

NEW ELDER ABUSE REPORTING REQUIREMENTS: AB 40 IMPLEMENTATION

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AB 40 (Yamada) Abuse Reporting

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- Why was this bill introduced?
 - ▣ Previously Elder and Dependent Adult abuse occurring in LTC facilities was reported to:
 - The local Long-Term Care Ombudsman Program (LTCOP) *or*
 - The local law enforcement agency
 - ▣ Confidentiality requirements prohibit LTC Ombudsman cross-reporting crimes to law enforcement without consent or court order.
 - LTCOP data shows in FY 2009-10, almost $\frac{3}{4}$ of victims did not consent to disclose their identities.
- Therefore law enforcement may not be able to investigate some criminal abuse in LTC.

AB 40 (Yamada) Abuse Reporting

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- How does it solve the problem?
- Requires reports of physical abuse to go to local law enforcement, local LTCOP and CCLD – **Effective January 1, 2013**
- What do RCFEs need to know?
 - ▣ Different reporting actions and time frames depending on type and severity of abuse

AB 40 (Yamada) Abuse Reporting

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- **Suspected or alleged physical abuse resulting in serious bodily injury**
 - Call local law enforcement immediately (within 2 hours) of observing, obtaining knowledge of, or suspecting physical abuse
 - and**
 - Make a written report (SOC 341) to the local LTCOP, CCLD, and local law enforcement within 2 hours of observing, obtaining knowledge of, or suspecting physical abuse

AB 40 (Yamada) Abuse Reporting

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- **Suspected or alleged physical abuse, NOT resulting in serious bodily injury**
 - ▣ Call local law enforcement within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse
 - and**
 - ▣ Make a written report (SOC 341) to local LTCOP, CCLD and local law enforcement also within 24 hours

AB 40 (Yamada) Abuse Reporting

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- **Physical abuse allegedly caused by a resident with a physician's diagnosis of dementia, and there is NO serious bodily injury**
 - ▣ Call local LTCOP or local law enforcement immediately or as soon as practicably possible
 - and**
 - ▣ Follow up with a written report (SOC 341) to that entity within 24 hours

AB 40 (Yamada) Abuse Reporting

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- **Suspected or alleged abuse other than physical abuse** (*abandonment, abduction, isolation, financial abuse, or neglect*) is not changed by AB40
 - ▣ Call the local LTCOP **or** local law enforcement agency immediately or as soon as practicably possible
 - and**
 - ▣ Make a written report (SOC 341) to that entity within two working days



Mandated Reporter

Observes, has knowledge of, or reasonably suspects Physical Abuse in a Long-Term Care Facility

Serious Bodily Injury
(See reverse for definition)

No Serious Bodily Injury
(See reverse for definition)

Caused by Resident Diagnosed with Dementia by Physician
No Serious Bodily Injury

IMMEDIATELY:
Telephone Report to Law Enforcement

and

Within 2 Hours:
Written Report SOC341 to LTC Ombudsman
and Law Enforcement
and Licensing Agency

Within 24 Hrs:
Telephone Report to Law Enforcement

and

Within 24 Hrs:
Written Report SOC341 to LTC Ombudsman
and Law Enforcement
and Licensing Agency

IMMEDIATELY, or as soon as Practicably Possible:
Telephone Report to LTC Ombudsman
or Law Enforcement

and

Within 24 Hrs:
Written Report SOC341 to LTC Ombudsman
or Law Enforcement

“Serious Bodily Injury”

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- *“Serious bodily injury” means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including but not limited to, hospitalization, surgery, or physical rehabilitation.*

Welfare & Institutions Code Section 15610.67

LTC Ombudsman Role

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- [W&I §1 5630(b)(1)(A)(iv)]
- LTCOP and local law enforcement must cross-report “as soon as practicable,” unless an emergency, and then immediately
- LTCOP work with local law enforcement agencies to create protocols for responding to abuse reports *received by both agencies*
- LTCOP work to “Provide the most immediate and appropriate response”

Unusual Incident Report

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- RCFE licensees still required to submit an incident report (LIC 624) to CCLD in addition to the SOC 341 submitted by the mandated reporter

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.
SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.
RETAIN COPY OF REPORT IN CLIENT'S FILE.

