



Medicaid HEALTH, SAFETY and WELFARE EDUCATION

Transportation
Providers
2017



Health, Safety, and Welfare Education

As a non-emergency medical transportation provider, you deal directly and personally with Medicaid Members every time you provide services. Because of this exposure to Members, you are sometimes in a position to observe and hear about Members' emotional and physical conditions and detect indicators that they are in unsafe, unhealthy, neglected, or otherwise compromised situations or environments.

This educational presentation seeks to cultivate your awareness of Members' health, safety, and welfare so that you know what to do when you encounter Members in distress. Let's first become familiar with the terminology associated with Members' health, safety, and welfare.

General HSW Terminology

- **Victim** – Any person eligible for Medicaid who is a disabled adult or elderly person named in a report of abuse, neglect or exploitation.
- **Caregiver** – A person who has been entrusted with or has assumed the responsibility for frequent and regular care of, or services to, a person eligible for Medicaid who is a disabled adult or elderly person and who has a commitment, agreement or understanding with that person or that person’s guardian that a caregiver role exists.
 - **Note:** The caregiver role must be established in all reports alleging second-party neglect and in reports alleging abuse in which the alleged perpetrator is the caregiver.
- **Alleged perpetrator** – A person who has been named by a reporter as the person responsible for abusing, neglecting or exploiting a disabled adult or elderly person, or a person who has been named by an adult protective investigator in a report that has been classified as “proposed confirmed.”
- **Care management** – A collaborative, person-centered process that assists Members in gaining access to services.
- **Plan of care** – A plan, primarily directed by the Member and family members of the Member as appropriate, with the assistance of the Member’s interdisciplinary care team to meet the medical, behavioral, long-term care, support and social needs of the Member.
- **Interdisciplinary care team** – A team of professionals that collaborate with the Member to develop and implement a plan of care that meets their medical, behavioral, long-term care, support, and social needs.

General Terminology (cont'd)

- **Sexual harassment by provider** – Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature by a provider that tends to create a hostile or offensive work environment.
- **Sexual harassment by Member**– Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature by a Member that tends to create a hostile or offensive work environment.
- **Sexually problematic behavior** – Inappropriate sexual behaviors exhibited by either the Member or individual provider, which impacts the work environment adversely.
- **Significant medical event of provider** – A recent event to a provider that has the potential to impact a Member's care.
- **Significant medical event of Member**– This includes a recent event of new diagnosis that has the potential to impact the Member's health or safety. Also included are unplanned hospitalizations or errors in medication administration by the provider.
- **Member arrested, charged with or convicted of a crime** – An instance when the arrest, charge or conviction of a Member has a risk or potential risk upon the Member's health and safety should be reported.
- **Provider arrested, charged with or convicted of a crime** – An instance when the arrest, charge or conviction of a provider has a risk or potential risk upon the Member's health and safety should be reported.

General Terminology (cont'd)

- **Fraudulent activities or theft on the part of the Member or the provider** – Executing or attempting to execute a scheme or plan to defraud the home services program, or obtaining information by means of false pretenses, deception or misrepresentation in order to receive services from our program. Theft of Member property by a provider, as well as theft of provider property by a Member is included.
- **Problematic possession or use of a weapon by a Member** – Members should never display or brandish a weapon in a staff member's presence. Any perceived threat through the use of weapons should be reported. In some cases, persons with a serious mental illness (SMI) are not allowed to possess firearms and should be documented if observed.
- **Member displays physically aggressive behavior** – Member uses physical violence that results in harm or injury to the provider.
- **Property damage by Member of \$50 or more** – Member causes property damage in the amount of \$50 or more to provider property.
- **Suicide attempt by Member** – Member attempts to take his/her own life.
- **Suicide ideation/threat by Member** – An act of intended violence or injurious behavior toward self, even if the end result does not result in injury.
- **Suspected alcohol or substance abuse by Member** – Use of alcohol or other substances that appears compulsive and uncontrolled and is detrimental to Member's health, personal relationships, safety of self and others.

