

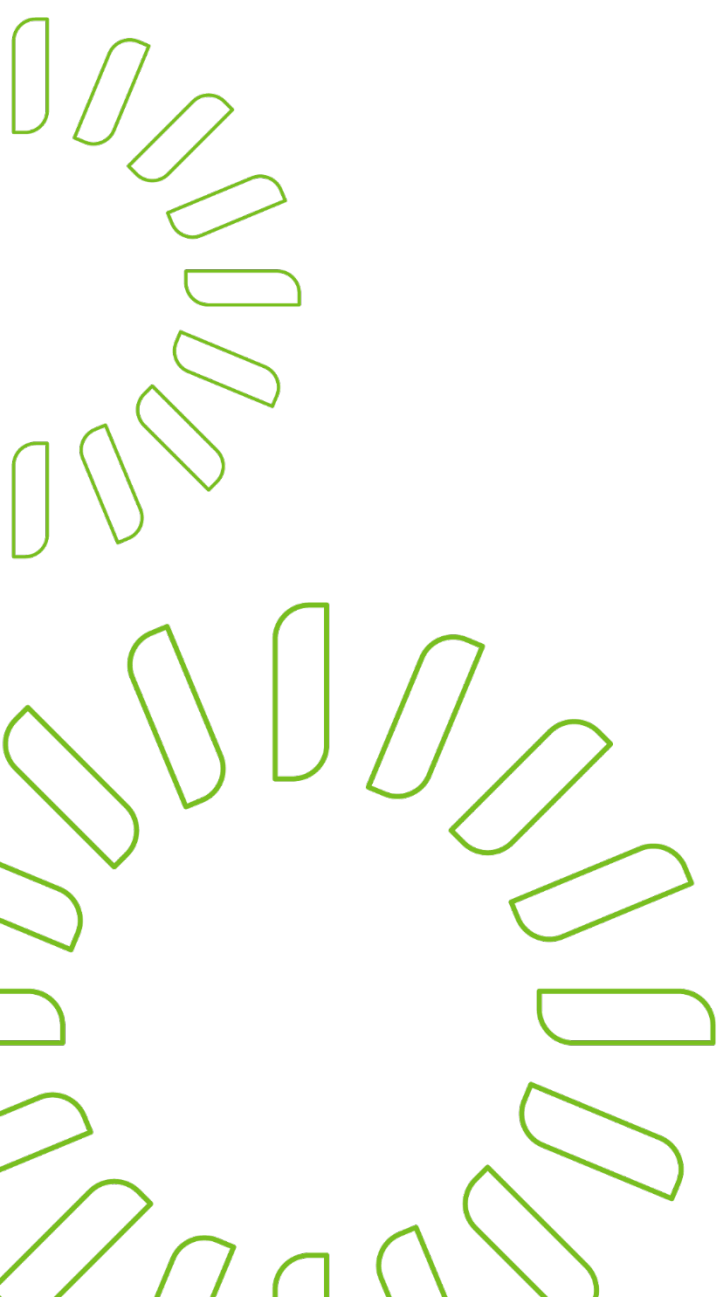


Health, Safety and Welfare Education Training

Effective January 2025

Humana offers this training to all providers and subcontractors supporting its contracts for Medicaid or Medicare-Medicaid programs, based on Humana's applicable contractual and regulatory obligations to the states.

Humana Healthy Horizons is a Medicaid product offered by affiliates of Humana Inc.
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Notable changes

- Reorganized training
- Updated terminology definitions
- Added information on training attestation, learning objectives, human trafficking, health and safety protocols, and compliance and legal obligations

Training attestation

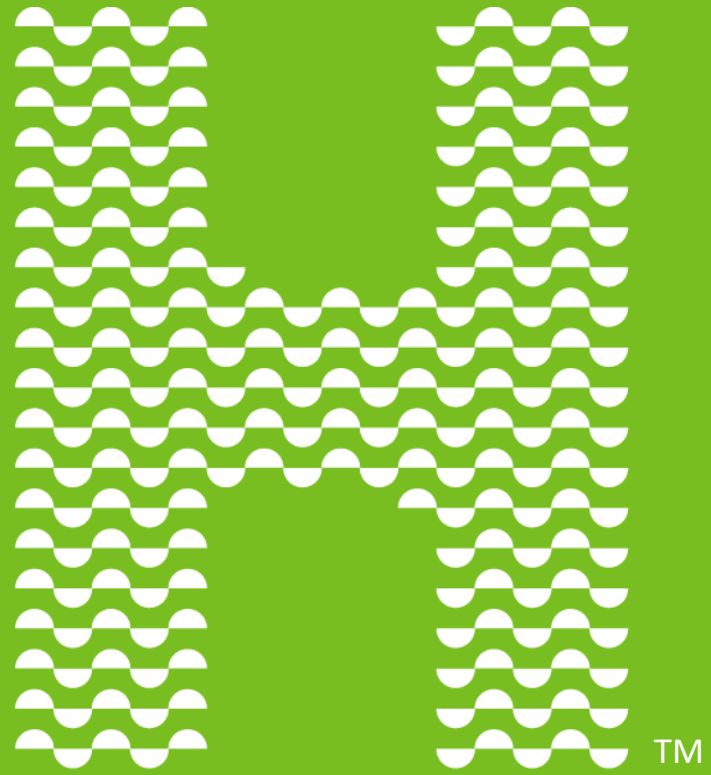
All contracted and subcontracted providers serving Humana Healthy Horizons[®]-covered patients in Florida, Kentucky, Louisiana and South Carolina can submit an attestation to certify adherence to Medicaid training requirements, as applicable based on each state's requirements.

