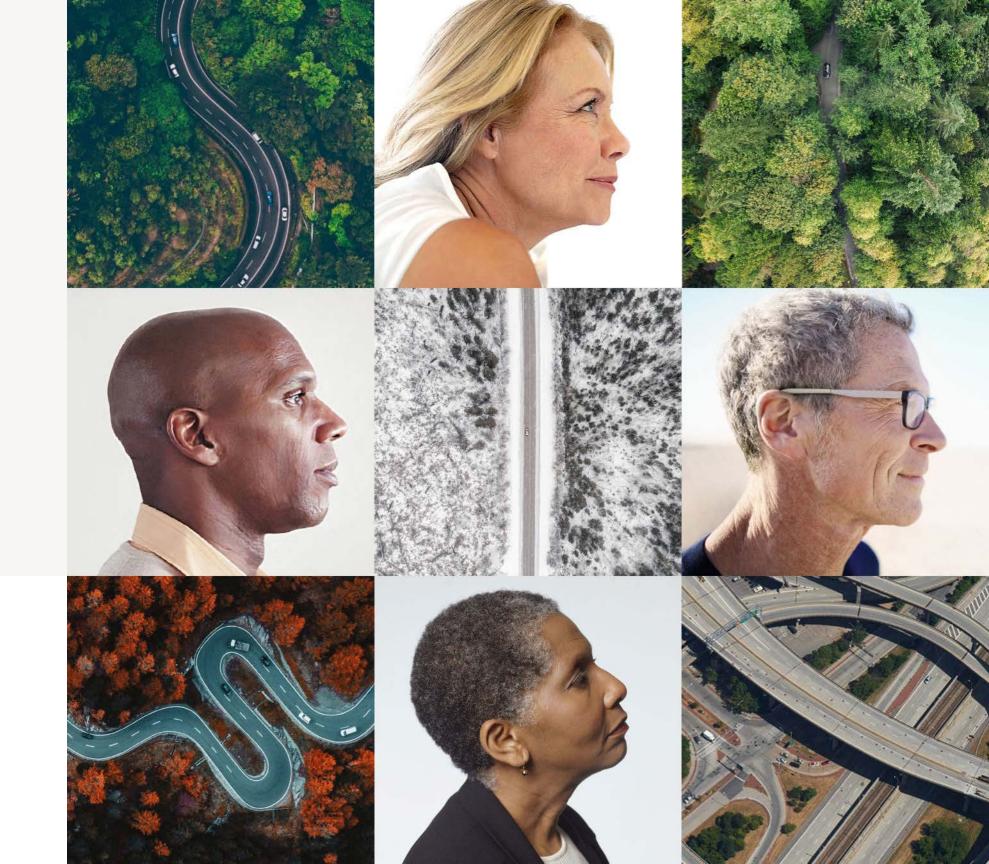
Health, Safety, and Welfare Education Training

Transportation Providers 2021







Member Rights Purpose & Policy Statement - Member Rights

Purpose

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

Policy Statement

ModivCare recognizes that Members have certain rights that apply to their interactions with ModivCare generally and their requests for transportation specifically. Contact Center Managers are ultimately responsible for ensuring that Member rights are respected by Contact Center employees, and Provider Relations Directors are responsible to ensure Member rights are respected by subcontracted Transportation Providers

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Member Rights Purpose & Policy Statement - Member Rights

Member rights include but are not limited to the following:

Send requests for information in these areas to the Privacy Officer at HIPAAOfficer@modivcare.com

- The right to be treated with respect and due consideration for the Member's dignity and privacy
- The right to receive information on transportation options and alternatives in a manner appropriate to the Member's condition and ability to understand the information
- The right to be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation, or convenience, excluding seatbelts or other safety restraints required by law to be used in vehicles

Send requests for transportation records to the ModivCare Legal Department

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





Member Rights Purpose & Policy Statement - Member Rights

Member rights include but are not limited to the following: (continued)

- The right to language assistance services, including qualified interpreters and reasonably and typically available adaptive technology, promptly and free of charge, as required by the Patient Protection and Affordable Care Act (ACA) Section 1557
- The right to report discrimination to a designated ModivCare ACA Section 1557 Coordinator, as well as appropriate government agencies, as required by ACA Section 1557
- Freedom to exercise the rights described in this Policy without any adverse effect on the provision of services to the Member





During the course of managing or providing Members transportation, you could hear of or observe conditions that may possibly indicate involvement in one of the following types of situations:

- Abusive
- Unhealthy
- Unsafe





What is abuse?

