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### Reporting Reasonable Suspicion of a Crime in Long Term Care Facilities

#### A. Background

##### A.1. What are the provisions in section 6703 of the Affordable Care Act, part of the Elder Justice Act?

Subtitle H of the Patient Protection and Affordable Care Act (Affordable Care Act) of 2010 is also known as the Elder Justice Act of 2009. Section 6703(b)(3) of the Affordable Care Act (which is located in this subtitle) amends the Social Security Act (the Act) by establishing new section 1150B of the Act entitled, "Reporting to Law Enforcement of Crimes Occurring in Federally Funded Long-Term Care Facilities." Section 1150B of the Act requires certain individuals in federally funded long-term care facilities to timely report any reasonable suspicion of a crime committed against a resident of that facility. Those reports must be submitted to at least one law enforcement agency of jurisdiction and the State Survey Agency (SA), in fulfillment of the statutory directive to report to the Secretary. Individuals who fail to report under section 1150B(b) shall be subject to various penalties, including civil monetary penalties. Section 1150B(d) of the Act also prohibits a long-term care facility from retaliating against any individual who makes such a report.

##### A.2. What is the effective date of the section 6703(b)(3) requirements?

The amendments made to Title XI of the Act by section 6703(b)(3) of the Affordable Care Act became effective on March 23, 2011. Therefore, the requirements and provisions of that section are currently in effect.

#### B. Facility Responsibilities

##### B.1. What are a long term care facility's responsibilities under section 1150B of the Act?

There are three specified responsibilities for long term care facilities in section 1150B of the Act: (1) to notify covered individuals annually of their reporting obligations, (2) to prevent retaliation if an employee makes a report, and (3) to post information about employee rights, including the right to file a complaint if a long term care facility retaliates against anyone who files a report. Reporting obligations of crimes themselves fall on covered individuals, not the facility as an entity. In other words, each owner, operator, employee, manager, agent or contractor of a long term care facility is responsible to meet the reporting requirements of this provision.

Facility policies and procedures should address the mechanism for documenting that all covered individuals have been notified annually of their reporting obligations. Examples of such documentation may include a copy of a notice or letter sent to covered individuals or a completed training/orientation attendance sheet specifying reporting obligations.

##### B.2. Section 1150B requires long term care facilities to conspicuously post notice of employee rights posters in a form specified by the Secretary- is this form available?

There is no specified template or form for the posting of this information at this time. Rather, the required information and elements to be included in such a sign are described in CMS's survey and certification memorandum S&C: 11-30-NH dated June 17, 2011. This S&C Memo is available online at:

[http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11\\_30.pdf](http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_30.pdf)

##### B.3. What types of facilities must conform to the requirements under section 1150B of the Act?

“Long-term care facility” is defined in section 2011 of the Act as a residential care provider that arranges for, or directly provides, long-term care (i.e., supportive and health services for individuals who need assistance because the individuals have a loss of capacity for self-care due to illness, disability, or vulnerability). Facilities that receive at least \$10,000 of Federal funds annually and that meet the definition of long-term care facility include the following: nursing facilities (NFs), skilled nursing facilities (SNFs), hospice programs operating in SNF/NFs, and intermediate care facilities for the mentally retarded (ICF/MR). Assisted living facilities are not included under this statute at this time.

**B.4. Who is considered a “covered individual?”**

A “covered individual” is anyone who is an owner, operator, employee, manager, agent or contractor of the long term care facility (Section 1150B(a)(3) of the Act).

**B.5. Who are “excluded individuals” that we should not employ?**

If a long term care facility employs any covered individual who has been excluded from participating in any Federal health care program under sections 1150B(c)(1)(B) or (c)(2)(B) due to failure to meet the reporting requirements of this provision, then that facility will be ineligible to receive Federal funds under the Act. CMS is currently working with the Office of the Inspector General on a database that will include a list of such excluded individuals.