For information on how to complete and attest to completing this training via Availity Essentials™, please visit [Humana.com/ProviderCompliance](https://www.humana.com/ProviderCompliance).

Training topics

No.	Topic	Learning objectives	Slides
1.	General terms	Understand foundational terminology related to ensuring member health, safety and welfare	5-10
2.	Definitions and types of abuse, neglect and exploitation	Understand foundational terminology related to ensuring patient health, safety and welfare	11-15
3.	Signs and symptoms of abuse, neglect and exploitation	Recognize when a patient may be a victim of abuse, neglect or exploitation	16-25
4.	Prevention strategies for abuse, neglect and exploitation	Identify strategies for preventing abuse, neglect and exploitation	26-29
5.	Human trafficking	Understand how to recognize signs and symptoms of human trafficking, as well as how to report identified or suspected human trafficking	30-34
6.	Risk factors for abuse, neglect and exploitation	Recognize when a patient may be at risk for abuse, neglect or exploitation	35-38
7.	Reporting requirements for abuse, neglect and exploitation	Understand requirements for reporting identified or suspected abuse, neglect and exploitation of a member	39-45
8.	Reporting methods for abuse, neglect and exploitation	Learn how to report identified or suspected abuse, neglect and exploitation of a member	46-52
9.	Critical incidents	Understand how to recognize and report critical incidents	53-67
10.	Resources for additional information	Identify resources for additional information	68-69

Disclaimer: This training presents a general overview of information relating to legal topics; however, you are responsible for ensuring the work your organization performs in support of Humana complies with the specific law applicable in your state, which could vary.



General terms

General terms (may vary from state to state)

- **Alleged perpetrator:** An individual named by a reporter as the person responsible for abusing, neglecting or exploiting any person eligible for Medicaid, or a person named by an adult protective investigator in a report classified as “proposed confirmed”
- **Caregiver:** An individual entrusted with or who has assumed the responsibility for frequent and regular care of, or services to, a person eligible for Medicaid and who has a commitment, agreement or understanding with that person or that person’s guardian that a caregiver role exists
 - **Please 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.
- **Care management:** A collaborative, person-centered process that assists members in accessing services
- **Confinement:** Restraining or isolating, without a legal authority, a person for reasons other than medical reasons ordered by a provider
- **Member arrested, charged with or convicted of a crime:** An instance when the charge, arrest or conviction of a member poses a risk or potential risk to the member’s health and safety and should be reported

General terms (cont'd.)

- **Death, Home Services Program member (Illinois-specific definition):** All deaths are reported via incident reporting to the Illinois Department of Human Services Inspector General. Follow-up is provided for 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 of abuse/neglect/exploitation, member was receiving home health services at time of passing, etc.
- **Death:** Events that result in a significant event for a member
 - For example, a member's caregiver dies in the process of bathing a member, thereby leaving the member stranded in home without care for several days. The passing of an immediate family member is not considered to be a "significant event" unless the passing creates a turn of events harmful to the member.
- **Fire/natural disaster:** An event or force of nature that has catastrophic consequences, such as flooding, tornados or fires
- **Interdisciplinary care team:** A team of professionals that collaborates with the member to develop and implement a plan of care that meets the member's medical, behavioral, long-term care, support and social needs
- **Media involvement/media inquiry:** An inquiry, report and/or article from a media source concerning any aspect of a member's care that should be reported via an incident report
- **Member displays physically aggressive behavior:** A member uses physical violence that results in harm or injury to the provider

General terms (cont'd.)

