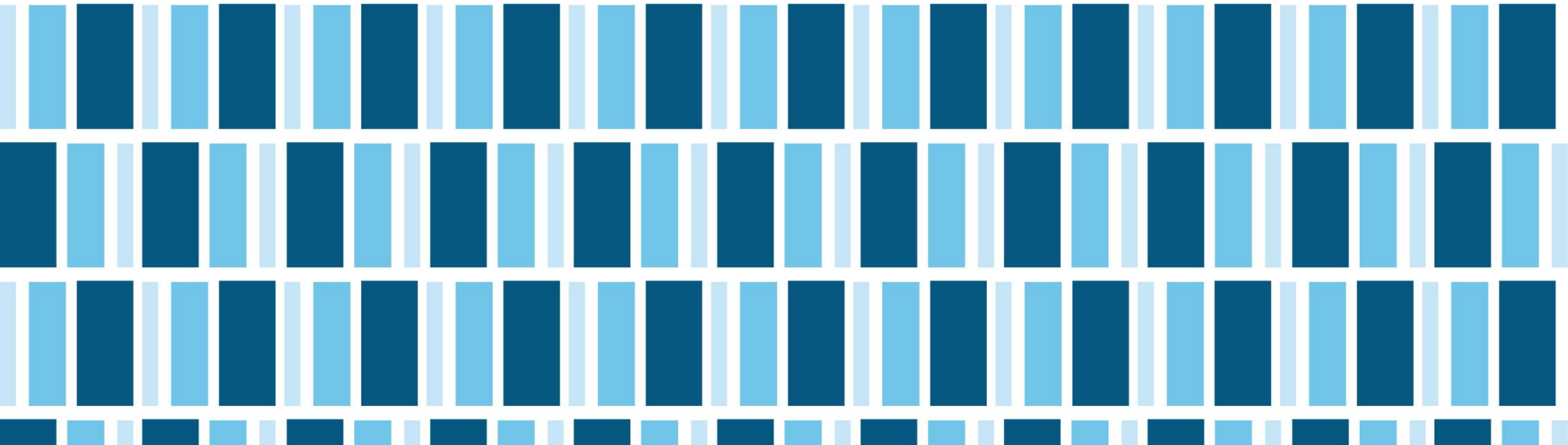


# Transportation Provider

## ANNUAL TRAINING

v.2023



Modivcare is required by both federal and state regulators and by our health plan clients to communicate to and monitor specific compliance requirements of our Transportation Providers. The Centers for Medicaid and Medicare Services (“CMS”), as well as our clients, requires that all providers in the health care arena have effective education and training programs. As Modivcare’s subcontractor, this requirement extends to you and your employees who provide services to Modivcare. To satisfy these requirements, Modivcare distributes training materials to its Transportation Providers to be completed upon contracting and annually thereafter.

# Medicare/Medicaid General Compliance & Fraud, Waste, & Abuse



This lesson will:

- provide an overview of the **Medicare/Medicaid** systems of health insurance
- outline Modivcare's **Code of Conduct**
- review Modivcare's policy on **conflicts of interest** and **business gifts**
- explain how you can help detect, prevent, and mitigate **fraud, waste, and abuse**



Medicare is a federally-funded system of health insurance and healthcare delivery for US citizens aged 65 or older, and certain disabled persons. It is administered by the Centers for Medicare and Medicaid Services (CMS), a federal agency within the Department of Health and Human Services (HHS).

Eligibility for Medicare doesn't depend on income; nearly everyone who is at least 65 is entitled to coverage. Eligibility also doesn't depend on employment status; workers are not required to retire when they reach age 65 to be eligible for Medicare.



Modivcare serves Medicare beneficiaries primarily through its contracts with Medicare Advantage (Part C) plans or Medicare Managed Care Organizations (MCOs) which may offer nonemergency medical transportation as a supplementary benefit to their members



For more information about Medicare or Medicaid, visit the CMS website at [CMS.gov](https://www.cms.gov)



## Hospital Insurance

PART A



## Medical Insurance

PART B



## Medicare Advantage

PART C



## Prescription Drugs

PART D

Medicaid was enacted into law at the same time as Medicare. It is the main public health insurance program for many low-income individuals. Like Medicare, those enrolled in Medicaid are usually called “Members”.

But unlike Medicare (which is an entirely federal program), Medicaid is a joint state/federal endeavor. Each state designs its own Medicaid program, which it then submits to CMS for approval.

CMS requires organizations like Modivcare to have an effective compliance program. To do so, we have implemented important elements like a Code of Conduct, training courses like this, and methods for detecting and preventing fraud, waste, and abuse.



# POLICIES & PROCEDURES

## FRAUD WASTE AND ABUSE

- Annual company-wide risk assessments
- Risk mitigation workplans
- Claims verifications
- Regular standing order re-assessment and re-certification
- Confirmation of member attendance with facilities
- Field monitoring activities
- Pre-authorizations and a unique job number for each trip
- Conflict of Interest policy



Modivcare has many policies and procedures to prevent, detect, and combat fraud, waste, and abuse. Above are some examples.



# Modivcare's purpose is **MAKING CONNECTIONS TO CARE**

Non-compliance negatively affects our ability to carry out our purpose in a safe, effective, and efficient manner

Non-compliance causes harm to Members:



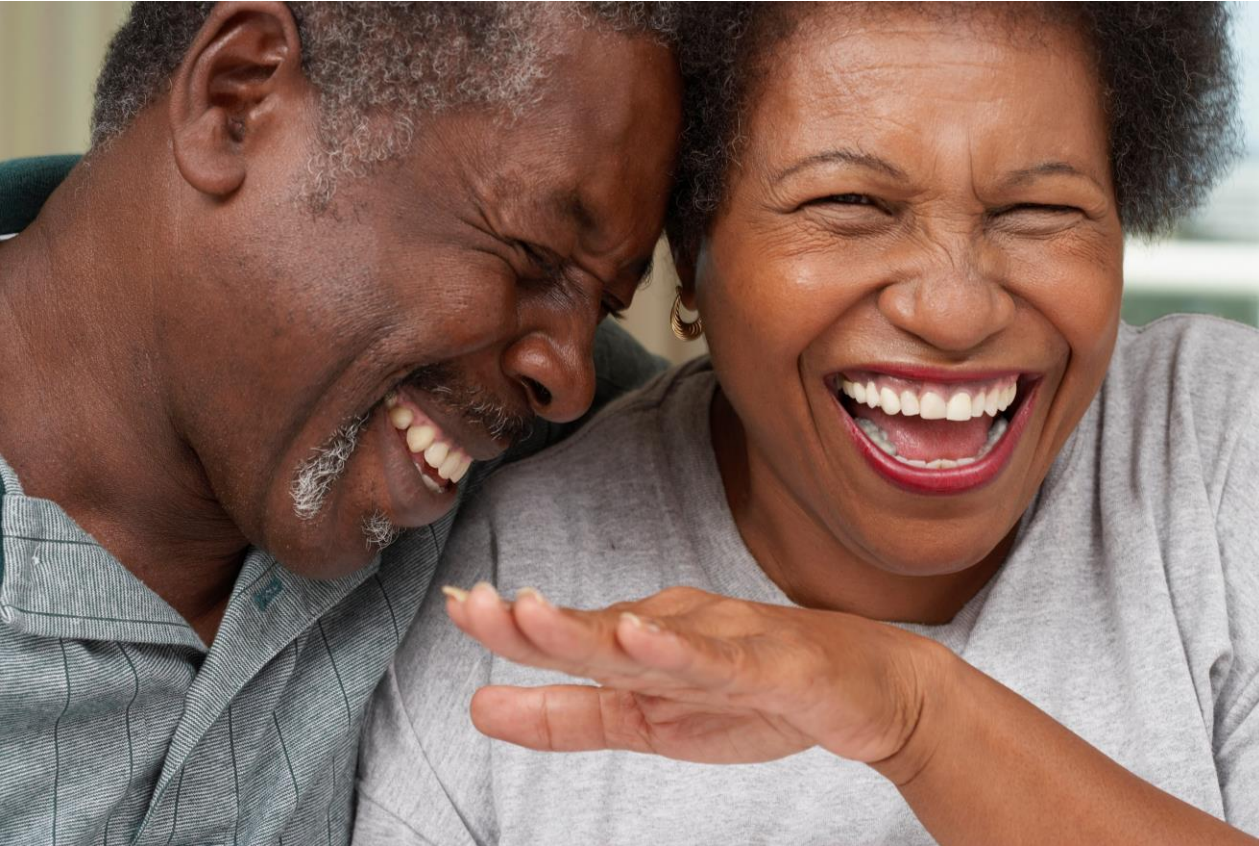
- delayed services
- improper denial of benefits
- difficulty accessing medical care
- poor health outcomes
- other obstacles to care

Non-compliance causes additional financial harm:



- high insurance copayments
- higher premiums
- lower benefits for individuals and employers
- lower profits

As a subcontractor partner of an organization that works on federal and state healthcare programs, **YOU** are a vital part of the efforts to **report, prevent, detect** and **mitigate** non-compliance as well as possible **fraud, waste, and abuse!**



## Your responsibilities include:

- acting fairly and honestly
- adhering to high ethical standards in all you do
- complying with Modivcare's policies as well as all applicable laws, regulations, and requirements
- knowing/following Modivcare's Code of Conduct
- looking out for suspicious activity
- verifying all information provided to you and by you for accuracy and timeliness
- reporting known or suspected violations of Modivcare's policies, procedures, laws, regulations, or guidelines

# CONFIDENTIALITY & NON-RETALIATION

Modivcare treats information reported by team-members, subcontractors, clients, Members, and the general public **confidentially** to the extent possible, consistent with our obligation to investigate, mitigate, and report non-compliance and fraud, waste, and abuse.

We **will not** engage in or allow any form of retaliation against anyone who makes a good faith report of suspected ethical or legal violations.

An array of **penalties** exist for non-compliance with Medicare and Medicaid regulations and requirements. **Consequences** vary with the severity of the issue and can be significant, depending on scale. **Penalties** may include:

- notices of non-compliance and warning letters
- corrective action plans
- contract suspension or termination
- criminal convictions and fines
- exclusion or debarment from federal or state healthcare programs
- financial penalties
- imprisonment

Our policy regarding conflicts of interest is simple:



A **conflict of interest** is a situation in which you have a personal or private interest that interferes with (or appears to interfere with) your ability to provide partnership duties with Modivcare fairly and ethically.

Modivcare team members or subcontracted partners may not compete with our organization and may never let business dealings on behalf of the company be influenced (or appear to be influenced) by personal or family interests.



- Disclose any relationships with Modivcare team-members
- Do not exchange anything of value with Modivcare team-members
- Disclose if a relative receives a transportation benefit that may be managed by Modivcare

Conflicts of interest are addressed in depth in Modivcare's Code of Conduct. You have an ongoing obligation to report potential or actual conflicts of interest to Modivcare. Address any questions you have or disclose conflicts of interest to your assigned Provider Relations employee partner.



As a Transportation Provider, I am not allowed to exchange gifts (or anything of value, for that matter) with Modivcare employees or riders! The penalties are just not worth it.



## BUSINESS COURTESIES

Under Modivcare's gift policy, subcontracted providers may not exchange anything of value with our **riders, Modivcare team members**, or other **vendors**. All exceptions must be approved by our Chief Compliance Officer, Jody Kepler.

# Medicare & Medicaid FWA

## FRAUD WASTE AND ABUSE

- **Fraud** is the intentional deception or misrepresentation that an individual knows to be false or does not believe to be true and makes, knowing that the deception could result in some unauthorized benefit to himself/herself or some other person
- **Waste** is the overutilization of services or other practices that, directly or indirectly, results in unnecessary costs to the healthcare system, including Medicare and Medicaid programs; waste is not generally considered to be caused by criminally negligent actions, but instead by the misuse or resources
- **Abuse** is the excessive or improper use of services or actions that are inconsistent with acceptable business or medical practices



“Medicare or Medicaid fraud” is the general term for any scheme to collect money from the Medicare or Medicaid programs illegitimately

# Examples of FWA

- Offering anything of value to Modivcare team-members or our client's Members in exchange for more trips or better trips
- Billing for trips that did not occur
- Billing for deceased Member trips
- Conducting trips without regard to the quickest or most efficient route
- Billing for a higher level of service than necessary ("upcoding")
- Knowingly transporting for a falsified trip purpose that is not covered by Medicare or Medicaid
- Allowing a Member to sign a trip manifest for a trip that did not occur

