Roles and Responsibilities

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# Welcome

Welcome to the Department of Human Services incident management and protective services online training. This training is designed for agencies and individuals who provide long-term care to adults.

## Modules Overview

This training has three online modules:

* + Module 1: Legislation, Policies, and Recognizing Abuse
	+ Module 2: Roles and Responsibilities
	+ Module 3: Reporting

## Objectives

After completing this module, you will be able to describe the roles of the following in incident management and protective service scenarios.

* + Service coordinator (SC)
	+ Service coordination entity (SCE)
	+ Provider/Provider agency
	+ Older Adults Protective Services (OAPSA)
	+ Adult Protective Services (APS)
	+ First responders
	+ Law enforcement
* Office of Long-Term Living (OLTL)

# Roles and Responsibilities

Let’s get started by looking at the roles and responsibilities of individuals involved in protective services and critical incidents. We’ll focus on state agencies, service providers, SCEs, OAPSA investigators, APS investigators, law enforcement, and participants.

## State Agencies

The Office of Long-Term Living (OLTL) is responsible for documenting how Pennsylvania meets the health and welfare waiver assurances for OLTL programs. The Department of Aging (PDA) is responsible for statewide protective services for individuals aged 60 and older. The Department of Human Services (DHS) is responsible for statewide protective services for individuals aged 18 to 59.

## Direct Service Providers

Service providers have clear responsibilities related to incident management and protective services. All providers, including SCEs, must develop and implement written policies and procedures relating to critical incident management.

### Policies and Procedures

Let’s review the overall elements that must be included in the policies and procedures.

#### Prevention

The provider must document the preventative measures it takes to protect the health and welfare of the participants.

The prevention policy must outline how the provider will track and trend critical incident data for quality improvement activities.

#### Risk Management

SCs and providers are to analyze causes and trends related to critical incidents and reduce the number of preventable incidents.

The methods used by SCs and providers to reduce the number of preventable incidents must be documented on the provider’s Quality Management Plan.

Please reference 55 Pa. Code, Section 52.17.

#### Investigation

SCs must begin investigating within 24 hours of the critical incident discovery by the SC or the provider informs the SC that they’ve submitted an incident.

An SC investigation:

* Identifies the actions needed to protect the health and welfare of participants immediately, which may include calling 911, OAPSA (participants aged 60 and over), APS (participants aged 18-59), law enforcement, the fire department, or other authorities as appropriate.
* Takes the steps necessary to determine if a critical incident has occurred.
* Determines if it is reportable to protective services. If there is reasonable cause to suspect that abuse, neglect, exploitation, or abandonment has occurred, a protective services report must be completed.
* Identifies the actions needed to mitigate future incidents.

#### Reporting Procedures

Providers’ policies and procedures for reporting suspected incidents must follow OLTL, OAPSA, and APS reporting requirements.

The procedures must describe how staff:

* + Determine if an incident is reportable.
	+ Know when to involve law enforcement and a protective services agency.
	+ Contact SCs.
	+ Enter data and complete reports via the appropriate reporting system, following the OLTL, OAPSA, and APS timeframe requirements.
	+ Use the provider’s internal systems to track incident data.

#### Reporting Timelines

Immediately - If there is reasonable cause to suspect abuse, neglect, exploitation, or abandonment, a protective services report must be completed immediately.

Within 24 hours - Providers must notify the SC of the incident discovery.

Within 48 hours - The SC or provider agency that discovers or has independent knowledge of the critical incident is to submit a critical incident report to OLTL through Enterprise Incident Management (EIM).

#### Notification

Providers and SCEs must have procedures to notify the participant:

* Within 24 hours - that a critical incident report has been submitted.
* Within 48 hours of the conclusion of the critical incident investigation – of the resolution and the measures implemented to prevent recurrence.

These notifications are independent of any other investigation.

#### Critical Incident Management

Management includes ensuring that:

* Facts and sequences of events are outlined and documented with sufficient detail.
* Preventative action is taken both through the service plan and by providing additional resources.
* Actions and resources provided are documented accurately.
* Participants are not placed at any additional risk.
* Critical incident reports are submitted within 48 hours of discovering the incident.
* Investigations and reporting tasks are completed within 30 days.

#### Staff Training

Provider staff must be trained annually on:

* + Prevention of abuse and exploitation of participants.
	+ Critical incident reporting.
	+ Participant complaint resolution.
	+ Department-issued policies and procedures.
	+ Provider’s quality management plan.
	+ Fraud and financial abuse prevention.
	+ Mandatory reporting requirements (OAPSA and APS).

Providing this training as soon as possible upon hire ensures that new hires are equipped to address critical incidents that may arise.

In addition, SCs and providers must meet the training requirements necessary to maintain appropriate licensure and/or certification.

## SCEs and SCs

SCEs and SCs have specific requirements for ensuring the health and safety of waiver participants. Risk management during service planning and monitoring and critical incident investigation are part of SC responsibilities.

