



Reporting Requirements and Standards

Office of Aging and Adult Services

OAAS-TNG-16-007

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Health, Welfare and Safety

- ▶ Office of Aging and Adult Services (OAAS) strives to ensure the health and welfare of participants served by the Department.
- ▶ To preserve the safety of OAAS participants, reporting requirements, policies and standards have been established.
- ▶ What are appropriate reporting standards?

Who Reports Crime?

Anyone witnessing, or having knowledge of a crime committed, other than abuse, neglect, exploitation and extortion, should report the crime to law enforcement.

Adult Protective Services (APS)

APS is responsible for investigating reports of maltreatment to vulnerable adults, age 18 and over, by individuals who are not employed by a provider agency or licensed facility.

APS arranges services to protect victims of maltreatment.



Who Reports to APS?

Louisiana Law mandates the reporting of maltreatment. Any person having cause to believe a vulnerable adult's physical or mental health or welfare has been negatively affected shall report to APS. This includes, but is not limited to:

- ▶ Family and friends,
- ▶ The participant,
- ▶ Medical, behavioral and social service professionals,
- ▶ DHH employees,
- ▶ Support Coordination Agency employees,
- ▶ Contracted Client Assessment Specialists, and
- ▶ Service Providers:
 - Direct Service Providers,
 - Adult Day Healthcare Providers,
 - Monitored In Home Caregiving Providers.

What are Violations Related to Reporting?

- ▶ Louisiana Law mandates the reporting of maltreatment. It states that the following are violations of the law and subject to criminal penalties:
 - Failure to report,
 - Making a false report,
 - Retaliating against anyone making a report,
 - Interfering with anyone making a report, and
 - Interfering with an investigation.

What is reported to APS?

Allegations involving vulnerable adults residing in unlicensed and non-regulated settings.

■ Abuse:

- ◆ Physical: Contact or actions that result in injury or pain,
- ◆ Emotional: Threats, ridicule, isolation, intimidation, harassment, and/or
- ◆ Sexual: Any unwanted sexual activity, without regard to contact or injury.

■ Exploitation:

- ◆ The illegal or improper use of funds, assets, or property, or the improper use of a Representation and Mandate or guardianship.

■ Neglect:

- ◆ Caregiver: Failure to provide life necessities such as, food, water, clothing, shelter, personal hygiene, medicine, comfort, and/or other essentials, and
- ◆ Self: Failure, either by the adult's action or inaction, to provide for their life necessities such as food, water, personal safety and/or other essentials.

■ Extortion:

- ◆ Taking something of value from a person by force, intimidation, or abuse of legal or official authority.

When are Allegations Reported to APS?

- ▶ Report maltreatment **immediately** and **directly** to APS.
- ▶ Reports only need to reflect the reporter's belief that maltreatment has occurred.
- ▶ Don't assume that someone has already reported the incident.
- ▶ Reporting to your supervisor, or to others in your agency or organization, does not satisfy the legal reporting requirement; you must report directly to APS.
- ▶ Notify local law enforcement when there is reason to believe a crime has been committed.

How to Report Allegations to APS?

- ▶ APS maintains a toll-free central telephone line to receive allegations of A/N/E/E.
- ▶ Reports can be made to APS 24 hours a day, 7 days a week, including holidays.
- ▶ The toll-free number is (800) 898-4910.

Information to provide to APS

- ▶ Demographic information such as, name, date of birth, address, phone number, residential setting.
- ▶ Contact information for those responsible for the participant's care.
- ▶ Any services the adult receives, Waiver or LTPCS, for example.
 - Refer to the participant's POC/Budget to determine the service the adult is receiving; CCW or ADHC Waiver, or LTPCS only.
- ▶ Details regarding the incident.
- ▶ Contact information for the individual(s) believed responsible for the maltreatment.
- ▶ Details regarding the allegation itself, including the date/time the event occurred, or was discovered.
- ▶ Is the allegation an isolated event, or has the event happened before?

While it's helpful to have all this information available when you call, don't let missing information prevent you from making a report.

DHH Health Standards Section (HSS)

DHH Health Standards Section (HSS) investigates complaints against health care providers, as well as complaints involving:

1. Individuals residing in a licensed public or private nursing facility,
2. Individuals living with developmental disabilities residing in a licensed care facility, and
3. A/N/E/E cases in which the alleged perpetrator is an employee of an agency licensed by HSS.



Reporting A/N/E/E to HSS for Those Residing in a Facility

- ▶ Complaints for those residing in a facility can be filed with HSS directly.
- ▶ A complaint can be filed by:
 - Contacting HSS via toll-free number (888) 810-1819, or
 - Completing the form available at the following website:
 - ◆ <http://dhh.louisiana.gov/index.cfm/page/254> .
- ▶ Reporters may choose to file a complaint directly with the facility.
 - If a complaint was filed with the facility directly, allow the facility 30 days to respond.
 - After 30 days, and if no response from the facility, HSS can be contacted to file a complaint regarding not receiving a reply from the facility.