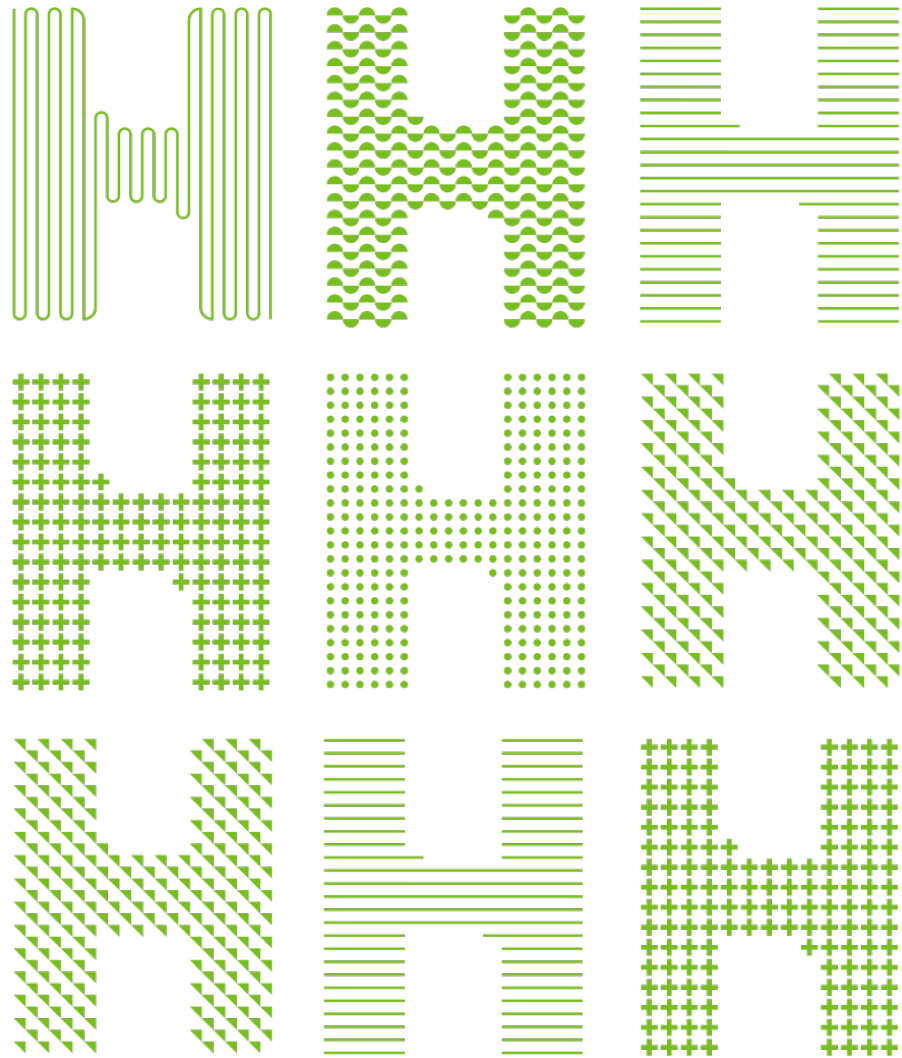
- **Member is missing/elopement:** A health plan member is missing or their whereabouts are unknown, preventing delivery of services
- **Plan of care:** A plan primarily directed by the member, the family of the member, as appropriate, and with the assistance of the member's interdisciplinary care team to meet the medical, behavioral, long-term care, support and social needs of the member
- **Problematic possession or use of a weapon by a member:** The inappropriate display or brandishing of a weapon in a staff member's presence
 - All perceived threats of weapon use should be reported. In some cases, persons with a serious mental illness are not allowed to possess firearms. Instances of problematic possession should be documented if observed.
- **Property damage by member of \$50 or more:** A member causes property damage in the amount of \$50 or more to provider property
- **Provider arrested, charged with or convicted of a crime:** An instance when the charging, arrest or conviction of a provider poses a risk or potential risk to a member's health and safety that requires a report to the relevant agency

General terms (cont'd.)

- **Report against an Illinois Division of Rehabilitation Services (DRS)/Home Services Program (HSP) employee:** Deliberate and unacceptable behavior initiated by an employee of DRS against a member or provider in HSP
- **Seclusion of a member:** A person is placed in a locked or barricaded area that prevents contact with others
- **Sexual harassment by member:** A member makes unwelcome sexual advances, requests for sexual favors and commits other verbal or physical conduct of a sexual nature that creates a hostile or offensive work environment
- **Sexual harassment by provider:** A provider makes unwelcome sexual advances, requests for sexual favors and commits other verbal or physical conduct of a sexual nature that creates a hostile or offensive work environment
- **Sexually problematic behavior:** Inappropriate sexual behaviors exhibited by the member or provider that adversely impact the work environment
- **Significant medical event of member:** A new diagnosis determination made by the provider that has the potential to impact the member's health or safety; unplanned hospitalizations or errors in medication administration by the provider also qualify as significant medical events.
- **Significant medical event of provider:** A provider experiences a medical event that has the potential to impact a member's care

General terms (cont'd.)