**B. 6. Does section 1150B cover only those with first-hand knowledge of the suspicion of a crime?**

The law does not specify “first-hand knowledge.” The law states that each covered individual must report any reasonable suspicion of a crime against a resident of a long term care facility. However, if during the course of an investigation of a complaint or incident there is evidence gathered from individuals with first-hand knowledge of the suspicion of the crime, this additional information may be considered under section 1150B, even if those individuals did not file a separate report.

**B.7. In a Continuing Care Retirement Community that includes independent living and assisted living as well as nursing care, is the expectation that the facility post notice in all areas of the community, or just the nursing care unit?**

The requirement is to post notice in each applicable long term care facility. In this example, it would be the SNF/NF.

**B.8. What is the difference between reporting incidents to the SA and reporting the suspicion of a crime to the SA and local law enforcement?**

Current regulation requires a facility to report incidents: §483.13(c)(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). This requirement has not changed and the mechanics of complying with this regulation are the same as they have been. Reporting the suspicion of a crime is the responsibility of “covered individuals.” There may be instances where an occurrence will require both the facility to report the alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and “covered individuals” must report the suspicion of a crime to the State Survey Agency and to local law enforcement.

### C. Reporting Requirements

**C.1. All reasonable suspicions of a crime have to be reported to the State Survey Agency. Is there a specific form? What number should we call?**

No, the statute does not require the use of a specific form for reporting suspicions of a crime. Reporting may be done by telephone, electronic mail, fax or other means within the specified timeframes of the law. States may choose to adopt use of a specific form. Unless otherwise specified, the State Survey Agency contact number is the same number that you use to report complaints against a facility to the Survey Agency. It is important to keep in mind that the time frames for reporting the suspicion of a crime are different and more stringent than time frames related to reporting an incident under CMS regulations.

**C.2. If a covered individual reports a suspicion of a crime directly to law enforcement and the survey agency, can the facility's policy require that individual to report the concern/incident to his/her facility supervisor or the administrator as well?**

Covered individuals have an independent obligation to report the suspicion of a crime against a long term care facility resident directly to local law enforcement and the State Survey Agency.

In order to encourage reporting of the suspicion of a crime, facilities should promote a culture of safety and performance improvement in the work environment. This includes freedom from fear of retaliation if an employee reports the suspicion of a crime, an open and just culture where feedback and communication are encouraged, and the ability for staff to speak up about problems or issues that they identify.

Thus, it would be prudent that a facility policy not require disclosure of whether or not a covered individual has reported a suspicion of a crime to local law enforcement and the State Survey Agency. It is important to note, however, that Federal regulations do require SNFs and NFs to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency) (42 C.F.R. §483.13(c)(2)). See also C3 below.

**C.3. When a skilled nursing facility has a case of abuse, we submit a 24-hour report and then a 5-day report specific to abuse reporting. Do we also need to report this to the Secretary and local law enforcement?**

Reports of suspicions of crimes committed against a resident must be submitted to at least one law enforcement agency of jurisdiction and the State Survey Agency (in fulfillment of the statutory directive to report to the Secretary). If there is reasonable suspicion that a crime has occurred (crime being defined by laws of the applicable political subdivision where the facility is located), then in addition to reporting the allegation of abuse to the State Survey Agency, the individual must also report this to local law enforcement.

**C.4. Section 1150B specifies reporting time frames of 2 hours or 24 hours when there is a reasonable suspicion of a crime; is this business hours? For example, if the suspicion occurs on a Saturday, must it be reported then, or can it wait until Monday?**

No. Reporting requirements are based on real (clock) time, not business hours. Section 1150B(b)(2) provides that if the events that cause the suspicion result in serious bodily injury, the individual must report this immediately (but not later than 2 hours after forming the suspicion); otherwise, the individual must report the suspicion not later than 24 hours after forming the suspicion. State Survey Agencies should have a reporting mechanism available 24/7 (e.g., hotline, answering machine that may receive a message, live person, fax, etc.).