Reporting A/N/E/E to HSS for those Residing in the Community

When APS is notified of an allegation of A/N/E/E against a provider employee, APS will refer the report to HSS for investigation and action.

Note: An additional report to HSS **does not** need to be made by the Support Coordination Agency, Direct Service Provider or Client Assessment Specialist.

What is Reported to HSS for Those in the Community?

- ▶ Licensing violations for adults residing in the community that are not A/N/E/E in nature are reported to HSS.
- ▶ When it is identified that a Direct Service Provider Agency has violated a licensing requirement, the first step is to attempt to resolve the issue.
 - Example: A DSW has not reported to a scheduled shift at a participant's home. First step is to notify the provider to have the back-up plan implemented.
 - Example: Progress notes, time sheets or POC are not in the participant's home. First step is to notify the provider to request the documents be maintained in the home.

What is Reported to HSS for Those in the Community?(cont.'d)

- ▶ When the issue is resolved timely, a report does not need to be made to HSS.
 - Example: The provider sends a back up worker to the participant's home as soon as they are notified.
 - Example: At the following face to face meeting, documentation is up to date and accessible in the participant's home.
 - ◆ A HSS report is not needed because the issue has been resolved and is no longer an issue.

What is Reported to HSS for Those in the Community?(cont.'d)

- ▶ When the issue is not or cannot be resolved quickly, or becomes a regular pattern, the complaint can be filed with HSS.
 - Example: After notifying the provider and providing follow up, the agency still has not provided staff for the participant.
 - Example: After providing follow up, progress notes, time sheets or POC are not maintained in the participant's home. Notify Regional OAAS of on-going issue and Regional OAAS can assist with determining when to complete a HSS report.

What *NOT* to report to HSS?

Matters non-regulatory in nature that can be resolved by the Support Coordination Agency, State Contractor Staff, Direct Service Provider and/or OAAS Regional office.

- ▶ Issues involving a legal representative,
- ▶ Issues involving a representative payee,
- ▶ Participants involved in illegal activities,
- ▶ Participants being evicted from their homes,
- ▶ Dissatisfaction with an environmental modification, or
- ▶ Complaints about OAAS Staff.

What *NOT* to report to HSS? (cont.'d)

- ▶ Participants with no utilities,
- ▶ Problems with food stamp cards,
- ▶ Renovations needed to a participant's home,
- ▶ Dissatisfaction with the status of placement on the waiver registry,
- ▶ Loss of services due to change in eligibility status,
- ▶ Complaints involving billing, reimbursement or care provided in a setting not licensed by DHH, or
- ▶ Complaints about state contractor staff.

What is *Not* Reported to HSS? (cont.'d)

- ▶ Complaints regarding DSWs not being paid, or not being paid timely, would not be reported to HSS.
 - Issues regarding employee wages and payment would be handled by the Department of Labor.
 - The toll-free complaint line is 1-866-487-9243.
- ▶ Complaints regarding a Support Coordination Agency (SCA) providing OAAS Waivers.
 - HSS does not license OAAS SCAs, therefore would not investigate a complaint regarding a SCA.

What is *Not* Reported to HSS? (cont.'d)

- ▶ Complaints regarding a participant's hours or schedule would not be reported to HSS.
 - The participant may contact the SC or CAS to discuss the participant's health status and re-assessment guidelines.
- ▶ Complaints that the primary caregiver is having to train DSPs rather than the DSP supervisor providing the training.
 - The participant can notify the SC and contact the DSP supervisor directly. If the issue is not resolved, then it needs to be reported to HSS.
- ▶ Questions regarding program rules and policies, should be directed to the SC, regional office and/or the written program policy manuals available online.
 - http://www.lamedicaid.com/provweb1/Providermanuals/Intro_Page.aspx .

How to Report Violations to HSS?

- ▶ Toll-Free Complaint Numbers listed below can be contacted to report information to HSS:
 - Adult Day Care **1.877.343.5179**,
 - Home & Community Based Service Provider ([HCBS](#)) **1.800.660.0488**.

Reporting Medicaid Fraud

Medicaid Program Integrity Unit investigates provider and/or recipient fraud complaints.



How to Report to Medicaid Fraud

▶ Provider Fraud Complaints:

- Call toll-free 1.800.488.2917, or
- Complete and electronically submit the form at the following website:
<http://dhh.louisiana.gov/index.cfm/form/22>.

▶ Recipient Fraud Complaints:

- Call toll-free 1.888.342.6207, or
- Complete and electronically submit the form at the following website:
<http://dhh.louisiana.gov/index.cfm/form/23>.

Note: An additional report to HSS is **not needed** if reporting to Program Integrity.

What is Considered Medicaid Fraud?

▶ Provider Fraud can include:

- Misrepresenting dates/descriptions of services rendered, the identity of the individual who provided the services, or of the recipient of the services;
- Duplicate billing of the Medicaid Program or of the recipient, which appears to be an attempt to obtain additional reimbursement; or
- Arrangements by providers with employees or independent contractors, such as commissions and fee splitting, which appear to be designed to obtain or conceal illegal payments or additional reimbursement.

