

Community Health Workers:

Unlocking the Door to Healthier Communities

Mandated Reporting and HIPAA Training

Slide 1: Welcome to the Community Health Workers program, brought to you by Department of Health and Senior Services. The purpose of this training module is to provide in-depth knowledge of privacy issues Community Health Workers may encounter in their positions. CHWs who complete this training module will be equipped to better address privacy issues they may face on the job and have a working knowledge of HIPAA and Mandatory Reporter laws in Missouri.

Slide 2: Before you begin, please turn on your computer speakers. The buttons at the bottom of each screen allows you to navigate through the training. Click continue to start the course.

Slide 3: Objectives for this training are to gain new/updated knowledge of:

- Adult Protective Services.
- Who are Mandated Reporters of Adult Abuse?
- Recognizing the Signs & Symptoms of Adult Abuse, Neglect, and Exploitation.
- What are the Expected Responses from APS staff?
- The challenges faced with Adult Abuse Investigations and the Possible Outcomes and Resources.
- Understand what the term HIPAA stands for and how it can protect our clients.
- Identify and protect what services are covered by HIPAA and understand the two HIPAA standards.
- Develop a deeper understanding of the rules and regulations that govern HIPAA.
- Learn how a community health worker must handle patient information in a secure, private, and compliant manner.
- And finally understand what to do if a HIPAA breach occurs.

Slide 4: Part One. Mandated reporting.

Slide 5: The mandatory reporter aspect of this training focuses on sharing resources from the Missouri Department of Health and Senior Services related to community health workers role in reporting adult abuse. Let me introduce Andy who is very successful & made a lot of money. When he became older, he allowed his grown stepson to manage his finances. Slowly over time, the stepson took total control of his finances and life. Andy was no longer able to make decisions for himself. He was deprived of food, medicine and his ID was confiscated. Andy reports feeling a prisoner in his home. Open the door to see who Andy is.

Slide 6: Andy was Mickey Rooney. In March, 2011, Rooney testified to Congress about his experiences to bring attention to the issue of adult abuse and let others know that it could happen to anyone.

Slide 7: Missouri's Adult Protective Services promotes safety, independence, and quality of life for vulnerable adults who are being abused, or are in danger of being abused, neglected by self or others, or financially exploited, and who are unable to protect themselves. Unlock each door to learn how DSDS assists.

- Red Door: They are mandated to investigate.
- Brown Door: Empower seniors and adults with disabilities.
- Green Door: They provide protective and support services.
- Blue Door: Assist clients to live safely in the least restrictive environment.

Slide 8: Who does DSDS serve? Open the door to learn.

Slide 9: DSDS serves Missourians who are unable to protect their own interests or perform or obtain services to meet their needs and are sixty years and older or eighteen to fifty-nine years with a mental or physical disability.

Slide 10: Investigative Authority.

Slide 11: DHSS will provide a prompt and thorough investigation to determine the likelihood of serious physical harm and protective service needs per Missouri statute 192.2405.

Slide 12: Statute 192.2415 states that Department of Health and Senior Services will determine the needs for individuals, provide social casework, counseling and referrals. DHSS also assist in locating alternative living, protective services and coordinates with other agencies in exchange of information and avoidance of service duplications.

Slide 13: The National Adult Protective Services Association published that abuse is a form of mistreatment by one individual that causes harm to another person. Missouri statute 192.2400 states “abuse” the infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation and bullying.

Slide 14: Did you know that you are mandated to report? New Legislation added to the list of Mandated Reporters to include first responders, EMTs, paramedics, and fire fighters.

Slide 15: In addition to the normal signs of physical abuse injuries such as bruises or lacerations are often hidden by clothing. This may be even more true with seniors as we often stereotype them as always being cold and therefore we don't pay much attention. Such as sudden changes in behavior, stories inconsistent with injury. Also look at the caregiver's behavior - are they isolating the victim by intercepting mail or restricting phone calls & visits, asking more financial questions than care questions, or holding unrealistic expectations of the victim's abilities. Bruises found on the extremities are often accidental while bruises on the neck, bottom of the feet, or genitals are commonly signs of abuse. Or, bruises in the shape of an object can indicate abuse. Bruising on a non-ambulatory person is also questionable. It is important to remember that with sexual abuse, just as with Child Abuse, we consider sexual abuse to be contact with any person incapable of giving consent or any sexual behavior that a reasonable person would find unwanted and or offensive.