For example, if a reasonable suspicion of a crime that results in serious bodily harm occurs on a Saturday, the timing obligation for reporting this would be satisfied if the individual who formed the suspicion both left a message on the State Survey Agency answering machine and notified local law enforcement on that same day within two hours of forming the suspicion.

**C.5. Is it safe to assume that falls that result in a hospitalization, unless directly related to a witnessed act of abuse, do not have to be reported to law enforcement?**

A fall resulting in a hospitalization of a resident would generally be reported to the State Survey Agency under current incident reporting guidelines and State licensure regulations. A fall would only have to be reported to law enforcement (as well as the State Survey Agency under section 1150B) if there was a reasonable suspicion of a crime related to that event or incident.

**C.6. Does section 1150B require reporting of acts committed by a resident of a nursing facility that has dementia? We often have resident to resident altercations on our Alzheimer's Unit that could constitute assault. Would we now need to report assault by a resident with dementia to local law enforcement?**

This will be case specific and should be addressed through discussions among facilities, State Survey Agencies and local law enforcement. Crime is defined by the law of the applicable political subdivision. Not every resident to resident altercation will be appropriate to report to local law enforcement; however, some cases may be reportable. CMS expects long term care facilities to take any necessary action to prevent resident-to-resident altercations to every extent possible.

**C.7. Should facilities or State Survey Agencies meet with local law enforcement officials to determine which actions they consider to be crimes and which issues should be reported to law enforcement?**

This is advisable. CMS encourages community partnerships through discussions between State Survey Agencies and local law enforcement. We encourage the participation of long term care ombudsmen, resident advocates, and worker representatives as well.

**C.8. Does an unusual bruise require reporting to law enforcement?**

Not necessarily. Each event or suspicion will be case specific. A bruise or injury of unknown source should be reported to the State Survey Agency through the usual incident reporting processes. However, if there is a reasonable suspicion that the injury is the result of a crime, it should be reported to law enforcement as well.

**C.9. If a suspicion of a crime is reported by a covered individual, and the occurrence also meets the requirements for incident reporting, must the facility report the incident using the usual incident reporting mechanisms?**

Current regulation requires a facility to report incidents: §483.13(c)(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). This requirement has not changed and the mechanics of complying with this regulation are the same as they have been. Reporting the suspicion of a crime is the responsibility of “covered individuals.” There may be instances where an occurrence will require both the facility to report the alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and “covered individuals” must report the suspicion of a crime to the State Survey Agency and to local law enforcement.

**C.10. To what number or numbers is the suspicion of abuse reported? Are there different numbers for reporting when there has been serious injury?**

Reporting may be done by telephone or by fax within the specified timeframes of the law. Unless otherwise specified, the State Survey Agency contact number is the State Agency that conducts the Medicare and Medicaid certification Surveys. It is important to keep in mind that the time frames for reporting the suspicion of a crime are different and more stringent than time frames related to reporting an incident.

**C.11. If our State mandated Resource Management Plan requires staff make a direct report to one of three designated staff, does this preclude that requirement or may we assist staff in making the required reports to the SA and Law Enforcement?**

Covered individuals would still have an independent obligation to report the suspicion of a crime directly to local law enforcement and the State Survey Agency. You also may assist staff in making reports to the SA and law enforcement. In order to encourage reporting of the suspicion of a crime, facilities should promote a culture of safety and performance improvement in the work environment. This includes freedom from fear of retaliation if an employee reports the suspicion of a crime, an open and just culture where feedback and communication are encouraged, and the ability for staff to speak up about problems or issues that they identify.

Additionally, it is important to note, however, that Federal regulations do require skilled nursing facilities (SNFs) and nursing facilities (NFs) to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency) (42 C.F.R. §483.13(c)(2)).

**C.12. Is abuse to be considered as part of this required reporting?**

Abuse should be considered under current health and safety standards. Under current requirements, abuse should always be reported, whether it rises to the level of a crime would depend on the specific situation. For example, sexual abuse would be considered a crime; physical assault that leads to physical injury would also be considered a crime. Other types of abuse should always be reported under health and safety standards but may not be considered a crime.