### Risk Management

Let’s start with risk management. Risk is the potential for unwanted, adverse consequences to human life, health, property, or the environment. It is the chance or possibility of loss, injury, endangerment, or exposure. Risk is the likelihood of some undesirable event or negative outcome occurring to a participant. In other words, risk is the possibility that something “bad” might happen.

Everyone has some level of risk in their lives. Think about the risks in your life, like driving to work in a car, crossing the street, speeding, or eating junk food. Why do you take these risks? Why do you make these choices?

Typically, people make choices and take risks based on what they want and need in their lives…based on their individual life experience. For example, people exceed the speed limit in construction zones because they do not understand the risk. Once they meet a construction worker whose life was changed by being hit by a speeding car, their assessment of the risk might change.

SCs must discuss the potential risks associated with participant’s choices and document in the service plan and ongoing records. SCs help people see, understand, assess, measure, and work with the risks in their lives.

#### Risk Mitigation

So, what do we do after we identify and measure risk? The answer—risk mitigation.

What is risk mitigation? Mitigation is an overall approach to prevent, reduce, and manage the severity of risk. The ability to make choices, succeed or fail, and learn from it is part of in dependent living.

How do SCs balance this with maintaining health and safety? SCs document evidence that risks have been discussed and that strategies going forward are based on informed choices.

Who is included in the risk conversation? The participant can choose to have family members, providers, and others in the risk conversation. The challenge arises when team members have differing opinions about the decisions a participant makes or a decision that should be made on behalf of the participant.

How do SCs handle these differing opinions? First let’s keep in mind that this is a participant-centered process and plan. Participants have the right to assume risk and decline mitigation recommendations. SCs do need to remember that they are responsible for protecting the health and welfare of those they serve and manage the conflict that may arise when implementing plans or strategies.

The risk management process involves negotiating with the participant (and possibly their designated planning team or representative) in developing risk mitigation strategies, back-up plans, and emergency plans.

#### Risk Factors

Risk factors are attributes, behaviors, health conditions, features of the environment, actions, events, or other determinants that increase the probability of an incident or negative result for a participant. Risk factors drive the planning process.

##### Risk Factor Examples

For example, tripping on throw rugs and an unsteady gait are two risk factors for an individual falling. Hoarding presents risks to both participants and SCs. Pressures from a family member to be a paid caregiver may present a risk. Using oxygen is a low risk. Smoking while using oxygen is high risk.

##### Risk Factors – Mitigation

Some risk factors are more easily mitigated than others are. Think about falls. It may be possible to reduce the risk of falling by securing throw rugs with anti-slip tape. It may be more difficult to improve the unsteady gait.

Mitigating risk factors lessens potential negative outcomes.

Despite your best efforts, some risk factors are always present no matter what you do, such as a family history of diabetes or heart disease. The challenges of living in poverty can also present risks.

For example, Marcos has a family history of diabetes, is overweight, inactive, eats an unhealthy diet, and is living on a limited income. Marcos does not have a grocery store nearby. You can work with Marcos and his team to manage his weight, increase his activity, and to eat a healthy diet to lessen his risk of getting diabetes, but you will not be able to change his family history, or easily change his income or residence.

#### Perception of Risk

Another challenge for SCs is people’s perception of risk. Some people do not perceive any risk in hoarding. They see a path through things they want to keep. Some people do not perceive the risk of their relative providing 60 hours of care per week.

Participants may have different views on how much risk is acceptable to them. SCs need to discuss how much risk is acceptable to each participant and support choices that are in alignment with their level of acceptable risk. Navigating levels of acceptable risk is a delicate balance and needs to be part of the SC’s discussion with the participant.

#### Informed Choice

People may choose to engage in risky behavior by putting themselves into or staying in a risky situation. The role of the SC is to ensure the choices made by the participant are informed choices.

Informed choice means:

* + The potential risks are recognized,
	+ The potential consequences of taking the risks are understood, and
	+ Alternatives that can reduce the impact of the risk factors are available.

A classic example may be smoking. People can be informed of risks and still choose to smoke. On the other hand, being informed can also influence a person to make the choice to quit smoking. SCs provide information and resources to support people choosing less risky behavior.

Another example of informed choice relates to participant-directed services. A worker does not show up frequently, but the participant does not want to change because the worker is a relative.

Risk assessment and mitigation never end.

#### Immediate Risk

When there is immediate risk, take action! If the immediate risk is an emergency, such as a fire, assault, or emergency healthcare, that requires the fire, police, or ambulance services to protect the participant from imminent serious harm, call 911 first. Then, follow additional internal reporting requirements.

The service planning and monitoring processes are the logical place to prevent abuse, neglect, exploitation, and abandonment…as well as reducing the likelihood of incidents that compromise health and safety.

### Investigation

Despite everyone’s best efforts at identifying and managing risk, critical incidents can occur. SCs have responsibilities beyond the basic provider responsibilities of prevention and training. SCs are responsible for investigating all reports of critical incidents that they discover, as well as incidents that providers submit. If there is reasonable cause to suspect abuse, neglect, exploitation, or abandonment, the SC is mandated to complete a protective services report.

