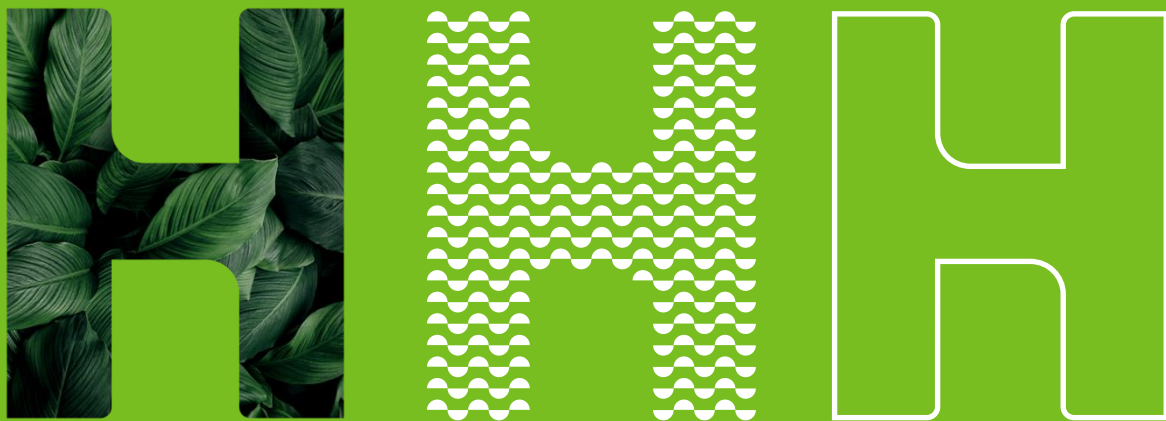


Health, Safety and Welfare Required Training

2025



Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

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Notable changes

- Reorganized training.
- Added information on training attestation, general terms, learning objectives, human trafficking, and health and safety protocols.
- Expanded on topics for abuse, neglect and exploitation such as risks, prevention, symptoms and signs.



Training attestation

All providers (contracted or subcontracted) serving members with Humana Healthy Horizons® in Oklahoma can submit an attestation to certify adherence to Medicaid training requirements, as applicable based on each state's requirements.

For information on how to complete and attest to completing this training via Availity Essentials™, please refer to **the provider training materials page**.

Training topics

No.	Topic	Learning objectives	Slides
1.	General terms	Understand foundational terminology related to ensuring member health, safety and welfare.	5–6
2.	Definitions and types of abuse, neglect and exploitation	Understand foundational terminology related to ensuring member health, safety and welfare.	2–11
3.	Signs and symptoms of abuse, neglect and exploitation	Recognize when a member may be a victim of abuse, neglect or exploitation.	12–21
4.	Risk factors for abuse, neglect and exploitation	Recognize when a member may be at risk for abuse, neglect or exploitation.	22–25
5.	Prevention strategies for abuse, neglect and exploitation	Gain tools for preventing abuse, neglect and exploitation of a member.	26–29
6.	Reporting abuse, neglect and exploitation	Understand the methods and requirements for reporting identified or suspected abuse, neglect and exploitation of a member.	30–36
7.	Critical incidents	Understand how to recognize and report critical incidents.	37–39
8.	Human trafficking	Understand how to recognize signs and symptoms of human trafficking, as well as how to report identified or suspected human trafficking.	40–44

1. General terms



General terms

Adult protective services (APS)—a program within the Oklahoma Human Services (OHS) that provides vulnerable adults protection from abuse, neglect or exploitation

Child Welfare Services (CWS)—the OHS division responsible for administering the state's child welfare services

Critical incident—any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a member

Exploitation—an unjust or improper use of the resources of a member for the profit or advantage, pecuniary or otherwise, of a person other than the vulnerable member through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense

2. Definitions and types of abuse, neglect and exploitation



Definitions of abuse, neglect and exploitation

Abuse

Abuse refers to the intentional infliction of harm, injury or suffering on another person. Abuse can be physical, emotional, sexual or financial. Abuse may also include 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.

Neglect

Neglect is the failure to provide or willful withholding of necessary care, assistance, or supervision or other necessities of life, including, but not limited to, food, clothing, shelter or medical care to an individual, leading to harm or risk of harm. Neglect may be 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.