General Terminology (cont'd)

- **Seclusion of a Member** – Seclusion is defined as placing a person in a locked or barricaded area that prevents contact with others.
- **Unauthorized restraint of a Member** – A manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a Member to move his or her arms, legs, body or head freely.
- **Media involvement/media inquiry** – An inquiry or report/article from a media source concerning any aspect of a Member's care should be reported via an incident report. Additionally, all media requests will be forwarded to the Department of Human Services Office of Communications for response.
- **Threats made against Division of Rehabilitation Services (DRS)/Home Services Program (HSP) staff** – Threats and/or intimidation manifested in electronic, written, verbal, physical acts of violence or other inappropriate behavior.
- **Falsification of credentials or records** – To falsify medical documents or other official papers for the expressed interest of personal gain, either monetary or otherwise.
- **Report against a DRS/HSP employee** – Deliberate and unacceptable behavior initiated by an employee of DRS against a Member or provider in HSP.
- **Bribery or attempted bribery of an HSP employee** – Money or favor given to HSP employee to influence the judgment or conduct of a person in a position of authority.

General Terminology (cont'd)

- **Fire/natural disaster** – An event or force of nature that has catastrophic consequences, such as flooding, tornados or fires.
- **Confinement** – Means restraining or isolating, without a legal authority, an older person for other than medical reasons as ordered by a physician.
- **Member is missing** – Member is missing or whereabouts are unknown for provision of services.
- **Willful deprivation** – Willfully denying medications, medical care, shelter, food, therapeutic devices or other physical assistance to a person who, because of age, health or disability, requires such assistance and thereby exposes that person to the risk of physical, mental or emotional harm as a result of such denial, except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences.
- **Death, Home Services Program Member** – All deaths will be reported via incident reporting and will be reported to the DHS Office of Inspector General (OIG). Follow-up will be provided on deaths of an unusual nature per OIG direction. Criteria for investigating such incidents and reporting via the incident reporting system may include a recent allegation or abuse/neglect/exploitation, Member was receiving home health services at time of passing, etc.
- **Death, other parties** – Events that result in a significant event for a Member. For example, a Member's caregiver dies in the process of giving Member a bath, thereby leaving the Member stranded in home without care for several days. The passing of an immediate family member is not significant unless the passing creates a turn of events that are harmful to the Member.

Abuse

What is abuse?

- Nonaccidental infliction of physical and/or emotional harm
- Sexual abuse upon a disabled adult or an elderly person by a relative, caregiver, household member or any other person
- Active encouragement of any person by a relative, caregiver or household member to commit an act that inflicts or could reasonably be expected to result in physical or psychological/emotional injury to a disabled adult or an elderly person

Physical Abuse

Physical abuse of a Member

- Nonaccidental use of force that results in bodily injury, pain or impairment, including, but not limited to, being slapped, burned, cut, bruised or improperly physically restrained

Physical abuse

- Infliction of physical pain or injury to an older person.

Signs and Symptoms of Physical Abuse

Additional signs and symptoms of physical abuse:

- Sprains, dislocations, fractures or 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 and ribs
- Internal injuries evidenced by pain, difficulty with normal functioning of organs and bleeding from body orifices

Signs and Symptoms of Physical Abuse (cont'd)

- Bruises, welts or discolorations of the following types:
 - Bilateral, or "matching" bruises on both arms that may indicate the Member has been shaken, grabbed, or restrained
 - Bilateral bruising of the inner thighs that may indicate sexual abuse
 - Wrap-around bruises encircling the Member's arms, legs or torso that may indicate the individual has been physically restrained
 - Clustered bruising on the trunk or another area of the body
 - Bruising in the shape of an object that may have been used to inflict injury
 - Multicolored bruises that may indicate the person has sustained multiple traumas over time; for example, the presence of old and new bruises at the same time
- Injuries healing through secondary intention (indicating that the Member did not receive appropriate treatment) including, but not limited to:
 - Lack of bandages on injuries or stitched when indicated
 - Evidence of unset bones

Signs and Symptoms of Physical Abuse (cont'd)

- Signs of traumatic hair loss, possibly with hemorrhaging below scalp
- Signs of traumatic tooth loss
- Injuries that are incompatible with the Member's explanation
- Inconsistent or conflicting information from family members about how injuries were sustained
- A history of similar injuries or numerous or suspicious hospitalizations
- A history of the Member being brought to different medical facilities for treatment to prevent medical practitioners from observing patterns
- Delays between the onset of injury and seeking of medical care
- Signs of confinement (e.g., Member is locked in his or her room)

