



Health, Safety and Welfare Education Training

Effective 2024

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

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Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

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Notable changes

There are no notable changes for 2024.



Training topics

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Disclaimer: This training presents a general overview of information relating to training topics. You are responsible for ensuring the work your organization performs in support of Humana complies with the specific laws applicable in Ohio.



General terms

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General terms

- **Abuse** – The injury, confinement, control, intimidation or punishment of an individual by another person that has resulted, or could reasonably be expected to result, in physical harm, pain, fear or mental anguish. Abuse includes but is not limited to physical, emotional, verbal and/or sexual abuse, as well as use of restraint, seclusion or restrictive intervention that results in, or could reasonably be expected to result in, physical harm, pain, fear or mental anguish to the individual.
- **Neglect** – When there is a duty to do so, the failure to provide goods, services and/or treatment necessary to assure the health, safety and welfare of an individual.
- **Incident** – An alleged, suspected or actual event that is not consistent with the routine care of, and/or service delivery to, a member. Incidents include the following types of events: abuse, neglect, exploitation, misappropriation and unexplained death.
- **Fraud** – As defined in Ohio Administrative Code (OAC) rule 5160-26-01, any intentional deception or misrepresentation made by an individual or entity with the knowledge that the deception could result in some unauthorized benefit to the individual, the entity or some other person. This includes any act that constitutes fraud under federal or state law. Member fraud means the altering of information or documents in order to fraudulently receive unauthorized benefits or knowingly permit others to use the member's identification card to obtain services or supplies.
- **Misappropriation** – Depriving, defrauding or otherwise obtaining money, real estate or personal property (including medication) of a member by any means prohibited by law.

General terms (cont'd.)

- **Provider** – As defined in OAC rule 5160-26-01, a hospital, healthcare facility, physician, dentist, pharmacy or otherwise licensed or certified appropriate individual or entity authorized or entitled to reimbursement for healthcare services rendered to a managed care organization's member.
- **Provider-preventable conditions** – As defined in 42 CFR 447.26, a condition that meets the definition of a "healthcare-acquired condition" (a condition occurring in any inpatient hospital setting, identified as a healthcare-acquired condition by the secretary under section 1886(d)(4)(D)(iv) of the act for purposes of the Medicare program identified in the Ohio Medicaid state plan as described in section 1886(d)(4)(D)(ii) and (iv) of the act; other than deep vein thrombosis/pulmonary embolism as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients) or an "other provider-preventable condition" (a condition occurring in any healthcare setting) that meets the following criteria:
 - Is identified in the Ohio Medicaid state plan
 - Has been found by the state, based on a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines
 - Has a negative consequence for the beneficiary
 - Is auditable
 - Includes, at a minimum, wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient



Abuse

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Abuse

What is abuse?

- Intentional infliction of physical and/or emotional harm
- Sexual abuse on any child or adult by a relative, caregiver, household member or any other person
- Active encouragement of any person by a relative, caregiver or household member to commit an act that inflicts or could reasonably be expected to result in physical or psychological/emotional injury to a child or adult

Physical abuse

Physical abuse of patient

- Intentional use of force that results in bodily injury, pain or impairment, including, but not limited to:
 - Slapping
 - Burning
 - Cutting
 - Bruising
 - Restraining that is physical and improper
- **Physical abuse**
 - Infliction of physical pain or injury to another person

Signs and symptoms of physical abuse

Additional signs and symptoms of physical abuse:

- 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

Signs and symptoms of physical abuse (cont'd)

Bruises, welts or discolorations of the following types:

- Bilateral (i.e., matching) bruises on both arms that may indicate the patient was shaken, grabbed or restrained
- Bilateral bruising of the inner thighs that may indicate sexual abuse
- Wrap-around bruises encircling the patient'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)

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 and symptoms of physical abuse (cont'd)

- Signs of traumatic hair loss, possibly with hemorrhaging below scalp
- Signs of traumatic tooth loss
- Injuries that are incompatible with the patient'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 the patient 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., patient locked in a room)

Sexual abuse

Sexual abuse

- Includes unwanted touching, fondling, sexual threats, sexually inappropriate remarks or other sexual activity with a child, an adult with disabilities or any other person
- Means touching, fondling, sexual threats, sexually inappropriate remarks or other sexual activity with an older person when the older person is unable to understand, unwilling to consent, threatened or physically forced to engage in sexual activity

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

Psychological (verbal/emotional) abuse

Verbal abuse

- Including, but not limited to, name calling, intimidation, yelling and swearing. Verbal abuse also may include ridicule, coercion and threats.

Emotional abuse

- Verbal assaults, threats of maltreatment, harassment or intimidation intended to compel children or adults to engage in conduct from which they have a right to abstain. This also includes intent to compel children or adults to refrain from conduct in which they have a right to engage.