Exploitation

Exploitation refers to an unjust or improper use of the resources of a member for the profit or advantage, pecuniary or otherwise, of a person other than the vulnerable member through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense.

Types of abuse

- **Physical abuse:** inflicting physical pain or injury, such as hitting, slapping or burning
- **Emotional/psychological abuse:** causing mental anguish through threats, intimidation, humiliation or isolation
- **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 a child or adult to engage in conduct from which they wish and have a right to abstain
 - Also includes verbal assaults, threats of maltreatment, harassment or intimidation intended to compel a child or adult to refrain from conduct in which they wish and have a right to engage
- **Sexual abuse:** any sexual contact or behavior, including unwanted touching, fondling, sexual threats and sexually inappropriate remarks, with someone who did not and/or cannot consent
- **Financial abuse:** illegal or improper use of an individual's funds, property or assets

Type of neglect

- **Physical neglect:** failure to provide basic needs such as food, shelter and medical care
- **Emotional neglect:** failure to provide emotional support, love and affection
- **Medical neglect:** failure to provide necessary medical treatment or medication
- **Self-neglect:** failure of an individual to attend to their own basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to medical conditions
- **Passive neglect:** failure of caregiver to provide an eligible adult or child 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 shall it be construed to mean that an eligible adult is a victim of neglect because of healthcare services provided or not provided by licensed healthcare professionals.

Type of exploitation

- **Financial exploitation:** misuse of or withholding of an individual's funds or assets to the disadvantage of the individual to whom the funds or assets belong or the profit or advantage of a person other than the person to whom the funds or assets belong
- **Labor exploitation:** forcing an individual to work under unfair conditions or without proper compensation
- **Exploitation of older adults or adults with disabilities:** The illegal use of assets or resources of an adult with disabilities 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. 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
- **Sexual exploitation:** Actual or attempted abuse of a position of vulnerability, power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another

3. Signs and symptoms of abuse, neglect and exploitation



Signs and symptoms of abuse, neglect and exploitation

Abuse

- **Physical:** unexplained bruises, burns or fractures
- **Emotional:** withdrawal, depression, anxiety or fearfulness
- **Sexual:** changes in behavior or mood, bruises around genital areas, unexplained sexually transmitted diseases, or torn clothing
- **Financial:** sudden changes in financial situations, missing belongings or unauthorized transactions

Neglect

- **Physical:** malnutrition, dehydration, poor hygiene or untreated medical conditions
- **Emotional:** withdrawal, depression or developmental delays
- **Environmental:** unsafe living conditions or lack of basic amenities

Exploitation

- **Financial:** unexplained withdrawals, sudden changes in financial documents or missing property
- **Behavioral:** fearfulness or anxiety around certain individuals or reluctance to discuss financial matters

Additional signs and symptoms of physical abuse

- Sprains, dislocations, fractures or broken smaller bones (e.g., wrist, ankle, finger)
- 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
- Bruises, welts or discolorations of the following types:
 - Bilateral (e.g., matching) bruises on both arms that may indicate the member was 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 was 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 sustained multiple traumas over time (e.g., presence of old and new bruises at the same time)

Additional signs and symptoms of physical abuse – continued

- Internal injuries evidenced by pain, difficulty with normal functioning of organs and bleeding from body orifices
- Injuries healing through secondary intention that indicate the member did not receive appropriate treatment, including, but not limited, to:
 - Lack of bandages on injuries or stitches when indicated
 - Evidence of unset bones
- 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 and/or numerous or suspicious hospitalizations
- A history of member being brought to different medical facilities for treatment to prevent medical providers from observing patterns
- Delays between the onset of injury and seeking of medical care
- Signs of confinement (e.g., member is locked in their room)

Additional 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

Additional signs and symptoms of psychological abuse

- Perpetrator berates, ignores, ridicules or curses at a member
- Perpetrator threatens punishment or deprivation
- Member experiences significant weight loss or gain
- Member experiences stress-related conditions
- Perpetrator isolates member by:
 - Isolating the member emotionally
 - Not speaking to or engaging with the member
 - Not touching or providing other methods of comfort to the member
- Member seems depressed, confused or withdrawn
- Member is cowering in the presence of the suspected abuser