Slide 16: Typically neglect includes refusal or failure to provide such life necessities as food, water, clothing, shelter, personal hygiene, medicine, or personal safety when there is a responsibility to care for the elder or adult with a disability. Neglect may also include failure of a person who has fiduciary responsibilities to provide or pay for care. Bottom line is...We do not tolerate similar forms of neglect of children or pets! This excludes a situation in which a mentally competent person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health safety as a matter of personal choice.

Slide 17: Here are a few examples of adult abuse throughout Missouri.

Slide 18: This excludes a situation in which a mentally competent person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health safety as a matter of personal choice. We must consider that the law protects the right of self-determination for all competent adults. It is important when investigating reports of self-neglect to determine the person's mental capacity. If the self-neglect is a result of a bad decision made by a competent person, we may only be able to provide them with information on available resources. However, if the self-neglect is a result of confusion, there may be a protective service need. The determining factor is when the individual knows and understand the consequences of their decisions or actions. An example is a person who lives in an upstairs apartment, unable to negotiate a path to safety- i.e. bed bound, competent and alert... knows that in case of fire, they will not be able to get out - however choose to remain in their home. This would not be considered self-neglect. Why do seniors self-neglect? They don't seek assistance because they are afraid of losing their autonomy. They are afraid to ask as that might draw attention to the fact that they are having trouble. They don't know the extent of services available. Some seniors' mental abilities begin to deteriorate which prevents them from even recognizing the fact they cannot care for themselves. It is not easy to admit that we can no longer care for ourselves. It is this inability or unwillingness to care for self that makes a vulnerable adult a target for abuse by another. Most times, self-neglect goes unnoticed until health or building codes are violated. By this time, the self-neglect has gotten to the point of significant deterioration in the person's health.

Slide 19: To report adult abuse and neglect call 1-800-392-0210. Provide the name and address of caregiver or responsible party and others involved. The nature and extent of the victim's condition and other relevant information regarding the situation.

Slide 20: Most people think of telemarketing, contractor fraud, or investment scams when they hear the words "Financial Exploitation" However, we find that exploitation is often committed by a person who is in a position of trust. Their Social Security check may be their only source of income. Sudden change in banking practices, numerous checks written to cash, ATM usage by a homebound person, more frequent cash withdrawals beyond the person's normal routine.

Caregiver's behavior: asking more financial questions than care questions or making large purchases that don't benefit the senior or adult with a disability. For Example, son using mom's money to purchase himself a new truck, saying this is needed to transport mom to her doctor appointments. Unable to explain finances/expenditures...no memory of signing documents...makes loans to others w/no arrangements for repayment.

Misuse of a Power of Attorney (POA): a POA can be a convenient legal means to plan for the future but can be misused as there is no accountability or oversight. MO law sets forth fiduciary responsibilities of the POA (404.714-717, RSMo) and says the agent must act in the best interests of the principal.

Slide 21: The numbers continue to rise each year, view the diagram.

Slide 22: AN&E reports 27,595 reports and 41,698 allegations. 19,059 allegations (self-neglect/caregiver neglect) which is approximately 46%. 6,826 allegations (physical abuse, Emotional abuse, sexual abuse) which is approximately 16%. 6,871 allegations (financial exploitation, misappropriation) which is approximately 16%. Average victim: average age is approximately 66, female, white, lives alone. Average A P: female, white, typical relationship of adult child, average age is approximately 51.

Slide 23: Initiated within twenty four and forty eight hours from receipt of the hotline call at CRU. The reporter shall be notified in writing within five working days that the report

has been received and an investigation has been initiated. Classifications and response time frames of reports depend on the degree of imminent harm or potential for harm to the client.

Slide 24: Depending on the situation, we will try to make contact with the reporter, see the victim, interview AP (if any) and interview witness. At this point we would provide intervention, support, and make the victim aware of available options. The investigation may include contacting other resources such as law enforcement, DMH, Public Administrators, doctors, banks, utility companies, etc. To request assistance, to give or receive information. Our Workers have sixty days to conclude an investigation.

