

POLICY AND PROCEDURE

POLICY NAME: Abuse and Neglect Reporting	POLICY ID: LA.CM.03
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Population Health and Clinical Operations/ Care Management
EFFECTIVE DATE: 08/01/20	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 08/20, 05/22, 01/23, 04/23	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines the procedure for suspected enrollee abuse and neglect.

PURPOSE:

To ensure that suspected or alleged cases of abuse or neglect are reported to the appropriate officials according to State and/or local rules and regulations.

SCOPE:

Louisiana Healthcare Connections Population Health and Clinical Operations (PHCO).

POLICY:

In the event that a staff enrollee becomes suspicious or has phone interaction involving abuse or neglect of an enrollee, these suspicions will be reported to the appropriate State or local agency. This policy applies not only to Registered Nurses but includes any health care or social services professionals such as practical nurses, social workers, family therapists, professional counselors, and any medical or mental health professional not otherwise specified, or any other employee who becomes aware of a concern during the course of providing services as an employee. LHCC will not suspend or terminate the employment of, or otherwise discriminate against, an employee who in good faith reports abuse or neglect or initiates or cooperates with an investigation or proceeding by a governmental entity relating to the alleged abuse or neglect.

PROCEDURE:

1. In the event of an inbound suspected abuse (physical/sexual/neglect) call to Enrollee Services, the Enrollee Services Representative (MSR) will handle and route the call according to the crisis state of the enrollee.
2. When there is no apparent immediate threat or danger to the enrollee, the MSR will warm transfer the phone call to a manager/nurse, social worker and/or other delegated clinical staff enrollee. The staff enrollee will triage and assess the details of the suspected abuse, and if necessary, will direct them to the Emergency Room (ER) for evaluation. The clinical staff enrollee will determine if ambulance transport is necessary and make the appropriate arrangements. The clinical staff enrollee will also notify the ER facility that the patient is coming with suspected abuse.
3. If an employee, in the course of his/her review of enrollee information, has reasonable cause to believe that a enrollee has been subjected to abuse or neglect, he/she:
 - a. Communicates this to the immediate Department Manager along with any other information the employee has available regarding signs of potential abuse and/or neglect.
 - If the Department Manager determines there is reasonable cause to believe the enrollee has been subjected to abuse and/or neglect, together with the employee, he/she will contact the enrollee's primary care or managing physician to discuss the concerns. The Department Manager and/or the employee will document the physician contact in the secured clinical documentation system.
4. Staff determine which State or local agency is the appropriate agency to report suspected cases of abuse or neglect.
5. Any report of suspected abuse and/or neglect should be made within one business day by the Department Manager to the appropriate State or local agency and may be made telephonically [or electronically](#). The report should contain as much of the following information as possible:
 - a. Name, age, and address of the enrollee.
 - b. Name and address of the person responsible for the enrollee's care or custody.
 - c. Evidence of previous abuse, if applicable.

- d. Nature and extent of the injuries or abuse.
 - e. Any other information the person believes may be helpful
6. If it is necessary to disclose a enrollee's condition to law enforcement or a state or local agency to report suspected abuse and/or neglect, the disclosure must also be immediately reported to the Compliance Officer, or their designee, for accounting purposes. The report should include the following:
 - a. The name of the entity and/or person who received the PHI and the address if known;
 - b. A description of the PHI disclosed (such as name, DOB, medical conditions, etc.);
 - c. A brief statement that explains the purpose of the disclosure.
7. All information concerning the reasons for the suspicion, information reported, and any agency to which a report of suspected abuse was made, must be documented in the appropriate clinical documentation system.

REFERENCES: [CC.CM.03](#)

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy	Converted corporate to local policy	08/2020
Ad Hoc Review	Changed "Medical Management" to PHCO	05/27/22
Ad Hoc Review	Updated language to add CM staff can notify the State or Local agency Changed "members" to "enrollees" Reformatted to latest Policy Template	01/10/23
Annual Review	Reviewed for accuracy; added reports can be made electronically per CC.CM.03 corporate update.	04/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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