

1 **Policy:** **Management of Suspected Abuse/Neglect Cases**

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3 **Date of Implementation:** **December 11, 2003**

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5 **Product:** **Specialty**

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8 The definition of abuse or neglect is any act or failure to act resulting in actual or
9 imminent risk of serious physical or emotional harm, death, sexual abuse, or exploitation.

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11 Suspected abuse/neglect cases are investigated, documented, and reported as a health and
12 safety issue to the Senior Vice President, Clinical Services by the Health and Safety
13 Investigation Team (HSIT). When abuse by a practitioner is identified or suspected, a
14 Clinical Performance Alert is generated and managed through established processes
15 defined in the *Clinical Services Alerts, Clinical Performance Alerts, and Corrective*
16 *Action Plans (Practitioner/Provider Clinical Issues) (QM 2 – S)* policy.

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18 When a clinical quality evaluator identifies a suspected abuse/neglect case not
19 implicating the practitioner, the following process is followed:

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21 • The clinical quality evaluator makes at least two (2) attempts to contact the
22 practitioner to discuss the suspected abuse/neglect case and determine if a report
23 has been filed with the appropriate state agency. These attempts and any
24 communication with the practitioner are documented in the communication log
25 and forwarded to HSIT. If the clinical quality evaluator is unable to reach the
26 practitioner or the practitioner indicates a report has not been filed, the Senior
27 Vice President, Clinical Services will report the issue to the appropriate state
28 agency.

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29 • Copies of the Medical Necessity Review Form (MNR Form), the communication
30 logs, and any other pertinent documentation are forwarded to the HSIT and
31 Clinical Services Investigation Team (CSIT). HSIT maintains a database for
32 tracking and trending incidents of abuse/neglect and reports aggregate
33 information to the clinical quality committees quarterly. CSIT maintains a
34 database in order to track and trend practitioner compliance as well as monitor
35 clinical services and clinical performance activities.

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36 • HSIT forwards a memo to the Privacy Officer with a description of any specific
privacy information released to the authorities.