▶ Participant Fraud could be:

- The misrepresentation of facts in order to become or to remain eligible to receive benefits under Medicaid or the misrepresentation of facts in order to obtain greater benefits once eligibility has been determined.

Waiver Critical Incident Reporting (CIR)

OAAS CIR Policy

OAAS-ADM-10-020



What is the Purpose of Critical Incident Reporting (CIR)?

- ▶ The purpose of Critical Incident Reporting is to:
 - Establish uniformity and consistency in reporting and responding to critical incidents, and
 - Ensure the health, safety and welfare of senior citizens and people with adult-onset disabilities.

What Is Considered a Critical Incident?

Incidents that involve:

- ▶ Abuse,
- ▶ Neglect,
- ▶ Exploitation,
- ▶ Extortion,
- ▶ Major Injury,
- ▶ Major Medical Events,
- ▶ Death,
- ▶ Falls,
- ▶ Major Medication Incidents,
- ▶ Major Behavioral Incidents,
- ▶ Participant is a victim of a crime,
- ▶ Involvement with Law Enforcement, and/or
- ▶ Loss or Destruction of a Participant's Home.

Critical Incidents and W-OTIS

- ▶ OAAS uses the Waiver Online Tracking Incident System (W-OTIS) to enter, track and maintain data related to critical incidents involving OAAS Waiver participants.
- ▶ Incidents regarding A/N/E/E and participants **under 60 years old** that do not involve provider staff/employees are reported to APS and **entered into W-OTIS by APS only.**
 - SCs do not need to enter APS referrals for participants **under 60** into W-OTIS.
 - APS will complete the case documentation within W-OTIS and OAAS Regional staff will close the W-OTIS report.
 - Any interventions or recommendations from APS will be communicated to the SCA or DSP.

Critical Incidents and W-OTIS (cont.'d)

- ▶ Incidents regarding A/N/E/E and participants **60 years of age and older** that do not involve provider staff/employees are reported to APS and **entered into W-OTIS by the SC.**
 - After the investigation, OAAS regional office staff will enter the APS findings/recommendations into W-OTIS.

Critical Incidents and W-OTIS (cont.'d)

- ▶ When APS is notified of an allegation of A/N/E/E against a provider employee, APS will refer to HSS for investigation and W-OTIS entry.
 - OAAS Regional staff will monitor the case and will communicate with HSS to obtain and review HSS findings.
 - The DSP and/or SCA does not need to follow up with HSS directly, as follow up will be completed by OAAS.
 - OAAS Regional staff will communicate with the SCA and/or DSP and implement improvement strategies if needed.

Critical Incidents and W-OTIS (cont.'d)

- ▶ When completing CIR forms, be sure to provide adequate information to clearly described the CIR events and timeline.
 - The description should detail all aspects of the incident, including, but not limited to events before, during and after the incident, those present and actions taken to respond to the incident.
 - The follow-up should include any actions or interventions put into place in response to the incident.
 - ◆ If nothing has changed, or, no actions were taken since the initial report, the DSP should state this in writing by the follow-up due date.

Conversion of a Waiver CIR to an APS

- ▶ When a SC discovers information that causes them to suspect an open CIR meets the definition of an APS case, the SC will:
 - Report the case to APS immediately, and
 - Notify OAAS Regional office of the APS report.
 - ◆ OAAS Regional office will follow up with APS to determine if the case has been accepted by APS.

Critical Incident Reporting and HSS

- ▶ A HSS report can be made by OAAS Regional staff for those DSPs not submitting CIR written follow-up information timely, as this can be considered a licensing violation.
 - SCA/SCs and/or DSPs will need to notify the OAAS Regional office of any difficulty obtaining follow-up information.
 - The report to HSS will be made by the OAAS Regional staff and does not need to be completed by the SCA/SC or by the DSP.

References

- ▶ <http://dhh.louisiana.gov/index.cfm/page/254> Health Standards Section Website. April 18, 2016.
- ▶ <http://dhh.louisiana.gov/index.cfm/page/120/n/126> Office of Aging and Adult Services Website. April 18, 2016.
- ▶ <http://new.dhh.louisiana.gov/index.cfm/page/219>. Louisiana Medicaid Website. April 18, 2016.
- ▶ http://www.lamedicaid.com/provweb1/about_medicaid/fraud.htm Louisiana Medicaid Website. April 25, 2016.
- ▶ <https://www.dol.gov/whd/flsa/HowToFileAComplaint-eng.pdf> Department of Labor Website. May 4, 2016.
- ▶ Louisiana Revised Statute 15: 1504.
- ▶ Louisiana Revised Statute 15: 1505.
- ▶ OAAS-ADM-10-020. Critical Incidents. Reissued September 2, 2014.
- ▶ OAAS Community Choices Waiver Manual. Section 7.10: Incidents, Accidents and Complaints. Issued April 2, 2014.

Questions?