Federal regulations do require SNFs and NFs to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency) (42 C.F.R. §483.13(c)(2)).

**C.13. Is it acceptable for a facility in its compliance policy to state that covered individuals may either (a) report reasonable suspicion of crime directly to the state survey agency and law enforcement, or (b) report reasonable suspicion of crime to the facility administrator who will then coordinate timely reporting to the state survey agency and law enforcement on behalf of all covered individuals who made the report to the administrator?**

Yes, covered individuals may (a) report reasonable suspicion of crime directly to the State Survey Agency and law enforcement, and/or (b) report reasonable suspicion of crime to the facility administrator who will then coordinate timely reporting to the state survey agency and law enforcement on behalf of all covered individuals who made the report to the administrator. Reporting to the administrator would suffice if an individual has clear assurance that the administrator is reporting it. Reports should be documented and the administrator should keep a record of the documentation. Everyone who saw a possible crime has the obligation to report it. The administrator could coordinate the reports submitted, but each person has to report. In addition, facilities cannot prohibit or circumscribe reporting directly to law enforcement even if they have a coordinated internal system.



**C.14. Is it sufficient to send notification by fax to Certification as usual or is it required that we contact a person? If it is a person, will that individual be available on nights and weekends? If yes and different from usual contact numbers, please forward that information.**

Reporting may be done by telephone, electronic mail, fax or other means within the specified timeframes of the law. Unless otherwise specified, you would contact the State Survey Agency contact number, which is the State Agency that conducts the Medicare and Medicaid certification Surveys. It is important to keep in mind that the time frames for reporting the suspicion of a crime are different and more stringent than time frames related to reporting an incident under CMS regulations.

**C.15. In reference to the duty of covered individuals to timely report a suspicion of a crime, I see there are two timelines that must be followed. I also see (if I'm reading the memo correctly) that a covered individual must report not only to law enforcement but also to State Survey agencies. Law enforcement operates 24/7. However, if a covered individual determines that he/she has a reasonable suspicion involving serious bodily injury and it is after business hours for the state agency or the weekend, what procedure should that individual follow to ensure that he/she will not be held responsible for not reporting to the state w/in the 2 hour timeline? Also, is reporting to the Law enforcement in addition to reporting of State and FEEDS (1 day, 15 day, Immediate and 5 day)?**

Section 1150B establishes two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion.

1. **Serious Bodily Injury – 2 Hour Limit:** If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion;

2. **All Others – Within 24 Hours:** If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion not later than 24 hours after forming the suspicion.

**Please note:** Both types of reporting (incident report to State and crime reporting to LE/SA) must be done if both situations are met.

Reporting requirements are based on real (clock) time, not business hours. Section 1150B(b)(2) provides that if the events that cause the suspicion result in serious bodily injury, the individual must report this immediately (but not later than 2 hours after forming the suspicion); otherwise, the individual must report the suspicion not later than 24 hours after forming the suspicion. State Survey Agencies should have a reporting mechanism available 24/7 (e.g., hotline, answering machine that may receive a message, live person, fax, etc.). For example, if a reasonable suspicion of a crime that results in serious bodily harm occurs on a Saturday, the timing obligation for reporting this would be satisfied if the individual who formed the suspicion both left a message on the State Survey Agency answering machine and notified local law enforcement on that same day within two hours of forming the suspicion.

**Please note the State and Federal requirements are listed below:**  
 F225, §483.13(c)(2) The facility must ensure all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with state law through established procedures (including to the state survey and certification agency).

F225, §483.13(c)(4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with state law (including to the state survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

Immediately: per CNMS means as soon as possible but ought not to exceed 24 hours after discovery of the incident. “As such, states may not eliminate the obligation for any of the above violations (i.e., mistreatment, neglect, abuse, injuries of unknown source, and misappropriation of resident property) to be reported, nor can the state establish longer time frames for reporting than mandated in the regulations...”