Sexual Abuse

Sexual Abuse

- Includes unwanted touching, fondling, sexual threats, sexually inappropriate remarks or other sexual activity with an adult with disabilities
- Means touching, fondling, sexual threats, sexually inappropriate remarks or other sexual activity with an older person when the older person is unable to understand, unwilling to consent, threatened or physically forced to engage in sexual activity

Sexual Abuse (cont'd)

Signs and symptoms of sexual abuse

- Vaginal or anal pain, irritation or bleeding
- Bruises on external genitalia, inner thighs, abdomen or pelvis
- Difficulty walking or sitting not explained by other physical conditions
- Stained or bloody underclothing
- Sexually transmitted diseases
- Urinary tract infections
- Inappropriate sex role relationships between victims and suspects
- Inappropriate, unusual or aggressive sexual behavior
- Signs of psychological trauma, including excessive sleep, depression or fearfulness

Psychological (Verbal/Emotional) Abuse

Verbal abuse

- Includes, but is not limited to, name calling, intimidation, yelling and swearing. May also include ridicule, coercion, and threats

Emotional abuse

- Verbal assaults, threats of maltreatment, harassment ,or intimidation intended to compel the older person to engage in conduct from which he or she wishes and has a right to abstain, or to refrain from conduct in which the older person wishes and has a right to engage

Psychological Abuse

Signs and symptoms of psychological abuse

- Berating, ignoring, ridiculing or cursing of a Member
- Threats of punishment or deprivation
- Significant weight loss or gain that cannot be attributed to other causes
- Stress-related conditions including elevated blood pressure
- Isolation by perpetrator:
 - Emotionally isolated.
 - Not speaking or engaging the Member
 - Lack of touch or other method of comfort
- Depression, confusion, withdrawn, emotionally upset, or nonresponsive
- Cowers in the presence of the suspected abuser

Neglect

Neglect of Member– The failure of another individual to provide an adult with disabilities with, or the willful withholding from an adult with disabilities of the necessities of life including, but not limited to, food, clothing, shelter or medical care

Neglect – Repeated conduct or a single incident of carelessness that results or could reasonably be expected to result in serious physical or psychological/emotional injury or substantial risk of death

Self-neglect – Member does not attend to his/her own basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to medical conditions

Neglect (cont'd)

Passive neglect – A caregiver’s failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter or medical care. This definition does not create a new affirmative duty to provide support to eligible adults; nor should it be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

Signs and Symptoms of Neglect

The following indicators may help you recognize if there is an issue with neglect:

- Weight loss that cannot be explained by other causes
- Lack of toileting that causes incontinence
 - Member sits in own urine and feces
 - Increased falls and agitation
 - Indignity and skin breakdown
- Uncommon pressure ulcers
- Evidence of inadequate or inappropriate use of medication
- Personal hygiene is neglected; emotionally withdrawn
- Lack of assistance with eating, drinking, walking, bathing, and participating in activities
- Little or no response to requests for personal assistance

Exploitation

Exploitation of Member

- The illegal use of assets or resources of an adult with disabilities. It includes, but is not limited to, misappropriation of assets or resources of the alleged victim by undue influence, by breach of fiduciary relationship, by fraud, deception, extortion or in a manner contrary to law.

Financial exploitation

- The misuse or withholding of an older person's resources by another person to the disadvantage of the older person or the profit or advantage of a person other than the older person.