The exception to this is that SCEs do not investigate when the incident involves its staff. In that case, the SCE turns the case over to OLTL. We’ll review the specific steps and timeframes in the lesson on reporting.

## OAPSA Investigators

The Pennsylvania Department of Aging, through its Area Agencies on Aging, conduct protective services investigations for individuals aged 60 and over.

AAA protective services staff:

* + Receive reports of abuse.
	+ Investigate allegations.
	+ Determine if abuse, neglect, exploitation, or abandonment has occurred.
	+ Provide services to older adults who voluntarily consent.
	+ Develop a service plan with the individual, SC, family, advocates, and others as appropriate and requested by the individual.
	+ Provide services in the least restrictive environment and the most integrated setting.
	+ Provide guardianship as needed.

## APS Investigators

The Department of Human Services contracts with APS Agency(s) to provide protective services for individuals aged 18 to 59. The APS Agency(s):

* Receive reports of abuse for adults aged 18 to 59;
* Investigate allegations;
* Determine if abuse, neglect, exploitation, or abandonment has occurred;
* Provide services to adults who voluntarily consent;
* Develop a service plan with the individual, SC, family, advocates, and others as appropriate and requested by the individual;
* Provide services in the least restrictive environment and the most integrated setting; and
* Provide guardianship as needed.

For more information on Protective Services Agencies, please refer to the Resources Document.

## Law Enforcement and Emergency Responders

Law enforcement and emergency responders may also be involved in incident management and protective services cases. Clearly, the priority is the individual’s health and safety. Depending on the nature of the incident, a call to 911 or to crisis intervention may be the first step to stabilize the situation. In cases involving sexual abuse, serious injury, serious bodily injury, or suspicious death, reporters must make an immediate oral report to law enforcement in addition to other reporting requirements that we will learn about in the next module.

## Participants

Long-term care is provided in a person-centered manner. This also applies to protective services. Adults have the right to make choices regarding their lifestyles, relationships, bodies, and health. These choices are subject to the laws and regulations of the Commonwealth.

Service coordinators and investigators can educate participants, help them work through risks, raise their awareness, and document the choices individuals make. This supports individuals in making informed decisions.

### Right to Refuse

In cases of protective services, adults have the right to refuse an assessment and some or all protective services based on their situation and preferences. However, when there is clear and convincing evidence that the adult is at imminent risk of death, serious injury, or serious bodily injury if protective services are not in place, the protective services agency may petition the court for an emergency order to provide the necessary services.

## Lesson Summary

So why are so many different organizations involved? Wouldn’t it be easier to have just one?

Each organization has a specific focus and role. SCs help people manage ongoing risk, focus on prevention by developing mitigation strategies, and provide resources. Providers work with SCs to prevent abuse and lower risk. Protective services investigate allegations, determine if protective services are needed, and implement services to mitigate imminent risk. Law enforcement focuses on potential criminal actions. All are necessary.

Everyone involved approaches the adult’s health and safety from a slightly different perspective and often times work together to protect the individual’s health and safety.

## Knowledge Check

Now check your understanding of what’s been covered so far by answering these review questions.

1. True or False? SCs must ensure that the potential risks associated with participant’s choices are discussed, a mitigation plan is developed, and risks are documented in the service plan.

Please pause.

The correct answer is True. SCs must ensure that the potential risks associated with participant’s choices are discussed, a mitigation plan is developed, and risks are documented in the service plan.

2. True or False? All risk factors can be mitigated.

Please pause.

The correct answer is False. Family history of disease is a risk factor that cannot be mitigated. Some risk factors are more easily mitigated than others.

3. Which of the following must be included as part of service providers’ critical incident management policies and procedures? (Select all that apply.)

Prevention

Reporting

Notification

Management

Staff training

Investigation

Please pause.

The correct answer is that prevention, reporting, notification, management, and staff training are included as part of service providers’ critical incident management policies and procedures. SCs investigate critical incidents.

4. When an individual is at immediate risk, which of the following should be done? (Select all that apply.)

Call 911

Follow additional internal reporting requirements

Drive the participant to the hospital

Please pause.

The correct answer is to call 911 immediately and then follow additional internal reporting requirements.

5. When there is clear and convincing evidence that, if protective services are not provided, the adult is at imminent risk of death, serious injury, or serious bodily injury, protective services may:

Provide the services they feel are necessary.

Stop providing all services.

Petition the court for an emergency order to provide the necessary service.

Call another provider agency to provide the services.

Please pause.

The correct answer is that protective services may petition the court for an emergency order to provide the necessary service.

# Congratulations!

Congratulations! You have completed the Roles and Responsibilities training.

If you have read the contents of the entire module, register your completion of this module by going to the appropriate webpage.

If you are an enrolled provider, go to this [webpage.](https://oltl-provider.deringconsulting.com/incident-management-completion-2-3/)

If you are not an enrolled provider, go to this [webpage](https://oltl-provider.deringconsulting.com/incident-management-completion-2-2-3/).