## BY PROVIDERS

## BY TEAM MEMBERS

- Taking gifts from TPs in return for favors, such as better or extra trips
- Favoritism toward TPs not based on Provider performance
- Failure to review provider credentials or billing
- Routing trips without regard to cost
- Failure to review standing orders in accordance with company standards for continued need and assigned level of service
- Misrepresenting data to meet client standards
- Intentionally failing to pay TPs



# Modivcare Fights FWA

**Modivcare employs many methods to combat FWA in our business, and in the industry. Some important protocols for reducing fraud, waste, and abuse are:**

Gatekeeping protocols and trip preauthorization practices designed to ensure Member is entitled to each trip

Regular standing order recertification and attendance verification to ensure standing order billing is accurate

Detailed invoice and trip log verification to ensure overstated, incorrect, or fraudulent invoices are not paid

Provider credentialing and field monitoring activities to ensure Providers are complying with QA requirements imposed by the law and our contracts



# Anti-Fraud Laws

**False Claims Act:** Protects the government from being overcharged or sold substandard goods or services, or from being billed for services that were not provided

**Anti-Kickback Statute:** Prohibits an individual or company from paying or receiving anything of value for referrals of Members or services

**Physician Self-Referral Law** (or Stark Law): Prohibits “self-referral arrangements” in which a physician refers patients to entities with which the physician (or his/her family member) has a financial relationship

**Criminal Healthcare Fraud Statute:** Establishes a federal offense of healthcare fraud, prohibiting schemes to defraud any healthcare benefit program in connection with the delivery of or payment for healthcare benefits

**Exclusion Statute:** Requires the Office of Inspector General (OIG) to exclude individuals and entities criminally convicted of healthcare-related fraud from participation in all federally-funded healthcare programs, and grants the OIG the discretion to exclude individuals and entities that are convicted of or found liable on several other grounds relating to healthcare fraud

**Civil Monetary Penalties Act:** Enables the government to penalize healthcare-related fraud offenders with civil monetary penalties in addition to other fines and penalties permitted under other laws

# Reporting FWA

All Modivcare team members and subcontractors (such as Transportation Providers) are responsible for understanding and following Modivcare's policies, procedures, contractual obligations, applicable laws and regulations, as well as industry guidance. Violations may lead to disciplinary action, resulting in contract termination, liquidated damages, and other fines and penalties.



Immediately report known, suspected, or potential FWA to your Modivcare Transportation Provider Relations partner or to the Modivcare Ethics and Compliance Hotline:

- **855-818-6929**
- **Ethicshotline.Modivcare.com**

## Non-Retaliation

Federal and state law, and our company, prohibits any retaliation or retribution against persons who report suspected violations of our policies or applicable laws, whether a report is made to Modivcare or to law enforcement. Anyone who believes that he or she has been the subject of retaliation or retribution should immediately report it to your Modivcare Transportation Provider Relations partner or to the Modivcare Ethics and Compliance Hotline:

- 855-818-6929
- Ethicshotline.Modivcare.com

## Anonymity

Modivcare's Ethics & Compliance hotline is administered by a third party, and you may submit information anonymously, if you wish. Please remember that the more details you provide will assist in a more thorough investigation and resolution

# HIPAA PRIVACY & SECURITY



This lesson will:

- outline Modivcare's policy and subcontractor requirements regarding the privacy and security of healthcare information in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)** and **Texas Medical Privacy Law**

HIPAA is a far-reaching federal law passed in 1996. HIPAA's primary purpose for Modivcare is:

- ensuring the privacy and security of protected health information (PHI)
- only allowing the disclosure of PHI in certain, appropriate circumstances

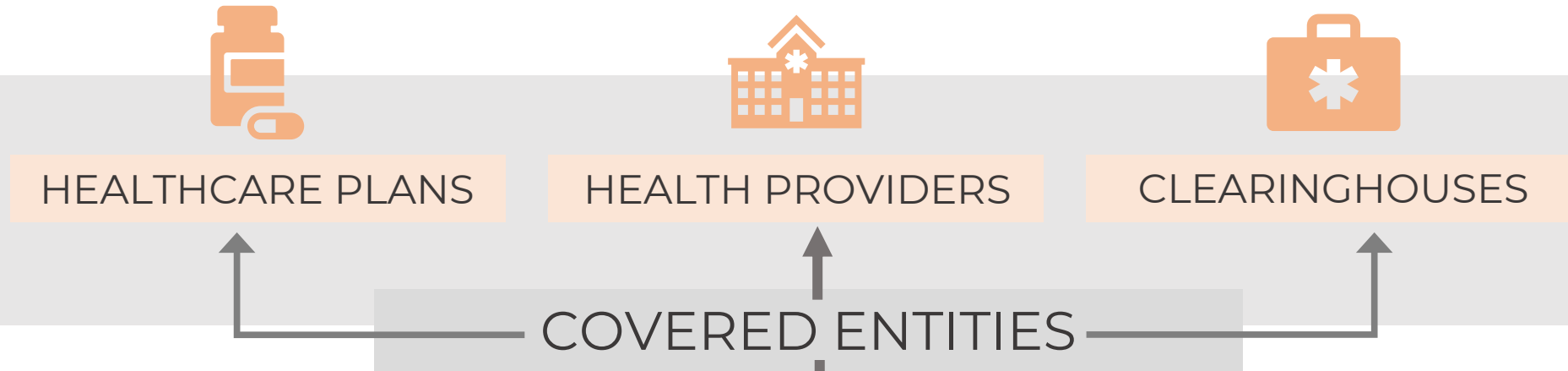
HIPAA **preempts** state law unless the state law affords **greater protection** of PHI. We must follow whichever law is **stricter** regarding the privacy and security of Member information.

