ALAMEDA Alliance FOR HEALTH
Health care you can count on.
Service you can trust.

POLICY AND PROCEDURE

Policy Number	UM-014
Policy Name	Identifying and Reporting Potential Child, Adult or Elder Abuse
Department Name	Health Care Services
Department Chief	Chief Medical Officer
Policy Owner	Director Utilization Management
Lines of Business	All
Effective Date	11/21/2006
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	TBD
Compliance Committee Approval Date	TBD

POLICY STATEMENT

PCPs are responsible for the overall health care of assigned Members including the identification and reporting of suspected child, adult, or elder abuse cases.

PROCEDURE

A. Information sources available to network practitioners to assist with the identification of possible Member abuse cases include the following:

1. Requests by an Emergency Room for authorization to treat an illness or injury of suspicious or questionable nature;
2. Request by an Urgent Care Center for authorization to treat an illness or injury of suspicious or questionable nature;
3. Hospitalization of a Member for suspicious trauma, illness, or injury;
4. Office visits with Pediatricians, PCPs, Behavioral Health providers and other health care practitioners that reveal unusual physical or emotional findings;
    - During the administration of the ACES screen, the PCP, Pediatrician or Behavioral Health provider may identify instances of potential child abuse/neglect.
5. Cases identified during the Utilization Management, Case Management, Long-Term Care, CCS, or Behavioral Health processes;
6. Requests for assistance received by Member Services;

B. Healthcare providers must be alert for signs of physical or mental abuse including, but not limited to, the following signs and symptoms:

1. Abuse Perpetrated by Others (WIC 15610.07 & 15610.63)

   a) Physical (e.g. assault/ battery, constraint or deprivation, chemical restraint, over/ under medication)

   b) Sexual

   c) Financial

   d) Neglect (including Deprivation of Goods and Services by a Care Custodian)

   e) Abandonment

   f) Isolation

   g) Abduction

   h) Psychological/ Mental

2. Self-Neglect (WIC 15610.57 (b)(5)):

   a) Neglect of physical care (e.g. personal hygiene, food, clothing, malnutrition/ dehydration)

   b) Neglect of Residence (unsafe environment)

   c) Financial Self-Neglect (e.g. inability to manage one's own personal finances

C. Alameda Alliance for Health network practitioners are responsible for filing reports of suspected child and elder abuse to the appropriate agencies as follows:

Child Abuse:
Alameda County
Social Services Agency, Child, and Family Services
Child Protective Services
(510) 259-1800

Adult and Elder Abuse:
Alameda County Social Services Agency
Department of Adult and Aging Services
Adult Protective Services
(510) 577-3500

D. Long-Term Care members residing in facilities such as Skilled Nursing Facilities, SubAcute Facilities, Long-Term Acute Care (LTAC) Facilities and Intermediate Care Facilities for the Developmentally Delayed (ICF/DD) are responsible to notify the Office of the Ombudsman with any reports of Abuse.

   a. Long-Term Care Ombudsman representatives assist residents in Long-Term Care facilities with issues related to day-to-day care, health, safety, and personal preferences. Problems can include, but are not limited to:

      i. Violation of residents' rights or dignity
      ii. Physical, verbal, mental, or financial abuse
      iii. Poor quality of care

iv. Dietary concerns
v. Medical care, therapy, and rehabilitation issues
vi. Medicare and Medi-Cal benefit issues
vii. Improper transfer or discharge of a resident
viii. Inappropriate use of chemical or physical restraints

b. Alameda Alliance for Health Staff and Network Practitioners are responsible for filing reports of suspected child and elder abuse to the appropriate agencies as follows:

Department of Adult and Aging Services
Long-Term Care Ombudsman
(510) 638-6878

c. Alameda Alliance for Health is also responsible to report any Critical Incidents as defined by DHCS on a quarterly basis for those members residing in a Long-Term Care Facility.

E. PCPs, Pediatricians or Behavioral Health providers may request assistance from the Case Management department to facilitate coordination of care for members for whom mandatory reporting is required.

F. Delegated Oversight

The Alliance adheres to applicable contractual and regulatory requirements and accreditation standards**.** All delegated entities with delegated utilization management responsibilities will also need to comply with the same standards. Refer to CMP-019 for monitoring of delegation oversight.

DEFINITIONS

Critical Incidents: Reportable to DHCS on a quarterly basis, Critical Incidents are defined as occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, and any instances of suspected or alleged abuse, neglect, exploitation and/or mistreatment.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

None

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

1/1/2008, 10/28/2009, 8/30/2012, 4/14/2014, 01/10/2016, 12/15/2016, 04/16/2019, 5/21/2020, 5/20/2021, 6/28/2022, 6/20/2023, 4/25/2024

REFERENCES

Adult Protective Services Program Form SOC 341A
CA Welfare and Institutions Codes WIC 15610.07 & 15610.63 & 15610.57 (b)(5)):
DHCS Contract Exhibit A, Attachment 11
DHCS APL 22-018

MONITORING

The Compliance and Utilization Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Quality Improvement Health Equity Committee annually.