Indicators of exploitation

- Weight loss that cannot be explained by other causes
- Lack of toileting that causes incontinence
 - Sitting in own urine and feces
 - Increased falls and agitation
 - Indignity and skin breakdown
- Uncommon pressure ulcers
- Evidence of inadequate or inappropriate use of medication
- Neglect of personal hygiene
- Emotional withdrawal
- Lack of assistance received with eating, drinking, walking, bathing and participating in activities
- Little or no response received to requests for personal assistance

Indicators of exploitation – continued

- 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 they signed them
- Unusual activity in the member’s bank accounts
 - Includes large, unexplained withdrawals, frequent transfers between accounts or other activity the member cannot explain
- Caregiver expresses excessive interest in the amount of money being spent on the member
- Missing belongings or property

Indicators of exploitation – continued

- 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
- Absence of documentation about financial arrangements
- Implausible explanations about the member's finances from the member or the caregiver
- Member is unaware of or does not understand financial arrangements that have been made for them

Family and caregiver behavior that may indicate exploitation

Family and caregivers:

- Do not provide an opportunity for members to speak for themselves
- 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

4. Risk factors for abuse, neglect and exploitation



Significance of recognizing risk factors for abuse, neglect or exploitation

- Plan care managers, providers (including participant-directed employees) and other staff having contact with members or caregivers must be able to recognize the risk factors for abuse, neglect and exploitation, including how and when to contact APS or CWS.
- It is important to note that the presence of a single risk factor or caregiver contributing factor does not by itself indicate abuse or neglect is occurring or is likely to occur. It may, however, indicate the need for measures to reduce the potential for abuse, neglect or exploitation to occur in the future.

Examples of risk factors for becoming a victim of abuse, neglect or exploitation

Likelihood of abuse, neglect or exploitation increases for members in the presence of 1 or more risk factors. These risk factors 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, family member, home or friend
- History of trauma, including abuse, neglect or exploitation

Examples of risk factors for becoming a victim of abuse, neglect or exploitation – continued

Factors and traits 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

5. Prevention strategies for abuse, neglect and exploitation



Prevention strategies for abuse, neglect and exploitation

Abuse

- **Education and training:** regular training for staff on recognizing and preventing abuse
- **Screening:** thorough background checks for all employees and volunteers
- **Policies and procedures:** clear policies on reporting and handling abuse cases

Neglect

- **Regular monitoring:** frequent check-ins and assessments of care environments
- **Support services:** providing resources and support to caregivers to prevent burnout
- **Education:** training caregivers on the importance of meeting all aspects of an individual's needs

Exploitation

- **Financial oversight:** regular audits and monitoring of financial transactions
- **Legal protections:** establishing power of attorney or guardianship arrangements to protect vulnerable individuals
- **Education:** informing individuals and their families about the risks and signs of exploitation

Steps to take for prevention

- If you suspect that there is a risk of abuse, neglect or exploitation, you should work with the Humana Healthy Horizons care manager assigned to the member via the integrated care team.
- When a care manager determines a member is at risk for abuse, neglect or exploitation but does not display signs or symptoms, the care manager should include specific interventions to reduce the member's risk in the development of the member's care plan.

Care manager interventions

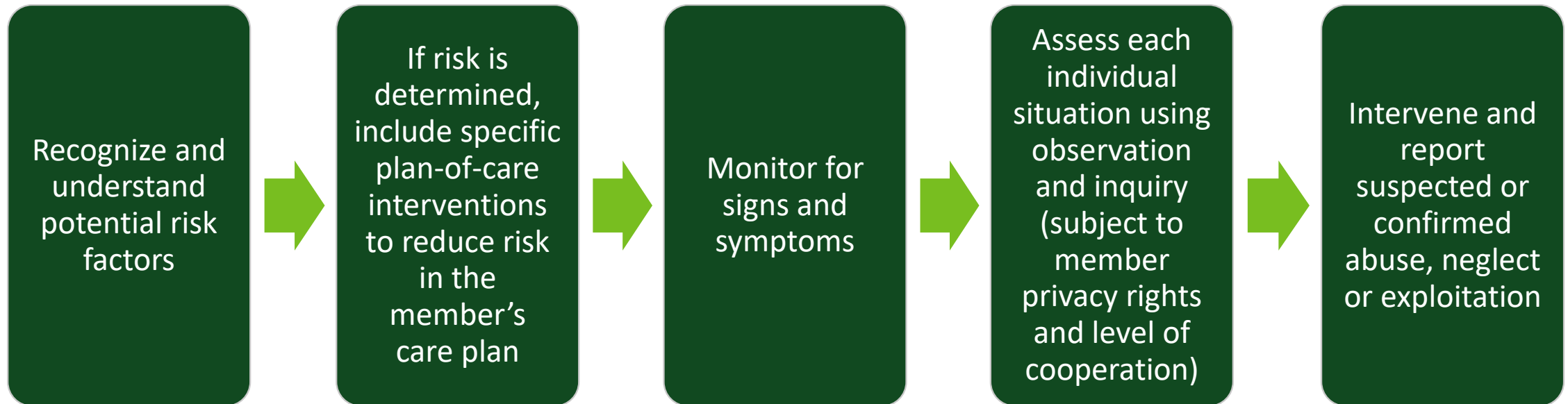
- Humana care manager interventions will be tailored to the member's particular risk factors and may include, though need not be limited to, 1 or more of the following:
- Increasing frequency of care coordination face-to-face visits to monitor for potential abuse, neglect or exploitation
- Member education 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 APS or CWS
- Alerting 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
- Seeking arrangements for respite for unpaid caregivers to be provided in the plan of care
- Increasing informal social support for the member through use of community activities or resources (e.g., senior centers, support group or worship attendance)
- Referring member, family or caregiver to mental health/substance use disorder treatment
- Referring member to social service agency if family resources are severely limited