Exploitation (cont'd)

Exploitation is the act of a person who stands in a position of trust and confidence with a disabled adult or an elderly person and knowingly by deception, intimidation or force:

- Obtains control over the person's funds, assets or property
- Deprives the person of the use, benefit or possession of funds, assets or property. This intentional action can be temporary or permanent.
- Uses the person's funds, assets or property for the benefit of someone other than the disabled adult or elderly person

Indicators of Exploitation

- Visitors ask the Member to sign documents the Member does not understand
- Unpaid bills
 - Despite adequate financial resources, bills remain unpaid by the caregiver or other party
- Lack of affordable amenities for the Member, such as personal grooming items or appropriate clothing
- New "best friends" who take an interest in the Member's finances
- Legal documents, such as powers of attorney, which the Member did not understand at the time he/she signed them

Indicators of Exploitation (cont'd)

- Unusual activity in the Member's bank accounts
 - Includes large, unexplained withdrawals, frequent transfers between accounts or other activity that the Member cannot explain
- Caregiver expresses excessive interest in the amount of money being spent on the Member
- Belongings or property are missing
- Suspicious signatures on checks or other documents
 - Includes signatures not matching the Member's
 - Includes signatures and other writing by a Member who cannot write

Indicators of Exploitation (cont'd)

- Absence of documentation about financial arrangements
- Implausible explanations about the Member's finances given by the Member or caregiver
- Member is unaware of or does not understand financial arrangements that have been made for him/her

Other Indicators – Family and Caregivers

Family and caregivers:

- Do not provide an opportunity for the Member to speak for himself/herself
- See others who could impact a Member's situation without the presence of the Member
- Have an attitude of indifference or anger toward the Member
- Blame the Member for the Member's condition
 - For example, accusation that incontinence is a deliberate act
- Show aggressive behavior toward the Member
 - Threats
 - Insults
 - Harassment

Increased Risk Factors or Traits – Members

Likelihood of abuse, neglect, or exploitation occurring increases for Members in the presence of one or more risk factors. These include:

- Dependency on others for personal care
- Dependency on others for financial management
- Isolation from information about own rights and health
- Diminished mental capacity
- Serious health problems
- Taking medications that affect cognitive status
- Depression, anxiety, or fearfulness
- Recent losses, including the loss of a spouse, home, or friend

Increased Risk Factors or Traits – Caregivers

Problems and contributing factors exhibited by caregivers who are at risk to abuse, neglect or exploit include:

- Alcoholism
- Mental illness
- Stress
- Chronic fatigue
- Frequent medical consultation
- History of marital violence and/or child abuse
- Previous relationship difficulties
- Conflicting demands of other family members
- Problems with housing, finances and/or employment
- Lack of support; lack of respite

Increased Risk Factors or Traits

- The presence of a single risk factor or caregiver contributing factor does not by itself indicate that abuse or neglect is occurring or is 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.
- Plan care managers, providers (including participant direct employees) and other staff having contact with Members or caregivers should be trained to recognize the risk factors for abuse and neglect, including how and when to contact Adult Protective Services.

What to do?

If a Member tells you that they are suffering from abuse, neglect, or exploitation, you should immediately report it to your manager.

Your manager will work with senior management to report the incident to the health plan and the appropriate authorities, and to document the information for the record.

Preventative Steps

The health plan will determine the appropriate course of action for the individual, based on plan and state specific guidelines which could include, but is not limited to, the following:

- Increased frequency of care coordination face-to-face visits to monitor for potential abuse, neglect or exploitation
- Education of the Member on the types, risks factors, associated traits and symptoms of abuse, neglect and exploitation, as well as options for reporting abuse and neglect, including through the care manager or through support agencies, such as Adult Protective Services
- Alert the Member's providers, including home and community-based services (HCBS) providers, of the need for heightened vigilance and surveillance, and review of the procedures for notifying the care manager of suspected abuse or neglect

Preventative Steps (cont'd)

- Seek arrangements for respite for unpaid caregivers, to be provided for in the plan of care
- Increase informal social support for Member through use of community activities or resources, e.g., senior centers, support group or worship attendance
- Refer Member, family ,or caregiver to mental health/substance abuse treatment
- Refer Member to social service agency if family resources are severely limited

“Handle with Care” Measures

To determine whether or not a situation may need to be escalated, the health plan appointee will utilize these “handle with care” measures:

- Recognize risk factors of abuse, neglect and exploitation
 - Potential risk
 - Signs and symptoms
- Assess each situation
 - Presence of possible problems or factors that might contribute to tendencies
 - Observation and inquiry (subject to privacy rights and level of cooperation)
- Prevention
 - If risk is determined, include specific plan-of-care interventions to reduce risk
- Intervention
- Reporting