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Signs and symptoms of psychological abuse

- Berating, ignoring, ridiculing or cursing of an individual (patient)
- Threats of punishment or deprivation
- Significant weight loss or gain that cannot be attributed to other causes
- Stress-related conditions, including elevated blood pressure
- Isolation by perpetrator:
 - Isolating emotionally
 - Not speaking to or engaging with the patient
 - Not touching or providing other methods of comfort
 - Depressed, confused, withdrawn, emotionally upset or nonresponsive
 - Cowering in the presence of the suspected abuser



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Neglect

Neglect

What is neglect?

When there is a duty to do so, the failure to provide goods, services and/or treatment necessary to assure the health, safety and welfare of a member. Types of neglect include:

- **Neglect of patient** –The failure of another individual to provide a child or an adult with disabilities the necessities of life, including food, clothing, shelter or medical care; the willful withholding from a child or an adult with disabilities the necessities of life, including 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 not attending to basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to medical conditions
- **Passive neglect** – A caregiver's failure to provide an eligible adult or child with the necessities of life including, but not limited to, food, clothing, shelter or medical care. This definition does not create a new affirmative duty to provide support to eligible adults, nor shall it be construed to mean that an eligible adult is a victim of neglect because of healthcare services provided or not provided by licensed healthcare professionals.

Signs and symptoms of neglect

The following indicators may help you recognize a neglect issue:

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



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Exploitation

Exploitation

Exploitation of patient

- The illegal use of assets or resources of an adult with disabilities. It 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.
- Financial exploitation
- The misuse or withholding of an older person's resources by another person to the disadvantage of the older person or the profit or advantage of a person other than the older person

Exploitation is the act of a person who stands in a position of trust and confidence with a disabled adult or an older 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

Indicators of exploitation

- Visitor asking the patient to sign documents the patient does not understand
- Unpaid bills
 - Despite adequate financial resources, bills remain unpaid by the caregiver or other party.
- Lack of affordable amenities for the patient, such as personal grooming items or appropriate clothing
- New “best friends” who take an interest in the patient’s finances
- Legal documents, such as powers of attorney, which the patient did not understand at the time they were signed
- Unusual activity in the patient’s bank accounts
 - Includes large, unexplained withdrawals, frequent transfers between accounts or other activity the patient cannot explain
- Caregiver expressing excessive interest in the amount of money being spent on the patient
- Missing belongings or property
- Suspicious signatures on checks or other documents
 - Includes signatures not matching the patient’s
 - Includes signatures and other writing by a patient who cannot write
- Absence of documentation about financial arrangements
- Implausible explanations about the patient’s finances from the patient or caregiver
- Lack of awareness regarding or inability to understand financial arrangements that have been made for the patient

Other indicators – family and caregivers

Family and caregivers:

- Do not provide an opportunity for the patient to speak
- Have an attitude of indifference or anger toward the patient
- Blame the patient for the patient's condition
 - For example, accusation that incontinence is a deliberate act
- Show aggressive behavior toward the patient
 - Threaten
 - Insult
 - Harass

Increased risk factors or traits – patient

Likelihood of abuse, neglect or exploitation increases for patients in the presence of one or more risk factors. These 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
- Medications that affect cognitive status
- Depression, anxiety or fearfulness
- Recent losses, including the loss of a spouse, family member, home or friend

Increased risk factors or traits – caregiver

Problems and contributing factors 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

Increased risk factors or traits

- The presence of a single risk factor or caregiver contributing factor does not by itself indicate abuse or neglect is occurring or is likely to occur. It may, however, indicate the need to take measures to reduce the potential for abuse or neglect in the future.
- Plan care managers, healthcare providers (including participant-directed employees) and other staff in contact with patients or caregivers should be trained to recognize the risk factors for abuse and neglect, including how and when to contact adult or child protective services.

Identifying victims of human trafficking

The following list contains common signs displayed by human trafficking victims. Medical personnel should be aware a human trafficking victim:

- Typically lacks identification documents and may claim to be “just visiting” a certain area
- May have no fixed address or may be unable to specify where they are living
- May be under the control of another, possibly the person accompanying the victim. The other person may attempt to speak on behalf of the victim.
- May exhibit fear, depression, submissiveness or acute anxiety
- Will typically not be 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 National Human Trafficking Hotline at **888-373-7888**.



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Steps to take for
prevention

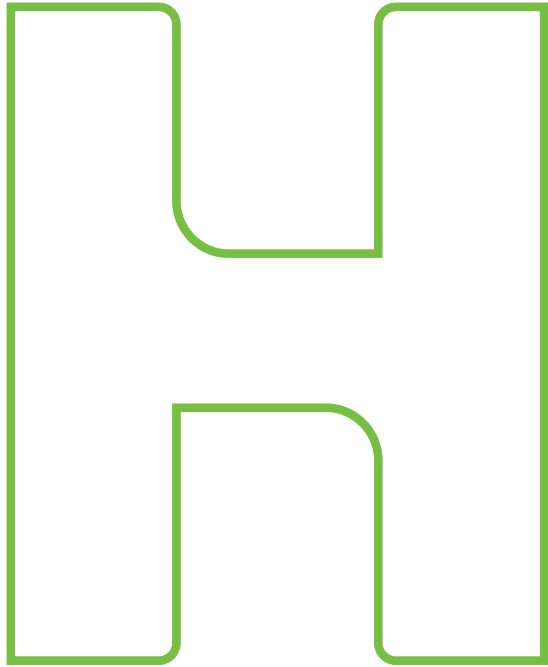
Steps to take for prevention

When a healthcare provider suspects there is a risk of abuse, neglect or exploitation, the provider should work with the Humana care manager assigned to the patient via the integrated care team.