6. Reporting abuse, neglect and exploitation



“Handle with care” measures

If you identify or suspect actual or potential member abuse, neglect or exploitation, you should use these “handle with care” measures:



Reporting abuse, neglect or exploitation

Although the law requires all persons to report suspected abuse, neglect and/or exploitation, certain professionals have a specific responsibility to report. These professionals are called mandated reporters, and they 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 older adults and adults experiencing a disability
 - Also includes health and mental health professionals not listed above
- Nursing home staff, adult-living facility staff, adult daycare center staff, social workers, or other professional adult-care, childcare, 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

Mandated reporters

- Mandated reporters are individuals required by law to report suspected cases of abuse, neglect or exploitation or cases in which an individual is at risk of being abused, neglected or exploited.
- Mandated reporters typically include healthcare providers, social workers, law enforcement officers and other professionals who work with vulnerable populations.
- Most states provide certain rights to mandated reports, which allow for:
 - Immunity from civil and criminal liability unless the report was made in bad faith or with malicious intent
 - Identity protection; Mandated reporters must give consent to have their identities revealed.
 - The court may order the identity of the reporter revealed. The court can then release confidential information without penalty.
- Rights of mandated reporters also include understanding the legal protections and responsibilities of those who report abuse, neglect or exploitation.

Responsibilities of mandated reporters

- **Immediate reporting:** Mandated reporters must report any suspicion of abuse, neglect or exploitation immediately to the appropriate authorities. Steps for reporting include:
 - **Identify signs:** Recognize the signs of abuse, neglect or exploitation.
 - **Document observations:** Keep detailed records of observations, including dates, times and descriptions of incidents.
 - **Contact authorities:** Report the incident to the appropriate state or local agency, such as APS or CWS.
 - **Follow up:** Ensure that the report has been received and that appropriate actions are being taken.
- **Confidentiality:** While reporting, the identity of reporters is kept confidential to protect them from retaliation.
- **Legal protections:** Mandated reporters are protected by law from civil or criminal liability when they report in good faith.

Information to include in a report

- **Personal details:** name, age and address of the individual
- **Nature of incident:** description of the suspected abuse, neglect or exploitation
- **Evidence:** any physical or behavioral signs observed
- **Reporter's information:** name and contact information of the reporter (kept confidential)



General reporting questions

- Can you identify the person being abused? If known, provide the address and/or location.
- What is the approximate age of the victim?
- 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 victim incapacitated?
- Do you know the name and address of the caregiver, if applicable?
- Do you know the name and relationship of the alleged perpetrator(s)?
- Are there other people who may have knowledge of the victim?
- Do you know the name of the victim's provider(s)?
- What is your name, address and phone number? (You can report anonymously.)