Reporting Abuse, Neglect, or Exploitation

Although the law requires all persons to report suspected abuse, neglect, or exploitation, certain professionals have a specific responsibility to report. These include, but are not limited to:

- Physicians, osteopaths, medical examiners, chiropractors, nurses or hospital personnel engaged in the admission, examination or care and treatment of elderly or disabled adults
- Health and mental health professionals not listed above
- Nursing home staff, adult-living facility staff, adult day-care-center staff, social worker, or other professional adult-care, residential or institutional staff
- State, county or municipal criminal justice employees or law enforcement officers
- Human Rights Advocacy Committee (HRAC) and Long-Term-Care Ombudsman Council (LTCOC) members
- Banks, savings and loan or credit union officers, trustees, or employees

What is a Mandated Reporter?

A mandated reporter is an individual who is required by law to immediately report situations in which he/she suspects an adult may have been abused, neglected, or exploited or is at risk of being abused, neglected, or exploited.

Rights of Mandated Reporters

Most states allow for:

- Immunity from civil and criminal liability unless the report was made in bad faith or with malicious intent
- Identity protection – you must consent to have your identity revealed
- The court may order the identity of the reporter revealed. The court can then release confidential information without penalty.

General Reporting Requirements (states may differ)

- Can you identify the person being abused? If known, provide address and/or location
- What is the approximate age of the adult?
- Does an emergency exist?
- Can you describe the circumstances of the alleged abuse, neglect, or exploitation?
- What are the names and relationships of other members of the adult household, if applicable?
- Is the adult incapacitated?
- Do you know the name and address of the caregiver – if applicable?

General Reporting Requirements (cont'd)

- Do you know the name and relationship of the alleged perpetrator(s)?
- Are there other people who may have knowledge of the adult?
- Do you know the name of the adult's physicians?
- What is your name, address, phone number? (But you can report anonymously)

Important Reporting Processes

- Healthcare providers must report any suspected abuse, neglect, or exploitation to the appropriate state agency. (See appendix for state specific information)
- Healthcare providers must also report suspected abuse, neglect, or exploitation to care managers who are participating on the Member's interdisciplinary care team
- Care managers will also report the suspected abuse, neglect, or exploitation to the appropriate state agency and follow internal reporting procedures

Critical Incidents

- LogistiCare and its clients frequently enter into contracts with state agencies for their Medicaid business. As part of the contractual obligations with those states, those clients must report certain incidents or events to the states as required. You may be the source of the information due to your direct and personal interaction with Members.
- Florida, Illinois, and Virginia specifically require reporting if incidents or events negatively impact the health, safety or welfare of health plan Members.
- These states use different terminology for these incidents:
 - [Florida](#) – Critical/Adverse events that apply to Medicaid and long-term care
 - [Illinois](#) – Critical incidents that apply to Medicaid and dual-eligible (Medicare-Medicaid) – both long-term services and support (LTSS) and non-LTSS
 - [Virginia](#) – Serious reportable events and critical incidents apply to both LTSS and non-LTSS identified as Community Well, Vulnerable Sub-population, Elderly or Disabled with Consumer Direction (EDCD) or Nursing Facility
- For purposes of this education, the incidents are called “critical incidents.”
 - A list of “Critical Incidents by State” is provided at the end of this training.

Critical Incidents – Required Actions

- **Specific to Humana**
 - **If a healthcare provider determines that a Humana health plan Member meets the criteria for a critical incident, it must be reported immediately to the Member’s health plan care manager or care coordinator.**
 - This could be a Humana associate or a contracted vendor for Humana. Humana has entered into several contractual arrangements with vendors to serve as care managers and care coordinators in these states for the Members.
 - Once the health plan’s care manager is notified of the critical incident, the care manager must report it to Humana’s risk management department for review and reporting to the correct state.
 - In **Florida**, reports must be received by Humana within 24 hours of identification of the incident and Humana will report it to AHCA within 24 hours of notification.