When a care manager determines a patient is at risk for abuse or neglect but does not display signs or symptoms, the care manager should include specific interventions to reduce the patient's risk in the development of the patient's care plan.

Such interventions should be tailored to the patient's particular risk factor(s) and may include, though need not be limited to, one or more of the following:

- Increase the frequency of care coordination face-to-face visits to monitor for potential abuse, neglect or exploitation.
- Educate the patient 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 patient's healthcare providers, including home- and community-based services (HCBS) providers, of the need for heightened surveillance and a review of the procedures for notifying the care manager of suspected abuse or neglect.
- Provide for arrangements in the plan of care for respite for unpaid caregivers.
- Increase informal social support for patient through use of community activities or resources (e.g., senior centers, support groups or worship opportunities).
- Refer patient, family or caregiver to mental health/substance use treatment programs.
- Refer patient to social service agency if family resources are severely limited.



“Handle with care”
measures

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What is a mandated reporter?

- A mandated reporter is an individual who is required by law to report situations immediately if there is suspicion that an adult or child may have been abused, neglected or exploited or is at risk of being abused, neglected or exploited.

Report of abuse, neglect or exploitation

Although the law requires all persons to report suspected abuse, neglect and/or exploitation, certain professionals have a specific responsibility to report. These include, but are not limited to:

- Healthcare providers, behavioral health providers, osteopaths, medical examiners, chiropractors, nurses or hospital personnel engaged in the admission, examination or care and treatment of older people, disabled individuals and children
- Healthcare providers and mental health professionals not listed above
- Social workers or nursing home, adult-living facility, adult day care center or other professional adult or child care residential or institutional staff
- State, county or municipal criminal justice employees or law enforcement officers
- Human Rights Advisory Committee and Long-Term Care Ombudsman program members
- Banks, savings and loan or credit union officers, trustees or employees



Rights of mandated reporters

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Mandated reporters' rights in Ohio

Mandated reporters have rights under Ohio Revised Code 2151.42:

A representative of the public children services agency shall, at the time of initial contact with the person subject to the investigation, inform the person of the specific complaints or allegations made against the person. The information shall be given in a manner that is consistent with division (I)(1) of this section and protects the rights of the person making the report under this section.

(H)(1)(a) Except as provided in divisions (H)(1)(b) and (I)(3) of this section, any person, healthcare professional, hospital, institution, school, health department or agency shall be immune from any civil or criminal liability for injury, death or loss to person or property that otherwise might be incurred or imposed as a result of any of the following:

(i) Participating in the making of reports pursuant to division (A) of this section or in the making of reports in good faith, pursuant to division (B) of this section.



General reporting requirements

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Questions you may need to answer before reporting

- 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?
- Do you know the name of the victim's healthcare provider(s)?
- What is your name, address and phone number? (You can report anonymously.)

Reporting requirements for abuse, neglect and exploitation in Ohio

If the patient is in immediate danger, please call 911 or the local police.

Providers must report any suspected abuse, neglect or exploitation to the appropriate state agency:

- Reports of adult abuse can be made to local adult protective services or by calling **855-OHIO-APS (644-6277)**, 24 hours a day, 7 days a week.
- To report suspected abuse or neglect of a child, call the Ohio child abuse reporting directory at **855-OH-CHILD (642-4453)**.



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Critical incidents

Critical incidents

Critical incidents include, but are not limited to, abuse, neglect, exploitation, misappropriation and inappropriate service delivery while patients receive care from HCBS, nursing facilities and specialized recovery services, per Ohio Administrative Code 5160-43.

Participating providers are required to report critical incidents to Humana as soon as possible after the discovery of the incident and no later than 24 hours after the critical incident occurred. Please call 877-856-5707 and be prepared to share the following details:

- Facts relevant to the incident, such as a description of what happened
- Incident type
- Date of the incident
- Location of the incident
- Names and contact information of all persons involved
- Any actions taken to ensure the health and welfare of the individual

Humana and participating healthcare providers shall take immediate action, not to exceed 24 hours after an incident is discovered, to prevent further harm to any and all members and respond to any emergency needs of patients.



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References

Reference

Ohio Department of Job and Family Services:

[Ohio Department of Job and Family Services](#)

Office of Families and Children:

[Office of Families and Children](#)

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