Slide 25: Obtaining a balance between providing protective services and respecting a client's rights is a difficult but very important part of what we do.

Slide 26: Individuals have rights and those rights will be provided to all.

Slide 27: Sometimes a resolution is not attainable or long-term. In those situations, there may be a need to provide ongoing assistance and/or monitoring. If a competent eligible adult agrees, we would open a Protective Service case. 192.2450, RSMo - If an eligible adult gives consent to receive protective services and any other person interferes with or prevents the delivery of such services, the director may petition the appropriate court for an order to enjoin the interference with the delivery of the services. The petition shall allege the consent of the eligible adult and shall allege specific facts sufficient to show that the eligible adult faces a likelihood of serious physical harm and is in need of the protective services and that delivery is barred by the person named in the petition. If the court finds upon a preponderance of evidence that the allegations in the petition are true, the court may issue an order enjoining the interference with the delivery of the protective services and may establish such conditions and restrictions on the delivery as the court deems necessary and proper under the circumstances.

Slide 28: Access to a victim can be challenging due to the lack of contact info. The reporter may not have the correct or current address information that impedes an investigator in making timely contact with the victim. Perp is short for perpetrator or abuser. Since a number of perpetrators are adult children, the victim may feel like a failure as a parent and be unwilling to report or press charges as they still feel responsible for their child's actions. If a spouse is the abuser, the victim's cooperation will be much the same as any domestic violence victim. The victim may be reluctant to admit his/her loved one is abusing them as they are dependent on others for their basic needs. Victim may be fearful of reporting abuse, thinking it could lead to further harm, nursing home placement or total abandonment

Sometimes, victims become dependent on their abusers, they think "If there is no one to get my groceries, or prepare my food, or help me out of bed in the mornings, what will happen to me? I may have to leave my home...where would I go?" Autonomy is the greatest incentive and fear is the most common emotion to be manipulated. The victim will not tell anyone so the abuser will not inflict more abuse either on them or other loved ones... including pets. And, some abusers threaten to withhold care or necessities or threaten nursing home placement if the abused dependent adult tells anyone about the abuse. Victim Credibility is often questioned..."Grandma often gets things mixed up." While dementia can affect the level of confidence we have in a victim's report, not all seniors suffer from dementia. There are various degrees of confusion, some of which can be temporary and/or treatable such as nutritional deficiencies, depression, medications, or illness. Professionals tell us that the abuse itself can result in temporary confusion. When we are dealing with communication difficulties, unfortunately, the most vulnerable individuals are those that are unable or unwilling to communicate, which greatly hinders detection. NOTE: Even though the

victim may be unwilling to press charges and testify against the suspect, remember that we don't always have a cooperative or capable victim in child abuse or domestic violence cases and those cases have still been successfully prosecuted.

Slide 29: Sometimes a resolution is not attainable or long-term. In those situations, there may be a need to provide on-going assistance and monitoring. If a competent eligible adult agrees, we would open a Protective Service case. Drag and drop the keys to how we can intervene key hole and drag and drop the keys that we can't intervene with to the proper key hole.

Slide 30: Make a difference and make the call.

Slide 31: This is a community partnership by knowing the indicators of abuse, neglect and exploitation. Call us if you suspect this is happening to an eligible adult. We rely on you as co-investigators and as a resource. You can rely on us to provide protective and support services. Empower seniors and adults with disabilities. Assist clients live safely in the least restrictive environment.

Slide 32: Part 2: The Health Insurance Portability and Accountability Act training is required for all community health workers enrolled in a community health worker course through an institution of higher education.

Slide 33: You may be asking yourself, "What is, HIPAA?" HIPAA is a federal law which stands for Health Insurance Portability and Accountability Act. Congress passed this landmark law in 1996 in order to provide portability of insurance for individuals, standardized electronic billing practices, and accountability of protecting individuals' information. This law is enforced by the Office of Civil Rights, which is part of the US Department of Health and Human Services.

Slide 34: Multiple choice. What does HIPAA stand for? Click submit after you have selected your answer.