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NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER ()
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

<input type="checkbox"/> Unauthorized Absence	<input type="checkbox"/> Alleged Client Abuse	<input type="checkbox"/> Rape	<input type="checkbox"/> Injury-Accident	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Aggressive Act/Self	<input type="checkbox"/> Sexual	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Injury-Unknown Origin	<input type="checkbox"/> Other Sexual Incident
<input type="checkbox"/> Aggressive Act/Another Client	<input type="checkbox"/> Physical	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Injury-From another Client	<input type="checkbox"/> Theft
<input type="checkbox"/> Aggressive Act/Staff	<input type="checkbox"/> Psychological	<input type="checkbox"/> Other	<input type="checkbox"/> Injury-From behavior episode	<input type="checkbox"/> Fire
<input type="checkbox"/> Aggressive Act/Family, Visitors	<input type="checkbox"/> Financial		<input type="checkbox"/> Epidemic Outbreak	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Alleged Violation of Rights	<input type="checkbox"/> Neglect		<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Other (explain)

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Implementation

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- Effective January 1, 2013
- SOC 341 revisions pending-estimated completion to be February 2013. will be made available on the Department of Social Services website, links on the OSLTCO site and the CALA website
- DOJ training material not expected to be revised
- DSS implementation plan pending
- Mandated Reporter flowchart, created by the CLTCOA, is available now and being distributed to RCFEs by local LTCOP

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED: _____

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

*NAME (LAST NAME FIRST)	AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)	*CITY	*ZIP CODE	*TELEPHONE ()			
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	*CITY	*ZIP CODE	*TELEPHONE ()			

 ELDERLY (65+) DEVELOPMENTALLY DISABLED MENTALLY ILL/DISABLED PHYSICALLY DISABLED UNKNOWN/OTHER LIVES ALONE LIVES WITH OTHERS
B. SUSPECTED ABUSER Check if Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type)	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> HEALTH PRACTITIONER (type)	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION	
ADDRESS	*CITY	*ZIP CODE	*TELEPHONE ()	

C. REPORTING PARTY: Check appropriate box if reporting party wishes confidentiality to: All All but victim All but perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)	(ZIP CODE) (E-MAIL ADDRESS) TELEPHONE ()

D. INCIDENT INFORMATION - Address where incident occurred:

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/AGUTE CARE HOSPITAL <input type="checkbox"/> NURSING FACILITY/LONG TERM <input type="checkbox"/> OTHER (Specify)
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E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).**1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)**

a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION	b. NEGLIGENCE <input type="checkbox"/> FINANCIAL <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> ISOLATION	t. ABDUCTION g. OTHER (Non-Mandated e.g., deprivation of goods and services, psychological/mental)
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2. SELF-NEGLECT (WIC 15610.57(b)(5))

a. PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. MEDICAL CARE (e.g., physical and mental health needs) c. HEALTH AND SAFETY HAZARDS d. MALNUTRITION/DEHYDRATION e. OTHER (Non-Mandated e.g., friends)
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ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) NO PHYSICAL INJURY MINOR MEDICAL CARE HOSPITALIZATION CARE PROVIDER REQUIRED DEATH MENTAL SUFFERING OTHER (SPECIFY) UNKNOWN**F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).** CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.**G. TARGETED ACCOUNT**

ACCOUNT NUMBER (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
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POWER OF ATTORNEY: YES NO DIRECT DEPOSIT: YES NO OTHER ACCOUNTS: YES NO**H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE.** (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
		()	

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (if unknown, list contact person).

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*CITY	*ZIP CODE
		*TELEPHONE ()

J. TELEPHONE REPORT MADE TO: Local APS Local Law Enforcement Local Ombudsman Calif. Dept. of Mental Health Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ()	DATE/TIME
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K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed <input type="checkbox"/> Date Faxed
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L. RECEIVING AGENCY USE ONLY Telephone Report Written Report

1. Report Received by:	Date/Time:
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day Response <input type="checkbox"/> No Initial Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	Approved by:
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-OCI; <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Med-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify)	Date of Cross-Report:
4. APS/Ombudsman/Law Enforcement Case File Number:	

Training Mandated Reporters

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- According to DSS and DOJ, the video needs to be shown, but you can adjust the curriculum to focus on the new requirements

State Resources

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- Local Long-Term Care Ombudsman Programs:
 - www.aging.ca.gov/Programs/LTCOP/Contacts/
- Office of the State Long-Term Care Ombudsman:
 - www.aging.ca.gov Toll-free CRISISline 800-231-4024
- Community Care Licensing Department:
 - www.cclid.ca.gov
- California Long-Term Care Ombudsman Association:
 - www.cltcoa.org

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Questions?