Some examples of **improper** PHI disclosures are:

- posting Member's trip records on social media
- sending unencrypted emails discussing Member records or complaints
- accessing Member trip records "just for fun"
- marketing a list of Member names
- discussing one Member's trip details with another rider

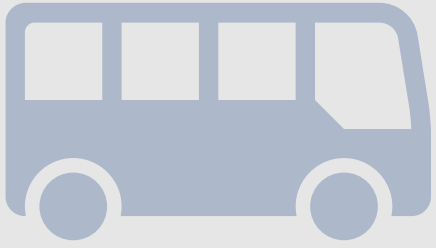


# Who is subject to HIPAA?



**Business Associates** are also subject to HIPAA. A Business Associate **creates, receives, maintains, or transmits** PHI on behalf of a Covered Entity to carry out healthcare activities and functions. Modivcare is a Business Associate of health plans, state Medicaid agencies, and other Covered Entities with whom we contract.

**Transportation Providers** are considered subcontractors of Modivcare, a **Business Associate**. If a Business Associate uses one or more subcontractors to perform certain functions or activities involving PHI, HIPAA requires agreements between that Business Associate and their subcontractor. Subcontractors are **contractually obligated to comply** with HIPAA, and they are subject to HIPAA requirements separate and apart from their contractual agreements with Business Associates.



**HITECH** (effective in 2010) made the HIPAA Security Rule directly applicable to Business Associates



**The Omnibus Rule** (effective in 2013) made certain portions of the HIPAA Privacy Rule directly applicable to Business Associates, which means that PHI may not be sold without first obtaining authorization. The sale of PHI does not include certain disclosures, like for research or public health purposes, or as required by law.

## But what exactly is considered PHI?

**PHI** (or protected health information) is information that identifies an individual and relates to one of the following:

- the past, present, or future physical or mental health condition of an individual
- information about healthcare provided to an individual
- information about healthcare payments

The HIPAA Privacy Rule covers PHI in all forms (**printed, spoken, and electronic**), which the Security Rule only covers **electronic** PHI.

**Any identifiable information about Modivcare's Members is treated as PHI under HIPAA.**



## Reasonable safeguards for protecting the confidentiality of PHI:

- not discussing PHI outside of your vehicle or designated workspace
- keeping electronic trip records and Member information out of view
- using privacy screens on electronics
- not storing PHI in unlocked vehicles
- properly disposing paperwork containing Member PHI
- password protecting electronic devices that may contain Member PHI

## Using PHI for marketing:

PHI may not be disclosed for marketing purposes without the Member's express, written authorization.

The Privacy Rule defines "marketing" as "making a communication about a product or service that encourages recipients to purchase or use the product or service. Exceptions to the marketing definition may be made if the communication is: made to describe a health-related product or service, for treatment of the individual, and for case management, care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care.

## Administrative Safeguards

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- Employ personnel to stay up-to-date on regulating body recommendations and legal updates
- Implement a workforce security plan which grants employees varying access to PHI
- Implement a contingency plan for responding to system emergencies and natural disasters
- Maintain business associate contracts to protect the confidentiality during PHI exchanges
- Implement termination procedures to prevent terminated employees from accessing PHI

## Physical Safeguards

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- Install facility access controls which only allow authorized access to areas where PHI is stored
- Implement workstation policies to outline privacy requirements for PHI displayed on electronics screens
- Implement workstation security such as curtains, partitions, and password-protected devices
- Install device and media controls for the handling and maintenance of computer hardware and software
- Implement proper disposal policies for physical PHI

## Technical Safeguards

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- Embed access controls that only allow for PHI access on a “need-to-know” basis, based on job duties and context
- Implement audit controls for recording and examining system activity
- Implement person or entity authentication systems to ensure only authorized users are accessing PHI
- Install transmission security protocols to protect PHI during transmission across networks

### **BEST PRACTICES FOR SAFEGUARDING PHI**

# BREACH!

A “breach” is the unauthorized acquisition, access, use, or disclosure of an individual’s PHI.

## Proper Disclosures

- Disclosure is not a breach if it was:
- within the course and scope of employment, and did not result in further disclosure
  - inadvertent by an authorized individual to another authorized individual at the same covered entity, and not further used or disclosed
  - made to someone who would not reasonably have been able to retain the information



If there is a security breach, big or small, involving PHI, immediately make a report to your assigned Provider Relations partner, or to Modivcare’s Privacy Officer, Adam Lovett:

**[hipaaofficer@Modivcare.com](mailto:hipaaofficer@Modivcare.com)**



## Record Retention

Covered entities and business associates must retain all compliance documentation relating to PHI for a minimum of 6 years from the date of creation, or the date when it was last in effect, including:

- Policies and procedures governing the use and disclosure of PHI
- Training provided to the covered entity/business associate's workforce
- The covered entity/business associate's designated privacy officials including contact information
- Complaints to the covered entity/business associate and their disposition
- Authorizations for uses and disclosure of PHI
- Business associate agreements
- Accountings of requests for disclosure of individuals' PHI
- Agreements to restrict uses or disclosures of individuals' PHI

Penalties for failure to comply with HIPAA can include:

- Civil fines ranging from \$100-\$50K per violation, up to \$1.5M for willful neglect, not corrected
- Criminal penalties for a basic offense are fines up to \$50K and/or imprisonment for up to one year
- Criminal penalties for offenses under false pretenses are fines up to \$100K and/or imprisonment for up to five years
- Criminal penalties for an offense with intent to use PHI for commercial advantage are fines up to \$250K and/or imprisonment up to ten years

# AMERICANS WITH DISABILITIES ACT & SERVICE ANIMALS



This lesson will provide information about:

- The American's with Disabilities Act
- the definition of disability
- ADA guidelines
- people-first language
- service animals



The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. For example, parents of a child with a qualified disability under the ADA would also be protected as long as they were providing care to the child.

The ADA Amendments Act of 2008 (also known as the ADAAA) broadened the definition of the ADA by making it easier for an individual seeking protection under the ADA to establish that they have a disability.