Slide 35: There are two HIPAA standards to become familiar with. First, is the privacy rule. This rule prohibits the use or disclosure of patient information without the patient's authorization except in certain limited instances. The second, is the security rule. This rule identifies a set of security safeguards (physical, technical, and administration) that must be implemented to safeguard electronic patient information.

Slide 36: To go more in-depth, let's talk about the Privacy Rule. In order to maintain compliance with the HIPAA Privacy and Security Rules, employers of a Community Health Workers might implement any of the following:

- Photo ID badges for all employees.
- Doors that lock or provide limited access with a badge or a key.
- Shred, bins for documents no longer needed that contain personal health information.
- Encryption of emails from employees.
- Firewalls for computer systems.
- Password protection of personal health information and automatic system log-off and/or automatic workstation lock upon completion of a task.

Slide 37: The Security Standards for the Protection of Electronic Protected Health Information, also known as the Security Rule, establishes a national set of security standards for protecting certain health information that is held or transferred in electronic form. All community health workers are expected to maintain confidentiality and integrity. Maintaining confidentiality means to only share patient information with those authorized to view it. Information should never be shared or forwarded on to

someone who is not a part of the patient's medical team without written permission from the patient. Community Health Workers are also expected to maintain the integrity of the documents. Information must be stored appropriately and not altered or destroyed.

Slide 38: Another term to become familiar with is Protected Health Information, or PHI. This is any and all health information that identifies (or could identify) an individual and his/her medical condition or treatment. There are 18 PHI identifiers:

- Name
- Address
- Date related to an individual such as but not limited to birthday, admission date, discharge date, death date
- Email
- Telephone number
- Fax
- Social security number
- Medical records
- Vehicle identifiers
- Web URL
- IP address
- Device serial number
- Finger and voice print
- Full face photos or comparable photos
- Account number
- Health plan beneficiary number
- Certificate or license number and any other unique characteristic that could uniquely identify the individual

Slide 39: Multiple Choice. What does PHI stand for?

Slide 40: PHI can be used and disclosed without permission when it is properly de-identified. To de-identify a record, all elements of PHI must be completely removed or a qualified statistician must indicate a high probability that the information cannot be used to identify the patient.

Slide 41: When are, authorizations not required to disclose PHI? Authorizations are not required for treatment, which generally means the provision, coordination, or management of healthcare and related services among healthcare providers or by a health care provider with a third party, or consultation between healthcare providers regarding a patient, or the referral of a patient from one healthcare provider to another. Second is for payment, which refers to all the activities necessary for healthcare providers to obtain payment or to be reimbursed for their services, and of a health plan to obtain premiums, to fulfill their coverage responsibilities, and provide benefits under the plan; and to obtain or provide reimbursement for the provision of healthcare. Last is Healthcare operations. These are certain administrative financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the covered functions of treatment and payment.

Slide 42: True or false. It is okay to leave an, email address and health plan beneficiary numbers on the partially de-identified record?

Slide 43: Any one that must follow HIPAA rules are called "covered entities." They include insurance plans, all health care providers, nursing homes, pharmacies, and health care clearinghouses. Additionally, anyone who is a contractor or subcontractor of one of the covered entities fall under the rules of HIPAA. Those people are called business associates. Business associates would include companies that process

claims or bill insurance on behalf of a covered entity, attorneys, accountants or IT specialists that work for a covered entity, or any other contractor or subcontractor associated. Not all organizations who have health information are required to follow HIPAA. Employers can request a doctor's note from an employee to return to work. They can also request Family Medical Leave Act paperwork to be completed with specific information about the employee's health in order for a health event to qualify for FMLA. However, an employer cannot just call the doctor and get information about the employee. The employee would have to complete a release of information with the doctor, giving them permission to speak to the employer. School districts are much the same. Child Protective Services can obtain information about the health of an individual with a court order. Worker's Compensation Carriers are allowed to report information back to an employer without the employee's permission.

Slide 44: What functions make a program a covered entity? Providing, coordinating, or managing health care and related services by one or more health care providers, including coordination or management of health care by a health care provider with a third party. Consulting between health care providers relating to a patient. Referring a patient for health care from one health care provider to another. Providing payment or reimbursement for an individual's health care and lastly performing health care operations such as medical review, auditing, or quality assessment.