Nursing homes must comply with requirements for participation, including reporting requirements set out in 42 C.F.R. §§483.13(c)(2) and (4). *Please note: No state law can override the obligation of a nursing home to fulfill the requirements under 42 C.F.R. §483.13(c), as long as Medicare/Medicaid certification is in place.*

**C.16. Under Facility Requirements 1. (c) and (d) I find some information on what to include in the notice that we must conspicuously post. Is there any other information that should be included in the notice re employee's rights?**

The notice should include the following:

**REQUIREMENTS FOR POSTING:**

1. Individual's right to file a complaint with the SA if they feel the facility has *retaliated against an employee or individual* who reported a suspected crime under this statute, and how to file such a complaint with the SA.
2. The sign may be posted in the same area that the facility posts other required employee signs, such as labor management posters.
3. Size and type requirements for the sign should be no less than the minimums required for the other required employment-related signs.

#### **D. Liability**

**D.1. Can facilities be held liable in a civil or criminal case if a covered individual does not report suspicion of a crime?**

This is a question for the courts, not one that CNMS can answer. It is beyond the scope of the Act.

#### **E. State Agency's Requirements**

**E.1. What is the SA's role in enforcing the provisions of § 1150B?**

We are not asking States to enforce §1150B, however, we expect States to make assessments under the current complaint process. We are not requiring States to make a determination on whether a crime has been committed. SAs must assess reports received under section 1150B following CNMS protocols for processing incident reports or complaints, and investigate such reports as appropriate to those protocols. In addition, SAs must assess the long-term care facility's compliance with the facility obligations of section 1150B if either of the following are triggered: (a) during the course of a standard survey or complaint investigation the survey team identifies a report of a suspicion of a crime against an individual who is a resident of, or is receiving care from, the LTC facility, and the incident has not been previously reported to the State SA, or (b) the SA receives

a specific allegation of noncompliance with section 1150B by the facility and the SA assesses the allegation to be credible and serious (including credible allegations of retaliation against an individual who has reported suspicion of a crime). In such a case the SA must review both facility responsibilities under this section and the responsibilities of a covered individual.

**E.2. If a facility has complied with its requirements for posting information regarding §1150B and notifying individuals of their reporting obligations, is there any other expectation on the part of the SA?**

SAs will follow the standard CMS protocols for assessing and, as appropriate, investigating all reported complaints and incidents.

**E.3. Can CMS provide examples of the circumstances in which self-neglect would be a crime?**

Examples of what constitutes a crime are defined by the laws within the local jurisdiction of the long-term care facility, as interpreted by local law enforcement entities. However, allowing self-neglect to persist without intervention may result in a facility's failure to meet Medicare conditions of participation and could result in a deficient practice under federal health and safety regulations. Therefore, with regard to self-neglect, facilities should focus on preventing self-neglect, which is addressed in health and safety standards.

#### **F. ICF/MRs**

**F.1. I am seeking clarification on who or what agency should the facility call? The memo made mention about the "secretary", are they to continue the 1-800-96abuse hotline or should they be contacting another number.**

Unless otherwise specified, you would contact the State Survey Agency contact number, which is the same number that you use to report complaints against a facility to the State Agency that conducts the Medicaid certification surveys. It is important to keep in mind that the time frames for reporting the suspicion of a crime are different and more stringent than time frames related to reporting an incident under CMS regulations.

**F.2. I am writing from an ICF facility in El Cajon, CA that provides long-term care to adults with developmental disabilities. I am the agency trainer and just trying to get some slight clarification on the new reporting standard, so I can appropriately provide training within our agency. Currently when reporting an allegation of abuse we do so to the local Ombudsman as well as to state licensing. In this case would the Local Ombudsman be the same as a member of law enforcement?**

Reporting to the local ombudsman does not meet the requirement for reporting to local law enforcement. You would contact the State Agency that conducts the Medicaid certification Surveys.