7. Critical incidents



Critical incidents reporting

When a member is in the care of a behavioral health inpatient, residential or crisis stabilization unit, critical incidents can include, but are not limited to, the following, in accordance with OAC 317:30- 5-95.39:

- Suicide
- Non-suicide death
- Death—cause unknown
- Homicide
- Homicide attempt with significant medical intervention
- Suicide attempt with significant medical intervention
- Allegation of physical, sexual, or verbal abuse or neglect
- Accidental injury with significant medical intervention
- Use of restraints/seclusion (isolation)
- Away without leave (AWOL) or absence from a mental health facility without permission
- Treatment complications (e.g., medication errors and adverse medication reaction) requiring significant medical intervention

Psychiatric residential treatment facility (PRTF) providers are required to report adverse or critical incidents to Humana Healthy Horizons, the Oklahoma Health Care Authority Behavioral Health Unit at **800-522-9054** and Oklahoma Department of Human Services (OKDHS) at **800-522-3511** by phone no later than 5 p.m., Central time, the following business day.

PRTF providers shall immediately and within 24 hours take steps to prevent further harm to any and all members and respond to any emergency needs of members.

PRTF providers must investigate and submit a report to Humana Healthy Horizons no later than 5 p.m., Central time, the following business day.

Providers are required to disclose, at a minimum, the member's name, a description of the incident, and the name, address and phone number of the facility.

Critical incidents reporting – continued

- Any person suspecting child abuse or neglect shall immediately report it to the OKDHS hotline, at **800-522-3511**.
- Any person suspecting abuse, neglect or exploitation of a vulnerable adult shall immediately report it to the local DHS county office, municipal or county law enforcement authorities, or, if the report occurs after normal business hours, the OKDHS hotline.



8. Human trafficking



Definition of human trafficking

Human trafficking involves the use of force, fraud or coercion in exchange for labor, services or a commercial sex act.

- Keep in mind, human trafficking victims have experienced significant trauma and harm. Victims may be unable or prevented from getting help due to existing vulnerabilities. It is important to treat victims with care and respect and to get immediate, professional support to ensure a victim-centered and trauma-informed response.
- Human trafficking is often “hidden in plain sight.” Recognizing the signs is the first step in identifying victims. No single indicator is proof that human trafficking is occurring. The indicators listed on the following slide are a few examples that may alert you to a potential human trafficking situation.

Human trafficking red flags

Physical indicators

- Signs of physical trauma
- Branding tattoos (e.g., “daddy,” “property of,” a name, money symbols or symbols of hierarchy)
- Unusual infections such as tuberculosis (TB) or vaccine-preventable diseases
- Multiple sexually transmitted infections
- Physical symptoms arising from stress
- Malnutrition or dehydration
- Multiple pregnancies or abortions
- Unusual injuries
- Possible inflicted or self-inflicted injuries
- Pelvic/abdominal pain
- Evidence of work/labor-related injuries

Control indicators

- Accompanied by another person who may or may not seem controlling or anxious to leave
- Accompanying person doesn’t allow member to answer
- Accompanying person interrupts or corrects the member
- Member exhibits fear or nervousness and/or avoids eye contact
- Member is not in control of passport (if a foreign national) or other identity documents
- Member frequently receives texts or phone calls during the exam (patient may be controlled by outside factors)
- Member exhibits hyper-vigilance or subordinate demeanor

Human trafficking red flags – continued

- Inconsistent or scripted history
- Discrepancy between the history and clinical presentation
- Unable to give address
- Doesn't know current city
- Minor trading sex for something of value (e.g., food, shelter, drugs, money)
- Unusually high number of sexual partners
- Late presentation
- Carrying large amount of cash
- Appears younger than stated age
- Past or current illicit drug use

Reporting human trafficking in Oklahoma

Report suspected human trafficking to:

- Emergency: **911**
- National Human Trafficking Hotline: **888-373-7888**
- Federal Bureau of Investigation (FBI): **918-664-3300**
- Domestic Violence Intervention Services (DVIS): **918-7HELPME (918-743-5763)**
- The Spring: **918-245-4075**
- Oklahoma DHS: **800-522-3511**
- Family Safety Center of Tulsa: **918-742-7480**
- Community Outreach Psychiatric Emergency Services (COPES): **918-744-4800**
- Youth Services of Tulsa: **918-582-0061**



If in doubt, report any suspicions. Be sure to specify suspected human trafficking when reporting.



References

- “Human Trafficking 101,” US department of Homeland Security, last accessed Nov. 12, 2024, https://www.dhs.gov/sites/default/files/2024-04/240401_bc_human_trafficking_101_english.pdf

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