- **Suicide attempt by member:** A member attempts to end their life
- **Suicide ideation/threat by member:** A member thinks about or threatens to carry out an act of intended violence or injurious behavior towards themselves, even if it does not result in injury
- **Suspected alcohol or substance use disorder by member:** A member uses alcohol or other substances in a compulsive, uncontrolled way, and that use is detrimental to the member's health, personal relationships and/or safety of themselves and others
- **Threats made against Illinois DRS/HSP staff:** Threats and/or intimidation made against DRS/HSP staff, manifested in electronic, written, verbal and/or physical acts of violence or other inappropriate behavior
- **Unauthorized restraint of a member:** Restraint made with a manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a member to move their arms, legs, body or head freely
- **Victim:** Any person eligible for Medicaid who is named in a report of abuse, neglect or exploitation
- **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; an exception is with respect to medical care or treatment, in which the dependent person expresses an intent to forego such medical care or treatment and has the capacity to understand the consequences.



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 also may 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 inflict physical or psychological/emotional injury.

Neglect

Neglect is the failure to provide or to willfully withhold necessary care, assistance, supervision or other necessities of life, including, but not limited to, food, clothing, shelter or medical care, to an individual that could lead 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 involves taking advantage of an individual for personal gain, often financially.

Types of abuse

- **Physical abuse:** A category of abuse that inflicts physical pain or injury in an individual, such as hitting, slapping or burning.
- **Emotional/psychological abuse:** An abuse type that inflicts mental anguish through threats, intimidation, humiliation or isolation in an individual.
- **Verbal abuse:** An abuse type that includes, but is not limited to, name calling, intimidation, yelling and swearing at an individual. May also include ridicule, coercion and threats.
- **Emotional abuse:** A category of abuse that includes verbal abuse, 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.
- **Sexual abuse:** A type of abuse that includes any sexual contact or behavior, including unwanted touching, fondling, sexual threats and sexually inappropriate remarks, with someone who does not and/or cannot consent.
 - The age of consent in Florida is 18.
 - The age of consent in Illinois and Louisiana is 17.
 - The age of consent in Kentucky and South Carolina is 16.
- **Financial abuse:** The illegal or improper use of an individual's funds, property or assets.

Types of neglect

- **Medical neglect:** A failure to provide necessary medical treatment or medication to an individual.
- **Physical neglect:** A failure to provide basic needs to an individual; includes food, shelter and medical neglect.
- **Emotional neglect:** A failure to provide emotional support, love and affection to an individual.
- **Self-neglect:** The act of an individual who does not attend to their own basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to medical conditions.
- **Passive neglect:** A caregiver's non-willful failure due to caregiver ignorance 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 should 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.

Types of exploitation

- **Financial exploitation:** The misuse of or withholding of an individual's funds or assets to the disadvantage of the individual to whom the funds or assets belong; 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



Signs and symptoms
of abuse, neglect
and exploitation

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Signs and symptoms of abuse, neglect and exploitation

Abuse

- **Physical:** unexplained bruises, burns or fractures
- **Emotional:** withdrawal, depression, anxiety or fearfulness
- **Sexual:** bruises around genital areas, unexplained sexually transmitted disease 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 (i.e., 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 (i.e., presence of old and new bruises at the same time)

Additional signs and symptoms of physical abuse (cont'd.)

- 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 visiting 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 cowers in the presence of the suspected abuser

Additional signs and symptoms of neglect

- Weight loss that cannot be explained by other causes
- Lack of toileting that causes incontinence:
 - Sitting in their own urine and feces
 - Increased number of falls and agitation
 - Indignity and skin breakdown
- Presence of 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

- 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 power of attorney, which the member did not understand at the time they were signed
- 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 (cont'd.)

- 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 the member 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
 - Threaten
 - Insult
 - Harass



Prevention strategies for abuse, neglect and exploitation

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Prevention strategies for abuse, neglect, and exploitation

Abuse

- **Education and training:** regular training for staff that focuses 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 there is a risk of abuse, neglect or exploitation, you should work with the Humana care manager assigned to the member via the Integrated Care Team.
- When a care manager determines that 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 when developing the member's care plan.

Care manager interventions

Humana care manager interventions are tailored to the member's particular risk factor(s) and may include, though need not be limited to, one or more of the following:

- Increased frequency of care coordination face-to-face visits to monitor for potential abuse, neglect or exploitation
- Education for 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 or Child Protective Services
- Alert the member's providers, including home and community-based services providers, of the need for heightened vigilance and surveillance and review of the procedures for notifying the care manager of suspected abuse or neglect
- Seek arrangements for respite for unpaid caregivers, to be provided for in the plan of care
- Increase informal social support for the 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 use disorder treatment
- Refer member to social service agency if family resources are severely limited



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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 that human trafficking victims experience 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 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.