## DEFINING DISABILITY

The ADA defines an individual with a disability as a person who:

- has a physical or mental impairment that substantially limits one or more major life activities
- has a history or record of such impairment
- is perceived by others as having such impairment

An impairment is a physical or mental disorder, and it does not include:

- normal physical characteristics (such as hair or eye color)
- conditions that are not the result of a disorder (such as normal pregnancy)
- personality traits (such as poor judgment)
- homosexuality/bisexuality
- socio-economic disadvantages (such as poor education)



## DEFINING IMPAIRMENT





## DEFINING MAJOR LIFE ACTIVITIES

In general, major life activities include, but are not limited to:

- caring for oneself
- performing manual tasks
- seeing
- hearing
- walking
- speaking/communicating
- learning
- working

A major life activity also includes operation of major bodily functions including functions of the:

- immune system
- digestive system
- neurological system
- respiratory system
- circulatory system
- reproductive system



## DEFINING MAJOR BODILY FUNCTIONS

## People-First Language

“People-first language” names the person first, and the condition second. This method describes what the person has, not what the person is. When speaking to or about Members with disabilities, remember to use people-first language.

Here are some examples of ways you can begin to eliminate prejudicial language

Say THIS...	...instead of THIS
He has a cognitive disability	He is mentally retarded
He has a physical disability	He’s crippled
She uses a wheelchair	She’s wheelchair-bound
He has an emotional disability	He’s emotionally disabled
Accessible parking	Handicapped parking
She has autism	She’s autistic



## Section 504 & Section 508

Requires agencies to provide individuals with disabilities an equal opportunity to participate in their programs and benefit from their services. Agencies must provide appropriate auxiliary aids where necessary to ensure an equal opportunity.

Requires Federal agencies to ensure that persons with disabilities have comparable access to and use of electronic information technology. That means that any electronic and information technology used, maintained, developed, or procured must be accessible to persons with disabilities.



# SERVICE ANIMALS

## NON-CANINE SERVICE ANIMALS

A service animal:

- must be allowed by our Transportation Providers to accompany our Members to their appointments
- is any guide dog, signal dog, or other animal individually trained to aid individuals with a disability
- must generally be permitted in public and private businesses to accompany people with disabilities in all areas where members of the public are allowed to go
- do not always have a harness, sign, or symbol indicating that they are service animals

Only dogs and miniature horses are considered “service animals” by federal law and can legally accompany our Members to appointments. Under the ADA, service animals must be harnessed, leashed, or tethered unless these devices interfere with the animal’s work or the individual’s disability prevents them from using these devices. In that case, the Member must maintain control of the service animal through voice or other signals.

Service animals are not pets!

Do not touch us or the person we are assisting without permission!

Do not feed us!

Speak directly to the person we are assisting, not to us!

A person with a disability cannot be asked to remove his/her service animal unless the animal is out of control, or the animal is not housebroken. When there is a legitimate reason to ask the Member to remove their service animal, you must offer the Member the opportunity to obtain services without the animal’s presence.

## REMOVING A SERVICE ANIMAL

Dogs whose sole function is to provide comfort or emotional support do not qualify

The service animal definition does not affect/limit the broader definition of “assistance animal”

Some state and local laws also define service animals more broadly than the ADA

Any questions regarding service animals should be directed to Modivcare’s Legal Department



## Service Animal Transport Policy

- Modivcare (and our subcontractors) will not discriminate against any persons with disabilities, including those accompanied by service animals. These members will be treated with the same courtesy and respect afforded to all transportation recipients. Service animals are welcome onboard any transportation vehicle performing trips referred by Modivcare, per our policies.
- No additional fee or deposit may be charged to transport service animals.
- Neither Modivcare nor the Transportation Provider is responsible for the care or supervision of any service animal.
- Modivcare shall not require transportation recipients with service animals to provide proof that the service animal is licensed or certified as a service animal.
- If Modivcare, or one of its contracted Transportation Providers is uncertain whether an animal is a service animal, a customer service representative or the driver may ask the Member whether the animal is required because of a disability.
- If the animal has been trained to perform services, and the nature of the services performed by the animal assists the transportation recipient, then no other inquiry into the service animal or the Member's disability is permitted.
- Modivcare and its contracted Transportation Providers may exclude any service animal that displays vicious or aggressive behavior towards drivers or other passengers, or otherwise poses a direct threat to the health and safety of others.
- Modivcare and its contracted Transportation Providers shall not make assumptions about how a particular animal is likely to behave; each situation must be considered individually.
- Complaints about vicious or aggressive service animals are to be immediately reported to Management and Quality Assurance for resolution.

**MEMBER  
HEALTH, SAFETY,  
& WELFARE**



This lesson will provide information about:

- applicable state and federal laws pertaining to Member rights, including data privacy

Modivcare recognizes that Members have certain rights that apply to their interactions with Modivcare and their requests for transportation. Modivcare team members, as well as our subcontracted Transportation Providers, are responsible for adhering to Member rights, rights requests, and ethical standards surrounding the care of our Members.

the right to be treated with respect and due consideration for the Member's dignity and privacy

the right to receive information on transportation options and alternatives in a manner appropriate to the Member's condition and ability to understand the information

the right to receive a copy of his or her transportation records, the right to request an accounting of disclosures of his or her transportation records, and the right to request that the records be amended, corrected, or restricted as allowed in 45 CFR Part 164

the right to be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation, or convenience, excluding seatbelts or other safety restraints required by law

## MEMBER RIGHTS INCLUDE

the right to language assistance services, including qualified interpreters and reasonably and typically available adaptive technology, promptly and free of charge, as required by the Patient Protection and Affordable Care Act (ACA) Section 1557

freedom to exercise the rights described on this page without any adverse effect on the provision of services to the Member

the right to report discrimination to a designated Modivcare ACA Section 1557 Coordinator, as well as appropriate government agencies, as required by ACA Section 1557