Florida Required Reporting

- Briefly consult on the appropriateness of a referral
- If the Member is in immediate danger, dial 911 or local police
- Immediately contact the appropriate agency:
 - Telephone: 1-800-96-ABUSE (1-800-962-2873)
 - Press 2 to report suspected abuse, neglect or exploitation of the elderly or a vulnerable adult. Florida Abuse Hotline toll-free number is available 24/7.
 - TTY (Telephone Device for the Deaf): 1-800-453-5145
 - Fax a detailed written report with your name and contact telephone to: 1-800-914-0004
 - Website: <https://reportabuse.dcf.state.fl.us>

Florida – Reporting Requirements for Critical/Adverse Incidents

Report any and all of the following within 24 hours
if they pertain to Medicaid or Long-Term Care Plan members

Serious reportable events			
Enrollee death	Any condition requiring definitive or specialized medical attention that is not consistent with the routine management of the Member case or Member pre-existing physical condition	Abuse/neglect detected and reported by the plan	Medication errors
Enrollee brain damage	Any condition requiring surgical intervention to correct or control	Death by suicide, homicide, abuse/neglect or that is otherwise unexpected	Suicide attempts
Enrollee spinal damage	Any condition resulting in transfer of the Member, within or outside the facility, to a unit providing a more acute level of care	Adverse incident	Altercations requiring medical intervention
Permanent disfigurement	Any condition that extends the Member length of stay	Major illness	Elopement
Fracture or dislocation of bones or joints	Any condition that results in a limitation of neurological, physical or sensory function that continues after discharge from the facility	Sexual battery	

Illinois ICP Reporting Requirements

- Briefly consult on the appropriateness of a referral.
 - If the Member is in immediate danger, dial 911 or local police.
 - Immediately contact the appropriate agency:
 - **Reports regarding Members who are age 18 and older and living in the community** are to be made to the Illinois Department on Aging (DoA) by utilizing the Adult Protective Services (APS) Hotline number at 1-866-800-1409 (voice) and 1-888-206-1327 (TTY).
 - **Reports regarding Members age 18 to 59 who are receiving mental health or developmental disability services in programs operated, licensed, certified or funded by the Illinois Department of Human Services (DHS)** are to be made to the Illinois DHS Office of the Inspector General Hotline at 1-800-368-1463 (voice and TTY).
 - **Reports regarding Members in nursing facilities** must be made to the Department of Public Health's nursing home complaint hotline at 1-800-252-4343.
 - **Reports regarding Members in supportive living facilities (SLF)** must be made to the Department of Healthcare and Family Services' SLF complaint hotline at 1-800-226-0768.
 - **Reports of deaths (not natural)**: Deaths are to be reported to the DHS Office of Inspector General. Criteria for investigating such incidents and reporting may include a recent allegation of abuse/neglect/exploitation, Member was receiving home health services at time of passing, etc.
 - Reports regarding all LTSS Members must be made to the Health Plan Provider Hotline – Illinois at 1-855-661-2029.
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- Report to the Member's Care Manager

Illinois MMAI Reporting Requirements

- Briefly consult on the appropriateness of a referral.
- If the Member is in immediate danger, dial 911 or local police.
- Immediately contact appropriate agency:
 - **Reports regarding Members who are disabled adults age 18 through 59 and reside in the community** are to be made to the Illinois Adult Protective Services Unit of DoA at 1-866-800-1409 (voice) and 1-800-206-1327 (TTY).
 - **Reports regarding Members who are age 60 or older and reside in the community** are to be made to the Illinois Adult Protective Services Unit of DoA at 1-866-800-1409 (voice) and 1-800-206-1327 (TTY).
 - **Reports regarding Members in nursing facilities** must be made to the Department of Public Health's nursing home complaint hotline at 1-800-252-4343.
 - **Reports regarding Members in supportive living facilities (SLF)** must be made to the Department of Healthcare and Family Services' SLF complaint hotline at 1-800-226-0768.
 - **Reports of deaths (not natural):** Deaths are to be reported to the DHS Office of Inspector General. Criteria for investigating such incidents and reporting may include a recent allegation of abuse/neglect/exploitation, Member was receiving home health services at time of passing, etc.
- Reports regarding all LTSS Members must be made to the Health Plan Provider Hotline at 1-855-661-2029
- Report to the Member's care manager

Reporting Deaths to Illinois OIG (per the Illinois OIG website)

What are the requirements for reporting deaths?