Signs and symptoms of human trafficking

- Acts fearful, anxious, depressed, submissive, tense or nervous particularly around their work or someone they know
- Defers to another person to speak for them and avoids eye contact
- Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture
- Shows signs of being harmed or deprived of food, water, sleep, medical care, other life necessities or personal possessions
- Someone else:
 - Restricts the potential victim's contact with friends or family
 - Limits the potential victim's social media use and/or stalks or monitors their accounts
 - Prevents the potential victim from socializing or attending religious services
 - Constantly watches or accompanies the potential victim
 - Threatens the potential victim or their family with harm if they leave or quit work
 - Posts harmful content online about the potential victim to compel them to engage in a commercial sex act

Identifying victims of human trafficking

Human trafficking victims:

- Typically lack identification documents and may claim to be “just visiting” a certain area
- May not have a fixed address or may be unable to specify where they are living
- May be under the control of another, possibly the person accompanying them
 - The other person may attempt to speak on behalf of the victim.
- May exhibit fear, depression, submissiveness or acute anxiety
- Typically are not in control of their own money or identification documents
- May be unable or reluctant to explain the nature of an injury

If you suspect trafficking, call the 24/7 National Human Trafficking Hotline at 888-373-7888.

Reporting human trafficking

- Report suspected human trafficking to the Homeland Security Investigations Tip Line at 866-347-2423 or www.ice.gov/tips.
- Get help from the National Human Trafficking Hotline by calling 888-373-7888 or texting HELP or INFO to 233733 (BEFREE).
- Please submit information on goods produced with forced labor destined for importation into the United States to U.S. Customs and Border Protection at www.cbp.gov/trade/e-allegations and U.S. Homeland Security Investigations at ICE.ForcedLabor@ice.dhs.gov.



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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 who have contact with members or caregivers must be able to recognize the risk factors for abuse, neglect and exploitation, including how and when to contact Adult or Child Protective Services.
- It is important to note that the presence of a single risk factor or a 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, 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 one 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

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

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

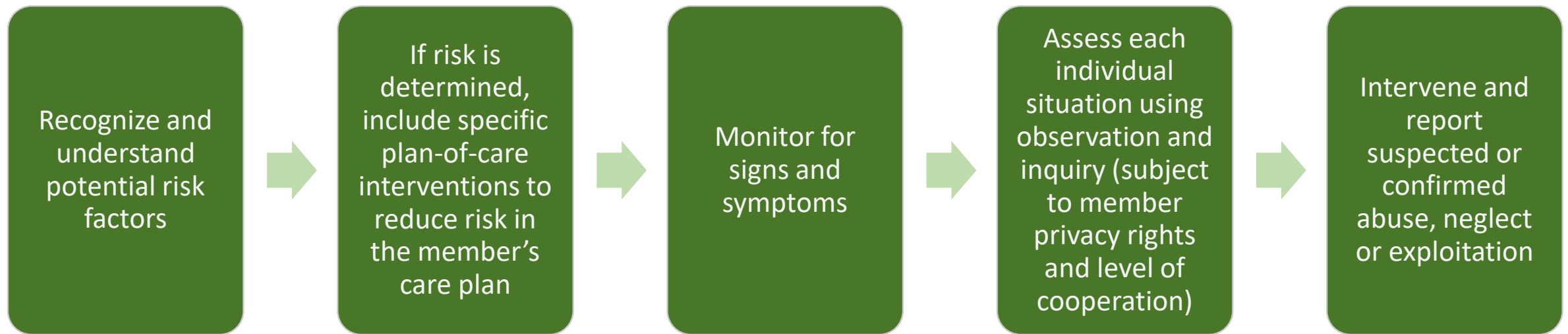


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Reporting
requirements for
abuse, neglect and
exploitation

“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

Most states require all persons to report suspected abuse, neglect and/or exploitation, but certain professionals have a specific responsibility to report*. These professionals are called mandated reporters and may 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 daycare-center staff, social worker 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

*Laws may vary by state.

Mandated reporters

- Mandated reporters are individuals required by law to report suspected cases of abuse, neglect or exploitation, or if 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.
 - There are instances when a 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 immediately report any suspicion of abuse, neglect or exploitation 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 Adult Protective Services (APS) or Child Protective Services (CPS).
 - **Follow up:** Ensure that the report was received and that appropriate actions were taken.
- **Confidentiality:** While reporting, the identity of the reporter 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 (to be kept confidential)

General reporting questions (states may differ)

- Can you identify the person being abused? If known, provide 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's abuse?
- Do you know the name of the victim's healthcare provider(s)?
- What is your name, address and phone number? (You can report anonymously.)



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Reporting methods for
abuse, neglect and
exploitation

Methods for reporting

- If the member is in immediate danger, call 911 or local police.
- Providers must report any suspected abuse, neglect or exploitation to the appropriate state agency as indicated on the following slides.
- Providers also must report suspected abuse, neglect or exploitation to the Humana care manager participating in the member's interdisciplinary care team.
- The Humana care manager must also follow internal Humana associate reporting procedures.