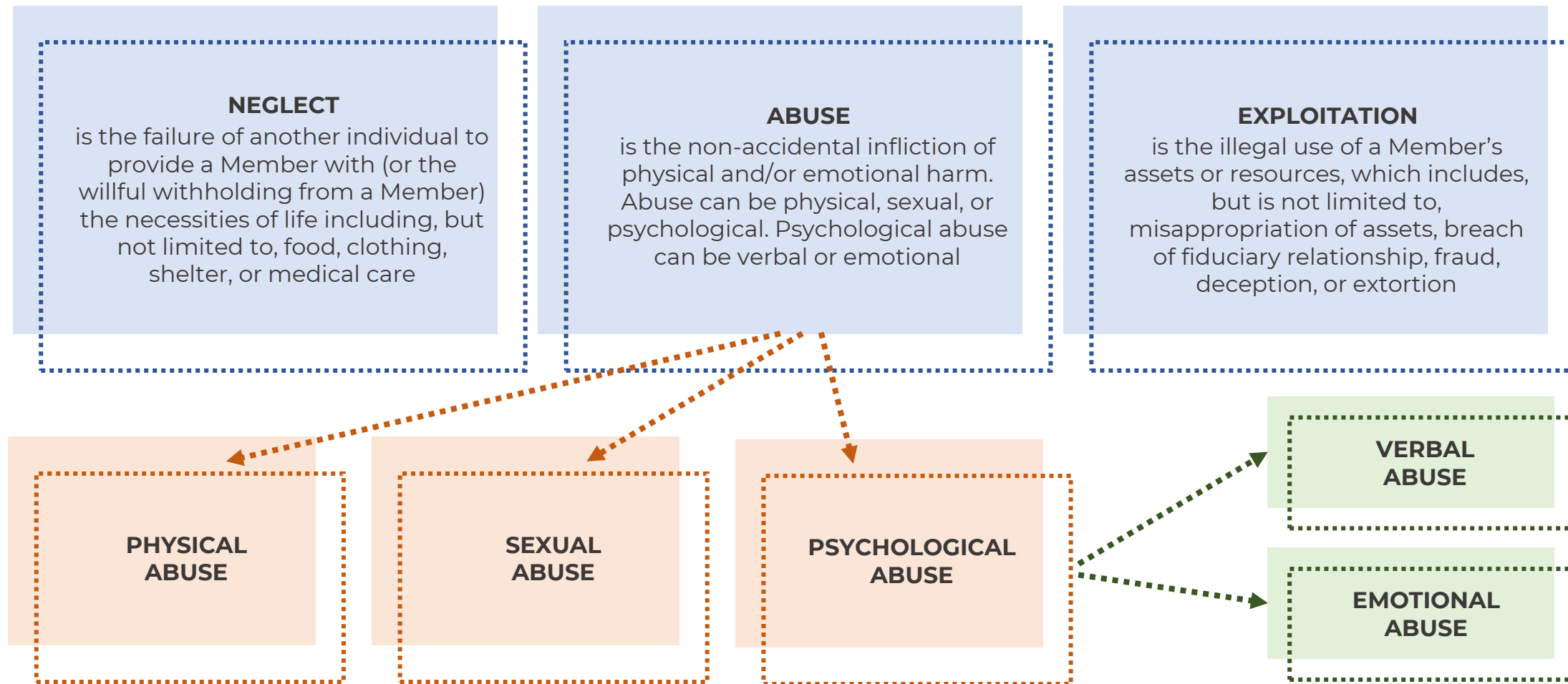




During the course of Member transportation, you may become aware of information that indicates possible Member abuse, neglect, or exploitation



Any potential abuse, neglect, or exploitation must be reported **immediately!**



# ABUSE

**PHYSICAL ABUSE**  
is the non-accidental use of force that results in bodily injury, pain, or impairment

**SEXUAL ABUSE**  
is the unwanted touching, fondling, threats of a sexual nature, sexually inappropriate remarks, or other undesired sexual behavior

**PSYCHOLOGICAL ABUSE**  
is verbal assault, threats of maltreatment, harassment, or intimidation intended to compel the Member to engage in conduct from which he or she wishes and has a right to abstain from, or to refrain from conduct in which the Member wishes and has a right to engage in

**VERBAL ABUSE**  
includes, but is not limited to, name calling, intimidation, yelling, and swearing. Verbal abuse may also include ridicule, coercion, and threats

**EMOTIONAL ABUSE**  
is a way to control another person by using emotions to criticize, embarrass, shame, blame, or otherwise manipulate



### SELF NEGLECT

occurs when an individual does not attend to his/her own basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to medical conditions

### PASSIVE NEGLECT

is a caregiver's failure to provide a Member with the necessities of life including, but not limited to, food, clothing, shelter, or medical care

### RISK FACTORS

Potential risk factors of abuse, neglect, or exploitation could include:

- dependency on others for personal care or financial management
- isolation from information about rights and health
- diminished mental capacity
- serious health problems
- taking medications that affect cognitive status
- depression, anxiety, or fearfulness
- recent loss (including the loss of a spouse, home, friend, etc.)

### NEGLECT

## POSSIBLE SIGNS/SYMPTOMS OF PHYSICAL ABUSE

- sprains, dislocations, fractures, broken bones
- burns from cigarettes, appliances, or hot water
- abrasions on arms, legs, or torso that resemble rope or strap marks
- cuts, lacerations, or puncture wounds
- fractures of long bones or ribs
- internal injuries evidenced by pain
- difficulty with normal functioning of organs
- bleeding from body orifices
- disheveled and/or unclean appearance
- injuries that are incompatible with the Member's explanation
- a history of similar injuries and/or suspicious hospitalizations

## POSSIBLE SIGNS/SYMPTOMS OF SEXUAL ABUSE

- bruises on external genitalia, inner thighs, abdomen, or pelvis
- difficulty walking or sitting, not explained by other physical conditions
- inappropriate, unusual, or aggressive sexual behavior
- signs of physical trauma, including excessive sleep, depression, or fearfulness

## POSSIBLE SIGNS & SYMPTOMS

Note: The presence of a single sign, symptom, or risk factor does not, by itself, confirm that abuse or neglect is occurring or likely to occur. It may, however, indicate the need for measures to be taken to reduce the potential for abuse or neglect in the future

## POSSIBLE SIGNS/SYMPTOMS OF PSYCHOLOGICAL ABUSE

- significant weight loss or gain that cannot be attributed to other causes
- being berated, ignored, isolated, ridiculed, or cursed at
- being threatened
- stress-related conditions including high blood pressure
- being depressed, confused, withdrawn, emotionally upset, or nonresponsive
- cowering in the presence of a suspected abuser

## POSSIBLE SIGNS/SYMPTOMS OF NEGLECT

- weight loss that cannot be attributed to other causes
- uncommon pressure sores or ulcers
- evidence of inadequate or inappropriate use of medication
- neglected personal hygiene
- emotional withdrawal
- lack of assistance with eating, drinking, walking, bathing, or participating in activities
- little or no response to requests for personal assistance