Non-accidental infliction of physical and/or emotional harm

Physical Abuse of a Member:

Non-accidental 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

Sexual Abuse of a Member:

Includes unwanted touching, fondling, sexual threats, sexually inappropriate remarks, or other sexual activity with a Member

Psychological and Emotional Abuse of a Member:

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





Potential Signs of Physical Abuse of a Member:

- 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
- Disheveled and/or unclean appearance





Potential Signs of Physical Abuse of a Member:

- 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; i.e., the presence of old and new bruises at the same time



Potential Symptoms of Abuse:

- 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 caregivers or 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 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 of a Member

Potential signs and symptoms of sexual abuse:

- Bruises on external genitalia, inner thighs, abdomen orpelvis
- Difficulty walking or sitting not explained by other physical conditions
- Inappropriate, unusual, or aggressive sexual behavior
- Signs of psychological trauma, including excessive sleep, depression, or fearfulness



Psychological Abuse of a Member

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 Member to engage in conduct from which he or she wishes and has a right to abstain, or to refrain from conduct in which the Member wishes and has a right to engage



Psychological Abuse of a Member

The following may be signs and symptoms of psychological abuse:

- Berating, ignoring, ridiculing, or cursing at a Member
- Threats of punishment or deprivation
- Member's significant weight loss or gain that cannot be attributed to other causes
- Member's stress-related conditions, including elevated blood pressure
- Isolation of a Member by abuser
- Member's depression, confusion, withdrawn, emotionally upset, or nonresponsive
- Member cowers in the presence of the suspected abuser

Additional potential signs of psychological abuse in children:

- Difficulty making friends or doing things with other children
- Lagging in physical, emotional, and intellectual development





Neglect of a Member

The failure of another individual to provide a Member with, or the willful withholding from a Member 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 – Individual does not attend to his/her own basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to medical conditions

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



The Following May Indicate Neglect of Member:

- Weight loss that cannot be explained by other causes
- Uncommon pressure sores or ulcers
- Evidence of inadequate or inappropriate use of medication
- Personal hygiene is neglected
- Emotional withdrawal
- Lack of assistance with eating, drinking, walking, bathing, and participating in activities
- Little or no response to requests for personal assistance

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.





Exploitation of a Member

The illegal use of a Member's assets or resources, which 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. This slide shows circumstances that can occur when someone is being exploited.

- Caregiver expresses excessive interest in the amount of money being spent on the Member
- The member is not given the opportunity to speak for himself/herself.
- The Caregiver speaks about Member's situation without the presence or participation of the Member
- Caregiver has an attitude of indifference or anger toward the Member.
- Member is blamed for his or her condition.
- Show of aggressive behavior toward the Member, including threatening, insulting, or harassing the member
- Member belongings or property are missing
- Suspicious signatures on checks or other Member documents





Abuse, Neglect, and Exploitation – Risk Factors:

- 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





What is a Mandated Reporter?

While ModivCare team members and subcontracted partners are not considered "legally mandated reporters", we will report all suspected abuse, neglect, or exploitation that we become aware of, from whatever source, in the course of managing Members' transportation.

How to Report:

If you suspect or a Member tells you that they are suffering from abuse, neglect, or exploitation, you should <u>immediately</u> report it to your supervisor or manager. The appropriate party will communicate with the plan or care coordinator.

The following are ways that the Member's health plan or care coordinator may help:

- Increased frequency of care coordination face-to-face visits
- Educate 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
- 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





General Reporting Requirements (state requirements 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 in the household, if applicable?
- Is the adult incapacitated?
- Do you know the name and address of the caregiver, if applicable?
- Do you know the name and relationship of the alleged perpetrators?
- 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? (You can report anonymously.)





Critical Incidents

A reportable incident involves abuse, neglect, or exploitation of an eligible recipient or Member and encompasses a full range of health care services

Three Primary Types of Critical Incidents:

- Abuse
- Neglect
- Exploitation

All ModivCare contracts state the following in reference to critical incidents

"Involves health, safety, abuse, or possible violation of the law or Member makes complaint in writing".