Methods for reporting abuse, neglect and exploitation in Florida

- Immediately contact the appropriate agency by telephone, fax or online:
 - Call 800-96-ABUSE (800-962-2873) and press 2 to report suspected abuse, neglect or exploitation. The Florida Abuse Hotline toll-free number is available 24/7.
 - Telephone device for the deaf (TTY): 800-955-8771
 - Fax a detailed written report with your name and contact telephone to 800-914-0004.
 - Visit <https://www.myflfamilies.com/services/abuse/abuse-hotline/how-report-abuse>
- Briefly consult on the appropriateness of a referral
- Reports regarding all LTSS members must be made to the Humana Health Plan LTSS Provider Help Line by calling [888-998-7735, Monday – Friday, 8 a.m. – 5 p.m., Eastern time].
- Report to the member’s Humana care manager.

Methods for reporting abuse, neglect and exploitation in Illinois

- Immediately contact the appropriate agency:
 - **Reports regarding members who are disabled 18 to 59 who reside in the community** are to be made to the Illinois Adult Protective Services Unit of the Department on Aging (DoA) at 866-800-1409 (voice) or 711 (TTY).
 - **Reports regarding members who are 60 or older and who reside in the community** are to be made to the Illinois Adult Protective Services Unit of DoA at 866-800-1409 (voice) or 711 (TTY).
 - **Reports regarding members in nursing facilities** must be made to the Department of Public Health’s nursing home complaint hotline at 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 844-528-8444.
 - **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 or exploitation when member was receiving home health services at time of passing, etc.
- Reports regarding all LTSS members must be made to the Humana Health Plan Provider Help Line—Illinois at 800-787-3311. Hours of operation are Monday – Friday, 7 a.m. – 7 p.m., Central time.
- Report to the member’s Humana care manager.
- Briefly consult on the appropriateness of a referral.

Methods for reporting abuse, neglect and exploitation in Kentucky

- Call 911 if the enrollee is in immediate danger. If they are not in immediate danger or after contacting 911, it is a Kentucky Department for Medicaid Services (Kentucky DMS) managed care organization (MCO) contract requirement that you immediately report the critical incident to the Department for Community Based Services (DCBS) via online form submission or phone call:
 - <https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx>
 - Kentucky Abuse Hotline Number: 877-597-2331 (toll-free), child and adult; Monday – Friday, 8 a.m. – 4:30 p.m., Eastern time
- Please also email HumanaKYMedicaid@humana.com:
 - The subject line must read: CRITICAL INCIDENT: <ENTER ENROLLEE LAST NAME>
 - The email must be sent within one business day of reporting to DCBS and must be received by 4 p.m., Eastern time.
 - The email must include a summary of the report with the following details, if available:
 - Date of DCBS notification
 - Demographic Information of any individuals involved/named
 - Medicaid enrollee IDs
 - Work information for enrollees, if known
 - Individuals residing in the home, if known – as much information as possible for each individual
 - As much detailed information as possible about the allegations

Methods for reporting abuse, neglect and exploitation in Louisiana

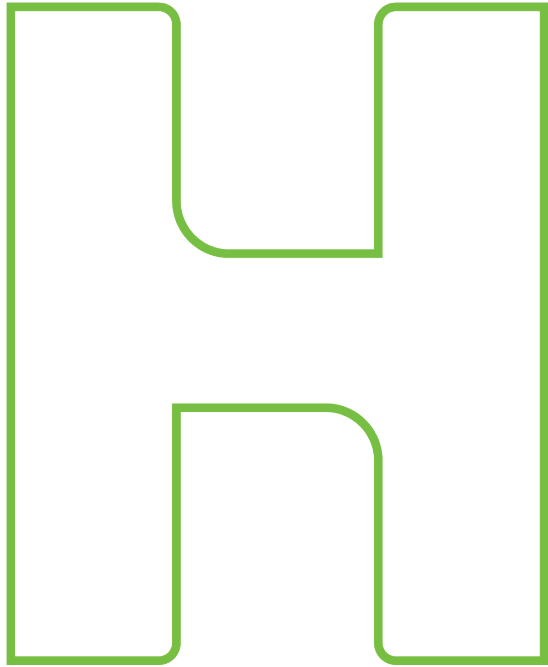
Humana and providers must report allegations of abuse, neglect, exploitation or extortion directly and immediately to the appropriate protective services agency or licensing agency. The following agencies are responsible for investigating such allegations:

- Department of Child and Family Service (DCFS)
- Adult Protective Services (APS) for vulnerable individuals 18 to 59
- Governor's Office of Elderly Affairs Elderly Protective Services (EPS) for vulnerable individuals 59 and older
- Louisiana Department of Health (LDH) Health Standards Section (HSS) for people who reside in a public or private intermediate care facility (ICF), persons with developmental disabilities (ICF/DD), people who reside in ICF/nursing facilities, and Child Protective Services (CPS) or APS cases in which the alleged perpetrator is an employee of an agency licensed by HSS

Allegations of abuse, neglect, exploitation or extortion also should be reported to the member's Humana care manager.