**F.3. I am a little confused about the memo I received from DHHS about CMS S&C 11-30-NH-Reporting Reasonable Suspicion of a crime in LTC facility: Section 1150B of Social Security Act. I am the administrator of a provider service; we have 4 group homes for the mentally challenged adults. I am unclear of how the individuals are suppose to report a crime-who is the secretary and how is this person contacted. Is there a phone number or address and is there a form to report on? If so can I get a copy of the form? I understand law enforcement to report it to but what State Agency are individuals suppose to report, Elder or adult protection services? Please help me understand so I can train staff and put proper notification out for staff to read.**

The State Agency acts on the behalf of the Secretary for this requirement in fulfillment of the statutory directive to report to the Secretary. Reports must be submitted to at least one law enforcement agency of jurisdiction and the State Agency. Reporting to Elder or Adult Protective Services would not meet the requirement for reporting

to the Secretary. You would report to law enforcement and the State Agency that conducts the Medicaid certification Surveys.

**F.4. I work at an ICF, whose policy directs employees to report incidents to management. Management is then required to make all other notifications. Does this new requirement mandate that the employee who suspects a crime (i.e., direct care staff), must be the one who calls the SA and Law enforcement or, may the employee choose to continue to notify management with the understanding that management will make these notifications? Also, who do we list as the SA contact (name, phone, email, fax)?**

Yes, covered individuals may (a) report reasonable suspicion of crime directly to the state survey agency and law enforcement, and/or (b) report reasonable suspicion of crime to the facility administrator who will then coordinate timely reporting to the state survey agency and law enforcement on behalf of all covered individuals who made the report to the administrator. Reporting to the administrator would suffice if an individual has clear assurance that the administrator is reporting it. Reports should be documented and the administrator should keep a record of the documentation. Everyone who saw a possible crime has the obligation to report it. The administrator could coordinate the reports submitted but each person has to report. In addition, facilities cannot prohibit or circumscribe reporting directly to law enforcement even if they have a coordinated internal system.

In order to encourage reporting of the suspicion of a crime, facilities should promote a culture of safety and performance improvement in the work environment. This includes freedom from fear of retaliation if an employee reports the suspicion of a crime, an open and just culture where feedback and communication are encouraged, and the ability for staff to speak up about problems or issues that they identify. Employee must be given the option of independent reporting, in case they fear retaliation or want to remain anonymous.

Unless otherwise specified, you would contact the State Survey Agency contact number, which is the same number that you use to report complaints against a facility to the State Agency that conducts the Medicaid certification surveys. It is important to keep in mind that the time frames for reporting the suspicion of a crime are different and more stringent than time frames related to reporting an incident under CMS regulations.

#### **G Definitions**

**G.1. What is the definition of “contractor” and “agent” as used in Section 1150B of the Act?**

Please refer to Appendix 1 for the definition of “contractor” and “agent”.

**G.2. Are employees of contractors, including direct care staff employed by temporary agencies, covered individuals?**

Please refer to Appendix 1 for the definition of who is a “covered individual”.

**G.3. Who is a “covered individual”?**

Please refer to Appendix 1 for the definition of who is a “covered individual”.

**NOTICE REQUIREMENTS FOR REPORTING SUSPECTED  
CRIMES UNDER SECTION 1150B OF THE SOCIAL SECURITY ACT**

Section 1150B of the Social Security Act (the Act), as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) requires the reporting of any reasonable suspicion of a crime committed against a resident of, or an individual receiving care from, a long term care facility. Specifically, the Act requires long term care facilities to post a notice in a conspicuous location that informs all covered *individuals*, as defined in S&C Memo 11-30-NH, of their right to file a complaint with the Secretary against a facility that retaliates and the manner of filing such a complaint.

The notice should include the following:

4. Individual's right to file a complaint with the SA if they feel the facility has *retaliated against an employee or individual* who reported a suspected crime under this statute, and how to file such a complaint with the SA;
5. The sign may be posted in the same area that the facility posts other required employee signs, such as labor management posters.
6. Size and type requirements for the sign should be no less than the minimums required for the other required employment-related signs.

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