We are required to report critical incidents either on the same day received or within 24 hours





Types of Critical Incidents

Abuse

- Physical
- Sexual
- Emotional/Verbal/Self

Medical/Psychiatric

- Medical/Psychiatric Emergency
- Self Inflicted Injury

Environmental Hazards

Fire/Natural Disaster damage or affected
Other

Neglect

- Passive Neglect
- Active/Willful Neglect
- Self-Neglect

Behavioral Issues

- Member is missing
- Member is in possession of a weapon
- Member displays physically aggressive behavior
- Suicide attempt by member
- Suicide ideation / threat by member
- Property damage by member of \$50 or more

Criminal Act/Law Enforcement

- Member arrested / charged with a crime
- Provider arrested / charged with a crime
- Placement into a correctional facility
- Fraudulent activities by member, provider, caregiver
- Theft of member property or provider property by member

Sexual Misconduct

- Sexual harassment
- Sexual problematic behavior

Exploitation

- Misappropriation of property
- Financial
- Sexual Exploitation

Nursing Home

- Any crime that occurs on the facility property
- Loss of electrical power in excess of an hour
- Evacuation of residents
- Physical injury to residents during a mechanical failure or force of nature
- Fire alarm activation with injuries or damage to the apartment

Other

- Media involvement / media inquiry
- Threats made against agency/ BCBS employee
- Falsification of credentials or records
- Report against state agency/ BCBS employee
- Bribery or attempted bribery of state agency / BCBS employee
- Significant medical event for member or provider
- Restraint
- Seclusion
- Restrictive Interventions





Texas Reporting Requirements

Suspected Abuse, Neglect, or Exploitation critical incidents are required to be reported to the following State Agencies:

Texas Department of Family and Protective Services Abuse and Neglect Hotline 800-252-5400 (voice) TTY:711

Critical Incidents involving Fraud to the Medicaid System are required to be reported to the following:

Texas Office of the Inspector General Phone: 800-436-6184

BCBS Special Investigations Fraud Abuse Hotline Phone: 800-543-0867

Texas Abuse Code

- Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including any injury that is at variance with the history or explanation given. This does not include an accident or reasonable discipline by a parent, guardian, or managing possessory conservator that does not expose the child to a substantial risk of harm. See TFC 261.001 (1)(C).
- Sexual conduct harmful to a child's mental emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code, indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code or aggravated sexual assault under 22.021, Penal Code. See TFC 261.001(E).
- Mental or emotional injury to a child that results in observable and material impairment in the child's growth, development, or psychological functioning. See TFC 261.001(1)(A) & TFC 261.001(1)(B).



FLORIDA State-Specific Reporting Requirements

If the member is in immediate danger, dial 911 or the local police.

Immediately contact the appropriate agency

- Telephone: **1-800-96-ABUSE (1-800-962-2873)** available 24/7 / Press 2 to report abuse, neglect, or exploitation of the elderly or a vulnerable adult
- 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





Illinois State-Specific Reporting Requirements

Critical incidents apply to Medicaid and dual-eligible (Medicare/Medicaid) both long-term services and support (LTSS) and non-LTSS

- Reports regarding enrollees who are age 18 or older and living in the community Illinois Department on Aging (DoA) by utilizing the Adult Protective Services (APS) Hotline number at 866-800- 1409 (voice) and 888-206-1327 (TTY)
- Reports regarding enrollees 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) Illinois DHS Office of the Inspector General Hotline at 800-368-1463 (voice and TTY)
- Reports regarding Members in nursing facilities Department of Public Health's nursing home complaint hotline at 800-252-4343
- Report Critical Incidents involving children call the Department of Children and Family Services 800-252-2873

Reports of deaths - must be reported to Illinois OIG 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 office of inspector general (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





Kentucky State-Specific Reporting Requirements

- If the member is in immediate danger, dial 911 or the local police.
- Report to Humana immediately by calling enrollee/provider services at 800-444-9137.
- Kentucky providers can use the following link to learn about identifying and reporting child and adult abuse, neglect, and exploitation:
- https://chfs.ky.gov/agencies/dcbs/dpp/Pages/default.aspx
- To report abuse, neglect, and exploitation in Kentucky, reporters can call 1-877-KYSAFE1 (877-597-2331)
- Reports of non-emergencies that don't require an immediate response can be submitted online at https://prdweb.chfs.ky.gov/ReportAbuse/





Louisiana State-Specific Reporting Requirements

- If the member is in immediate danger, dial 911 or the 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 to the enrollee's MCO within one business day from discovery of the adverse incident.
- Call enrollee/provider services at 800-448-3810
- Report to applicable agencies such as Department of Children and Family Services (DCFS) and Adult Protective Services (APS).



New Mexico State-Specific Reporting Requirements

- Human Services Department, Critical Incident Reporting
 <u>http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx</u>
- Critical Incident Reporting System
 https://criticalincident.hsd.state.nm.us