Methods for reporting abuse, neglect and exploitation in South Carolina

- South Carolina providers can visit the [SCDSS Abuse and Neglect Online Referral System](#) to learn more about identifying and reporting child and adult abuse, neglect and exploitation.
- Providers must report abuse, neglect and exploitation to South Carolina directly by calling the 24-hour Abuse & Neglect Reporting Hotline at 888-CARE4US (888-227-3487).
- Report to the member's Humana Care Manager by contacting [866-432-0001, Monday – Friday, 8 a.m. – 8 p.m., Eastern time].



Critical incidents

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Critical incidents

Humana has contracts with several states for their Medicaid business. As part of its contractual obligation to those states, Humana must report certain incidents or events that negatively impact the health, safety or welfare of health plan enrollees to the proper state agencies. States use different terminology for these incidents. The terminology used to describe a critical incident may vary by state.

- 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
- Kentucky—Adverse events that apply to Medicaid
- Louisiana—Adverse incidents involving the Medicaid specialized behavioral health population
- South Carolina—Critical incidents that apply to Medicaid

For purpose of this training, the incidents are called “critical incidents.”

Reporting requirements for healthcare providers

- If a healthcare provider determines 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 several contractual arrangements with vendors to serve as care managers and care coordinators in these states.
- 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 immediately on notification of the incident. Humana must report the incident to the Agency for Health Care Administration (AHCA) within 24 hours of notification.
 - In **Illinois, Louisiana and South Carolina**, reports must be received by Humana within 24 hours after identifying the occurrence.
 - In **Kentucky**, reports must be emailed to HumanaKYMedicaid@humana.com within 1 business day after reporting to DCBS and before 4 p.m., Eastern time. For more information and detailed instructions, please review the "Kentucky reporting requirements for critical incidents" on slides 60-61. Additionally, the Kentucky Vaccines for Children (VFC) Program requires VFC providers to report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). More information can be found online on the [Vaccines for Children Program](#) website.

Florida reporting requirements for critical/adverse incidents

Report any and all of the following serious reportable events immediately. Humana must report to AHCA within 24 hours of learning of an incident that pertains to a Humana Managed Medical Assistance (MMA) or Long-Term Care (LTC) plan member.

Serious reportable events			
Member death	Any condition requiring definitive or specialized medical attention that is not consistent with the routine management of the patient's case or patient's pre-existing physical condition	Abuse/neglect detected and reported by the plan	Medication errors
Member brain damage	Any condition requiring surgical intervention to correct or control	Death by suicide, homicide, abuse/neglect or that is otherwise unexpected	Suicide attempts
Member spinal damage	Any condition resulting in transfer of the patient, 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 patient's 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	

Reporting deaths to Illinois Office of Inspector General

- Requirements for reporting deaths, according to the Illinois Office of Inspector General (OIG) website
- 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 discharge 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 4 hours.

Illinois critical incident examples

Bribery or attempted bribery of an HSP employee	Exploitation of member (financial)	Problematic possession or use of a weapon by member	Sexual harassment by member	Suspected alcohol or substance use disorder by member
Confinement (restraining or isolating)	Falsification of credentials or records by a provider	Property damage by member of \$50 or more to provider's property	Sexual harassment by provider	Threats made against provider/provider staff/Humana staff by member
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/Humana 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
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	

Illinois reporting requirements for critical incidents

Report all of the following living facility critical incidents within 24 hours:

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 for 1 hour or more

Resident physical injury by force of nature

Resident physical injury during mechanical failure

Kentucky reporting requirements for critical incidents

- Humana associates and subcontractors, identified as having direct contact with Humana Health Horizons enrollees, will immediately report incidents or allegations concerning abuse of a Humana Healthy Horizons in Kentucky enrollee as follows:
 - Identify a critical incident
 - Call 911, if the enrollee is in immediate danger
 - If not in immediate danger or after contacting 911, immediately report the critical incident to the DCBS through either of these means:
 - [refer online through the Cabinet for Health and Family Services' website](#)
 - Kentucky Abuse Hotline Number 877-597-2331, child and adult
 - Email: HumanaKYMedicaid@humana.com
 - Subject line must be detailed as follows: CRITICAL INCIDENT: NAME
 - Must be emailed within 1 business day of reporting to DCBS and must be received by 4 p.m., Eastern time

Kentucky reporting requirements for critical incidents

- The email must include a summary of the report with the following details, if available:
 - Date of DCBS notification
 - Demographic Information of any individuals involved/named
 - Medicaid member IDs
 - Work information for members, if known
 - Individuals residing in the home, if known – as much information as possible for each affected individual
 - As detailed information as possible on the allegations
- Plan administration associates, on receipt of a critical incident email to HumanaKYMedicaid@humana.com, forward the email to Kentucky DMS on the same business day as received unless received after 5 p.m. Eastern time. If received after 5 p.m., the email is forwarded the next business day.
- Kentucky providers can visit <https://chfs.ky.gov/agencies/dcbs/dpp/Pages/default.aspx> to learn more about identifying and reporting child and adult abuse, neglect and exploitation.
- Reports of nonemergencies that don't require an immediate response can be submitted online at <https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx>.