## INFORMATION TO REPORT

When reporting suspected or confirmed abuse, neglect, or exploitation, be prepared with as much information as possible, such as:

- Can you identify the person being abused?
- What is the address/location of the individual?
- What is the approximate age of the individual?
- Does an emergency currently exist?
- Can you describe the circumstances surrounding the alleged abuse, neglect, or exploitation?
- What are the names and relationships of other members in the household, if applicable?
- Is the individual incapacitated or injured?
- What is the name and address of the caregiver?
- What is the name and address of the alleged perpetrator(s)?
- Are there other people who may have knowledge of alleged abuse, neglect, or exploitation?
- Do you know the name of the individual's physician?
- What is your name, address, phone number, and relationship to the individual? (You may report anonymously)



## MANDATED REPORTER

While Modivcare team members and subcontracted partners are not considered “legally mandated reporters”, we will report all suspected abuse, neglect, or exploitation that we become aware of, from whatever source, while managing care for our Members

## HOW TO REPORT

If you suspect, or if a Member tells you, he or she is suffering from abuse, neglect, or exploitation, you must **immediately** report it to your assigned Modivcare Provider Relations team member



## POSSIBLE SIGNS/SYMPTOMS OF EXPLOITATION

- caregiver expresses excessive interest in the amount of money being spent by Member
- Member is not given the opportunity to speak
- caregiver speaks about Member's situation without presence or participation from Member
- caregiver has attitude of indifference or anger toward Member
- Member is blamed for his/her condition
- caregiver shows aggressive behavior toward Member which could include threatening, insulting, or harassing the Member
- Member's belongings are missing
- suspicious signatures appear on checks or other Member documents

## Examples of Critical Incidents

### ABUSE

- physical abuse
- sexual abuse
- emotional/verbal abuse

### MEDICAL/PSYCHIATRIC

- medical/psychiatric emergency
- self inflicted injury

### ENVIRONMENTAL HAZARD

- fire
- natural disaster

### NEGLECT

- passive neglect
- active/willful neglect
- self neglect

### BEHAVIORAL ISSUES

- missing Member
- Member is in illegally in possession of a weapon

- Member displays aggressive behavior
- suicide attempt by Member
- Suicide ideation
- threat by Member
- property damage by Member

### CRIMINAL ACTS

- Member is arrested/charged with crime
- Provider is arrested/charged with crime
- placement into correctional facility
- fraudulent activities by Member, Provider, or caregiver
- theft of property by Member or Provider

### SEXUAL MISCONDUCT

- sexual harassment
- sexually problematic behavior

### EXPLOITATION

- misappropriation of property or resources
- financial exploitation

## CRITICAL INCIDENTS

A critical incident involves health, safety, abuse, or possible violation of the law, or if a Member makes a complaint in writing. Abuse, neglect, and exploitation are considered critical incidents. However, other incidents may be considered critical as well. All types of critical incidents (including abuse, neglect, and exploitation) must be reported immediately.

- financial exploitation
- sexual exploitation

### NURSING HOME

- any crime that occurs at the facility
- loss of power in excess of 1 hr.
- evacuation of residents
- physical injury to resident during mechanical failure or force of nature
- fire alarm with injuries or property damage

### OTHER

- media inquiry or media involvement
- threats
- falsification of credentials or records
- bribery/attempted bribery
- significant medical event for Member or Provider
- restraint/seclusion

# CULTURAL AWARENESS





This lesson will provide information about:

- your role in cultural awareness
- communication/language assistance
- cross-cultural communication
- impacts of cultural influences
- health and social disparities

**Culture** refers to integrated patterns of human behavior that include the **language, thoughts, actions, customs, beliefs, values,** and **institutions** that unite a group of people

Member's respective cultures affect every aspect of their care, including **transportation** to their medical appointments





**Cultural competence** is the awareness and understanding of people from one or more different cultures, as well as the ability to effectively interact with them

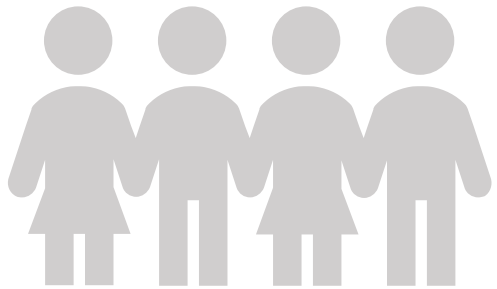
**Diversity** consists of the differences we recognize in each other such as **gender, culture, race, ethnicity, age, religion, sexual orientation,** and **physical and mental abilities.**

Diversity also includes other factors such as **economic status, point of view, educational background, employment history** and **political beliefs.** As our economy becomes increasingly global, our community grows ever more diverse!

Racial, cultural, and linguistic prejudices can inflict **deeply hurtful insults**. When you disparage someone in any of these ways, you're insulting not only the individual but also the person's **family, friends, ancestors, and heritage**



## REMEMBER..



- Different people require different approaches to achieve positive outcomes due to their unique health and home challenges
- The transportation you provide to Members from diverse cultural backgrounds helps ensure they have meaningful access to healthcare and social services
- Your awareness and understanding of cultural diversity helps you better provide this meaningful access to sometimes vulnerable and fragile Members

Clear communication is central to developing cultural competency, as some Members have limited English proficiency (LEP). LEP describes a Member who has an inability or limited ability to speak, read, write, or understand the English language on a level that permits him or her to interact effectively with others, including Transportation and Healthcare Providers

## **BASIC RULES OF MEMBER COMMUNICATION**

- Avoid offensive language, such as racial or gender epithets. Before using a questionable term or phrase, ask yourself “How would I feel if someone said this to me?”
- Avoid offensive jokes that make fun of others. This can be construed as harassment.
- Make it clear that you won’t tolerate offensive speech or behavior from others.
- Treat people as individuals with unique beliefs, opinions and styles.
- Be aware of how your own cultural assumptions may cause you to misunderstand another person.
- Address others in a way that shows you respect them.
- Don’t assume that others will have similar values, standards, or backgrounds as you.