Slide 45: What rights, do patients have under HIPAA. All health insurers and medical providers are required to provide patients with a copy of their medical records if requested. Patients have the right to request that corrections be made to their health information if they notice an error. Providers must provide a notice describing how patients' health information is used and if it is shared with business associates. Patients have the right to decide if they want their personal health information to be used for marketing purposes. If patients feel that their rights have been violated under the privacy rule of HIPAA, they can file a complaint directly with their provider or they can file a complaint with the Office of Civil Rights, which is a part of the US Department of Health and Human Services.

Slide 46: The Privacy Rule under HIPAA also sets limits on who can look at or receive a patient's health information. Just simply working at a facility does not automatically give an employee permission to look at health records of all patients. Those that view a patient's medical information must be a medical professional that is actively treating the patient or involved with planning the care of the patient. For example, a nurse on the pediatric floor cannot look at an adult patient in the ICU's file for curiosity sake alone. Those that are in charge of paying the doctor or facility for the patient's health care or those that help run the business are allowed to review medical records as necessary. Locations, such as Missouri Department of Health and Senior Services that are charged with protecting the public's health and overseeing medical facilities and nursing homes are able to access personal health information. There are also certain situations in which a health care provider would be mandated to report. Instances such as adult and child abuse, gunshot wounds, and other similar situations would require a report to the authorities. If it is a mandated report, it can be done without consent from the patient. Finally, patients are entitled to give written consent for anyone to have access to their medical records, whether that be a family member, friend or colleague.

Slide 47: What is, a breach under HIPAA? A breach is the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information, except as otherwise provided under HIPAA.

Slide 48: How do you, handle a confidential breach? If you receive a complaint or believe there may have been an improper disclosure of PHI or other confidential

information that was sent to an individual who did not have a “need to know,” you should report it to your supervisor and follow your company’s policy immediately.

Slide 49: What to do if a confidential breach occurs? If the complaint or event includes the attempted or successful unauthorized access, use, modification, destruction, or disclosure of information or interference with systems operations in an information system, community health workers should immediately report the breach to their supervisor and IT Department. Company procedures should always be followed.

Slide 50: A HIPAA breach is considered very serious. The covered entity, for example, your employer, could face civil monetary penalties, or fines. Additionally, as the employee, you could also face serious consequences. You could be subject to discipline, up to and including termination of employment, dependent upon your company’s policy. As the employee involved, you could also face civil and/or criminal actions depending on the circumstances surrounding the breach. Best practice is to report all instances to your supervisor, regardless of how small or trivial they may seem.

Slide 51: Multiple Choice, please select all that apply. Which of the following is a HIPAA breach?

Slide 52: Employers and health information in the workplace is another area in which you should be familiar. The privacy rule does not protect your employment records, even if the information in those records is health-related. In most cases, the Privacy Rule does not apply to the actions of an employer. Your employer can ask you for a doctor’s note or other health information if they need the information for sick leave, workers’ compensation, wellness programs, or health insurance. However, if your employer asks your health care provider directly for information about you, your provider cannot provide this information without your authorization, unless other laws require them to do so. Generally, the Privacy Rule applies to the disclosures made by the health care provider, not the questions an employer may ask. For example, the Human Resource office can call an employee to provide completed documentation to apply for FMLA. On the other hand, the Human Resource office cannot call the employee’s doctor directly to obtain this information.

Slide 53: True or False. You receive the FMLA paperwork, for an employee as a supervisor. On it, the line where the condition is to be listed, is blank. It is okay to call the doctor’s office to find out why your employee is out?

Slide 54: Multiple choice. What does, HIPAA stand for?

Slide 55: Multiple choice. What year, was HIPAA established?

Slide 56: Multiple choice. Who, enforces HIPAA?

Slide 57: Multiple choice. Which of the following is not a benefit of the HIPAA privacy rule?

Slide 58:

Slide 59: Thank you for completing the Community Health Workers program brought to you by Department of Health and Senior Services. Please click finish to complete and print your certificate.