Louisiana reporting requirements for critical incidents

- If the member is in immediate danger, call 911 or local police.
- As mandated reporters and as required by Louisiana's Children's Code Title VI, Article 603, providers are required to report adverse incidents directly and immediately to:
 - The enrollee's MCO within 1 business day of discovery of the adverse incident by either:
 - Faxing the [MCO Adverse Incident Reporting form](#) to 1-888-305-7974
 - Submitting online through Quickbase at <https://humana-6853.quickbase.com/db/bsysiwc9t> and selecting "New Incident" tab
 - The appropriate protective services agency or licensing agency
- If you have questions regarding the reporting process, please call Humana Healthy Horizons in Louisiana's provider services call center at **1-800-448-3810**. Hours of operation are Monday – Friday, 7 a.m. – 7 p.m.

Louisiana reporting requirements for critical incidents (cont'd.)

Report critical incidents to the following agencies responsible for investigating such allegations:

- **Department of Child and Family Service (DCFS):** 1-855-452-5437
- **Adult Protective Services (APS) for vulnerable individuals 18 to 59:** 1-800-898-4910
- **Governor's Office of Elderly Affairs Elderly Protective Services (EPS) for vulnerable individuals 60 and older:** 1-833-577-6532, Monday – Friday, 8 a.m. – 4:30 p.m.
- **Louisiana Department of Health facility complaints:**
[HSS ComplaintForm 042021.docx \(live.com\)](#)

Louisiana adverse incidents

- **Abuse (child/youth):** Any one of the following acts that seriously endangers the physical, mental or emotional health and safety of the child:
 - The infliction, attempted infliction or, because of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury to a child by a parent or other person. Examples include:
 - Exploitation or overwork of a child by a parent or any other person
 - Involvement of a child in any sexual act with a parent or any other person
 - Aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state (LA. Ch. Code art. 603[2])
- **Abuse (adult):** The infliction of physical or mental injury, or actions which may reasonably be expected to inflict physical injury, on an adult by other parties
 - This includes, but is not limited to, such means as sexual abuse, abandonment, isolation, exploitation or extortion of funds or other things of value. (LA. R.S. 15:1503.2)

Louisiana adverse incidents (cont'd.)

- **Death:** Regardless of cause or the location where the death occurred, please note that documentation must address dates of all events and correspondence, cause of death, if the member was receiving hospice or home health services, the who, what, when, where and why facts concerning the death and all relevant medical history and critical incidents associated with the death.
- **Exploitation (adult):** The illegal or improper use or management of the funds, assets or property of a person who is aged or an adult with a disability
 - Also includes the use of power of attorney or guardianship of a person who is aged or an adult with a disability for one's own profit or advantage (LA. R.S. 15:1503.7)
- **Extortion (adult):** The acquisition of an item of value from an unwilling or reluctant adult by physical force, intimidation or abuse of legal or official authority (LA. R.S. 15:503.8)

Louisiana adverse incidents (cont'd.)

- **Neglect (child/youth):** The refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment or counseling for any illness, injury or condition of the child, which might threaten or impair the child's physical, mental or emotional health and safety
 - This includes prenatal illegal drug exposure caused by the parent, resulting in the newborn affected by drug exposure and withdrawal symptoms. (LA. Ch. Code art. 603[18])
- **Neglect (adult):** The failure of a caregiver or other parties responsible for an adult's care to provide the proper or necessary medical, surgical or other support or care necessary for his/her well-being. No adult who is provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall, for that reason alone, be considered neglected or abused. (LA. R.S. 15:1503.10)

Healthcare providers are prohibited from using restrictive interventions/restraints. All instances of restraint that threaten a member's health and welfare should be reported and referred to the appropriate protective service agency.

South Carolina reporting requirements for critical incidents

- If the patient is in immediate danger, call **911** or the local police.
- Report critical incidents to Humana immediately by calling Provider Services at **866-432-0001**.



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Resources for
additional information

References

Kentucky Cabinet for Health and Family Services—Division of Protection and Permanency

- <https://chfs.ky.gov/agencies/dcbs/dpp/Pages/default.aspx>

South Carolina Department of Social Services:

- <https://dss.sc.gov/>
- <https://benefitsportal.dss.sc.gov/#/ran/hom>

Agency for Health Care Administration:

- <http://ahca.myflorida.com/Medicaid/index.shtml>

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Thank you

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