 2: DEPENDENT ADULT ABUSE

Tribal Communication

Current

- HHS is not permitted to share confidential abuse information with tribal representatives.
- There is no guiding federal legislation.
- This applies to dependent adult abuse situations involving an adult enrolled as a tribal member or abuse that occurred on Tribal land.
- HHS staff cannot enter Tribal lands without getting permission.

Proposed

- Communicate at all stages of the abuse assessment process and share completed reports with Tribal courts, prosecutors, or Tribal services.
- HHS will be in compliance when sharing allegations of abuse with the Tribal Nations.
- This will provide context for HHS to develop formalized agreements with Tribal Nations.

Example: Cher is the caregiver for her husband Sonny and they live on Tribal land. Cher is currently in the hospital and Sonny is expected to care for his high blood pressure and diabetes at home. Hospital staff make a report to HHS as they believe Sonny has memory loss and is not taking his medications without Cher there to remind him. Tribes are considered sovereign nations and are not under the jurisdiction of Iowa Code, however, HHS has a statutory responsibility to respond to the allegation of dependent adult abuse. The HHS worker cannot go onto Tribal lands without contacting Tribal Family Services, but providing the information required to grant permission by Tribal entities is a breach of confidentiality. The Tribal Services worker required to attend visits, hears all the confidential information discussed, which is also a breach of confidentiality.

Finally, the HHS worker is not able to share the concerns with the Tribe as it includes medical information and would be a breach of confidentiality. HHS cannot allow Tribal Family Services to sit in on service planning or family interviews as these conversations may also include highly sensitive information HHS is not authorized to share.

Financial Exploitation

Current

- The definition of exploitation under Iowa Code 235B is not consistent with Iowa Code 726.25 and does not include the act of “breach of fiduciary duty”.
- This created an unintended loophole preventing an appropriate HHS civil response to protect the adult’s resources.
- Current code only authorizes adult protective services to seek a court order to gain access to the financial records of the dependent adult.

Proposed

- Include “breach of fiduciary duty” in the definition of dependent adult abuse consistent with the definition of criminal elder abuse exploitation.
- Expand HHS’ ability to seek court order to gain access to financial records when the alleged perpetrator has misappropriated or transferred funds.
- This will protect the dependent adult from having their resources shifted and moved to accounts outside the ownership of the dependent adult.

Example: Kurt’s wife died and he added his daughter, Kate, to his bank account and made her his Financial Power of Attorney. Kurt had a stroke, became unable to speak and confused, and was placed in a nursing home. Years later the nursing home reported over two years of unpaid care for Kurt. It was determined that Kate transferred Kurt’s money to other accounts, used it for personal purchases, and sold his property. This is legal because Kate is on the account, but she is not fulfilling her fiduciary responsibility. Kate later removed Kurt’s name from his bank account, causing HHS to be removed from viewing this account.

DIVISION 3: HHS ACCESS TO JUVENILE JUSTICE COURT FILINGS

Current

- Documents presented in court hearings are uploaded into the juvenile justice electronic system and HHS is not able to access most information.
- County attorneys have access and are allowed to share but don’t have time.

Proposed

- Allow HHS staff the appropriate level of security access to view documents.
- Increase access to necessary information related to court proceedings.
- Increase satisfaction for those we serve.

Example: The appropriate parties gather to discuss reunification efforts and all parties agree sufficient progress has been made it is safe for the children to return to the mother. Based on that discussion, HHS staff believe all agree to recommend reunification in court and reunification will very likely be the resultant court order. Later that afternoon, the GAL gets a phone call from the father’s girlfriend who has concerns about the decision which cause hesitation for the GAL. She does not feel she can go forward with the previous agreement and enters an exhibit the night before the hearing that is classified as a “social record” and not visible to HHS staff. All assigned attorneys could read the report, but the HHS staff responsible for case planning did not have this information.

DIVISION 4: MANDATORY REPORTER TRAINING

Current

- Mandatory reporters have to take a 2-hour training for original certification.
- Every 3 years they are required to take a 1-hour refresher course.
- If they miss the deadline for a refresher course, they have to start back from the beginning.
- This is very difficult to track and has become an administrative burden.

Proposed

- Require a 2-hour training every 3 years.
- If a training lapses, the individual will pick up with the most current training.
- This will help keep the curriculum current and standardize the training that is received.

Example: Martha May supervises the Mandatory Reporter Help Desk. She tracks the type of contact employees receive, the quantity, and the time they spend responding. She notes they are averaging a total of 137 contacts daily and spend anywhere from 2-10 minutes on each inquiry. That’s approximately 13.7 hours per day.