Deaths that must be reported to the Illinois OIG are as follows:

- Deaths occurring on-site in any residential or nonresidential program
- Deaths within 14 days of discharge or transfer from a residential program
- Deaths within 24 hours after deflection from a residential program

A death must be reported to the OIG within 24 hours of the staff becoming aware of it. If the death is suspected to be the result of abuse or neglect by staff, the death must be reported within four hours.

Illinois – Reporting Requirements for Critical Incidents

Bribery or attempted bribery of a HSP employee	Exploitation of Member (financial)	Problematic possession or use of a weapon by Member	Sexual harassment by Member	Suspected alcohol or substance abuse by Member
Confinement (restraining or isolating)	Falsification of credentials or records	Property damage by Member of \$50 or more to provider's property	Sexual harassment by provider	Threats made against DRS/HSP/health plan staff
Member arrested, charged with or convicted of a crime	Fire/natural disaster	Provider arrested, charged with or convicted of a crime (if impacts Member)	Sexually problematic behavior – of Member or provider	Unauthorized restraint of a Member
Member displays physically aggressive behavior	Fraudulent activities or theft on the part of the Member or the provider	Report against DHS/HSP employee/health plan staff	Significant medical event of Member	Verbal/emotional abuse of a Member
Member is missing	Media involvement/media inquiry	Seclusion of Member	Significant medical event of provider (if it impacts Member)	Willful deprivation (elder – 60 or over)
Death, HSP Member: unexpected, suicide or homicide	Neglect of Member	Self-neglect of Member	Suicide attempt by Member	
Deaths, other parties – causing significant event for the Member	Physical abuse of Member	Sexual abuse of Member	Suicide ideation/threat by Member	

Report any and all of the following within 24 hours

Living facility critical incidents

- Actual/suspected abuse and neglect of resident
- Allegations of theft, when resident notifies police
- Any crime that occurs on facility property
- Elopement/missing resident
- Evacuation of residents for any reason
- Fire alarm activation in a facility resulting in response by fire department
- Loss of electrical power in excess of one hour
- Resident physical injury by force of nature
- Physical injury during mechanical failure

Virginia Required Reporting

- Briefly consult on the appropriateness of a referral.
- If the Member is in immediate danger, dial 911 or local police.
- Immediately contact appropriate agency:
 - Virginia Adult Protective Services Hotline: 1-888-832-3858
 - Local Virginia Department of Social Service:
<http://www.dss.state.va.us/localagency/>

Virginia – Reporting Requirements for Critical Incidents and Serious Reportable Events

Critical incidents	
Attempted suicide	Rape or sexual assault
Corporal punishment or striking of an individual	Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual
Financial exploitation	Use of bodily or chemical restraints on an individual who is not in compliance with federal or state laws and administrative regulation
Knowing, reckless or intentional acts or failures to act that cause injury or death to an individual and places that individual at risk of injury or death (includes abuse, neglect, self-neglect, exploitation)	Verbal abuse, willful use of offensive, abusive or demeaning language by a caretaker that causes mental anguish

Report any and all of the following within 24 hours

Serious reportable events			
Actual or suspected abuse (physical or mental) and neglect	Financial exploitation	Restraint use results in death	Traumatic injury death
Elopements of Members with cognitive deficit missing for 24 hours	Homicide	Restraint use results in hospitalization	Traumatic injury hospitalization
Falls resulting in death	Infectious disease outbreaks	Restraint use results in loss of function	Traumatic injury loss of function
Falls resulting in permanent loss of function	Media-related events	Suicide	Traumatic injury third-degree burns
Falls resulting in hospitalization	Pressure ulcers – unstageable or staged III or IV (report when initially developed at these stages)	Theft	Unexpected death

References

- Florida:
 - <http://ahca.myflorida.com/Medicaid/index.shtml>
- Illinois:
 - Illinois Department of Human Services, Division of Rehabilitation Services
<http://www.dhs.state.il.us/page.aspx?item=29736>
 - Illinois Department of Public Health Nursing Home
<http://www.dph.illinois.gov/topics-services/health-care-regulation/complaints>
 - Illinois Department of Aging
http://www.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse_reporting.aspx
- Virginia:
 - <http://www.dmas.virginia.gov/>