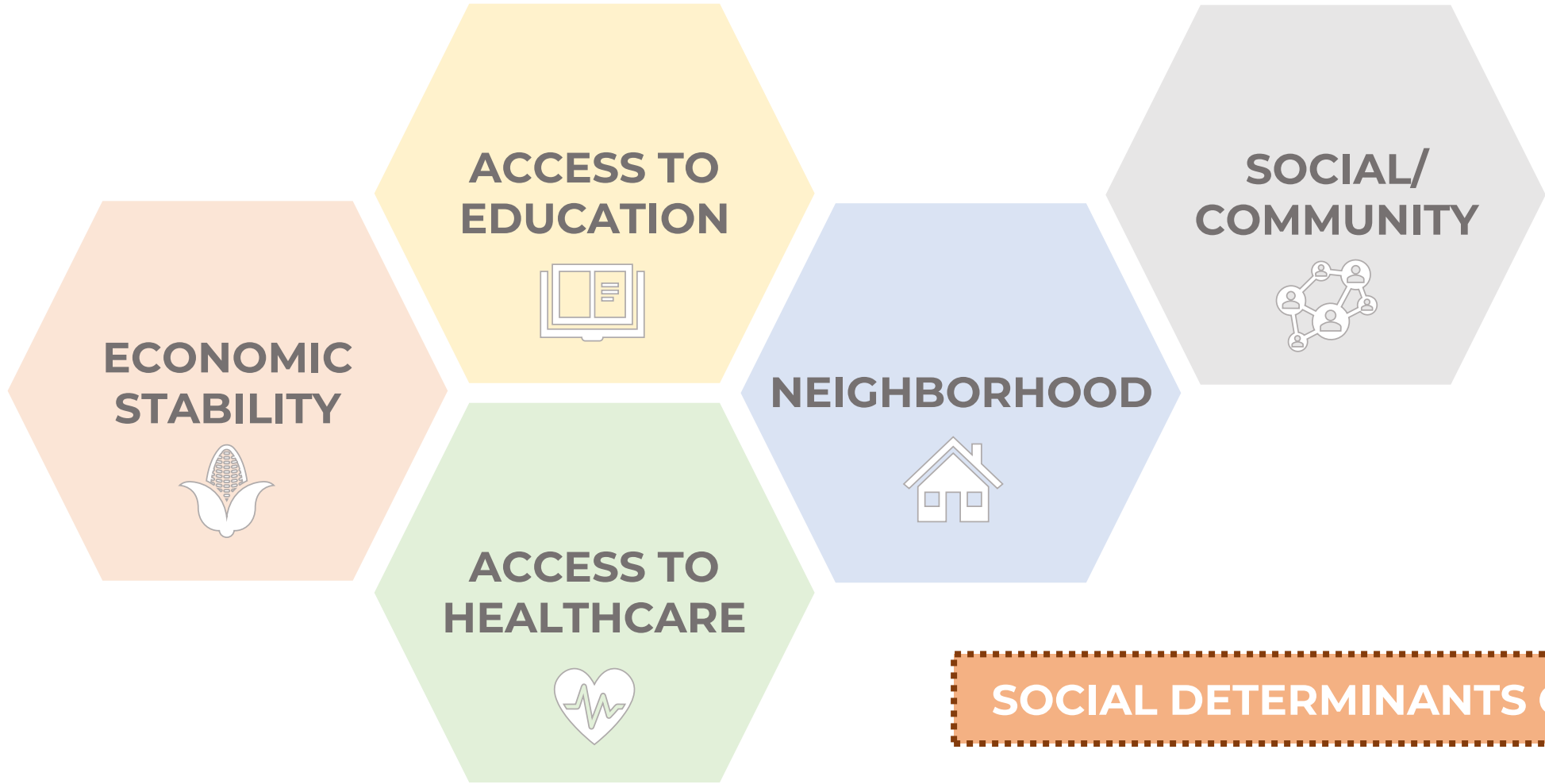
Modivcare provides appropriate language assistance services, promptly and free of charge, to individuals seeking Modivcare's services who have limited English language proficiency when these language assistance services are necessary to ensure meaningful access to Modivcare's programs or activities.

Should you require language assistance services, please let your Customer Service Representative know when you call of your preferred language. Interpreter services are available 7 days a week, 24 hours a day, 365 days a year.



Modivcare is committed delivering services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Social Determinants of Health (or SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks There are 5 main SDOH categories:





Underlying health and social disparities exist in certain communities. Here are some examples, as well as ways to begin mitigating these disparities:

### **AFRICAN AMERICAN HEALTH & SOCIAL DISPARITIES**

The underlying causes of African American health disparities have been linked to genetics, lack of economic resources, limited access to healthcare, environmental factors, and delay in treatment. African American individuals are at higher risk for heart disease, stroke, cancer, asthma, influenza, pneumonia, diabetes, and HIV/AIDS.

### **HISPANIC HEALTH & SOCIAL DISPARITIES**

Health disparities affecting the Hispanic population when compared to non-Hispanic individuals in the US include a less likely occurrence to obtain cancer screenings, more likely to die from diabetes, less likely to control high blood pressure, less likely to receive mental health treatment, and more likely to experience medical events involving risk of death or serious injury.

### **LGBTQ+ HEALTH & SOCIAL DISPARITIES**

LGBTQ+ individuals experience higher rates of suicide and are more likely to be uninsured, experience delayed medical care, and rely on emergency departments. Nearly 20% of transgender individuals have been refused some sort of medical care and nearly 30% have been harassed by healthcare providers. The underlying causes may include lack of healthcare training and limited clinical research.

Health and social disparities can sometimes be mitigated by community outreach, diversity and inclusion activities, clinical interventions, multi-language education materials, expanded language access services, increased understanding, etc.



## CROSS CULTURAL COMMUNICATION

When working with a wide array of people from different cultures, it's important to:

- have respect for everyone
- have respect for traditions, norms, and other traits
- be open to learning new information
- treat people as individuals/don't generalize
- listen with empathy
- keep biases in check
- accept ambiguities

As a Transportation Provider, you are a **critical** resource allowing the **culturally diverse** Members you transport to have access to **essential medical care**.

Because your interaction with Members is relatively limited in time and scope, you may not be in a position to engage in many of the activities that might mitigate disparities outlined.

However, your engagement with this often vulnerable and fragile population is improved significantly if you **remain aware** and **mindful** of Members' **diverse cultural backgrounds** and **environments**.

THE END

**THANK  
YOU!**