


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Mandatory Reporting for Child, Elder and Disabled Abuse	Policy ID:	PLANCG-31
	Approved By:	Compliance Committee	Last Revision Date:	11/8/2021
	States:	Oregon	Last Review Date:	11/30/2021
Application:	Medicaid	Effective Date:	12/1/2021	

PURPOSE

To establish a policy for the mandatory reporting of Abuse as it pertains to children and adults, including elderly and disabled individuals.

POLICY

It is the Dental Care Organization’s (DCO) policy that (1) all contracted providers shall comply with the reporting requirements for reporting Abuse as set forth in Oregon law; and (2) that the DCO shall immediately report any evidence of Abuse to DHS Child Protective Services or law enforcement officials in accordance with Oregon law.

Under Oregon law, dentists, physicians, nurses, physicians’ assistants, and certain other health care workers are mandatory reporters for purposes of reporting abuse of children, elderly person, or persons with disabilities. Specifically, Oregon law requires any “public or private official” having “reasonable cause to believe”:

- (1) that “any child with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015.” (See ORS 419B.010); and
- (2) that “any person 65 years of age or older with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused a person 65 years of age or older, shall report or cause a report to be made in the manner required in ORS 124.065.” (See ORS 124.060); or
- (3) that any adult 18 years of age or older with a developmental disability, a severe and persistent mental illness, or who is receiving services for a substance use disorder or a mental illness, with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused such an adult, shall report or cause a report to be made in the manner required in ORS 430.743. (See ORS 430.765).

Mandatory reporters must report suspected child, elder or disabled abuse to the DCO and to the Department of Human Services (DHS) or a local law enforcement office as described in Oregon laws. Reporting only to the DCO does not satisfy the Mandatory Reporting law.

Providers may also choose to report suspected Abuse to the DCO, in writing, verbally via Member Services or Care Coordination via the DCO’s secure provider portal. The report shall include individual’s age, the type and extent of the abuse, as well as any evidence of abuse, the explanation given for the abuse and any other information that will help establish the cause of abuse or identify the abuser.

The DCO shall promptly refer any suspected cases of Abuse by its employees, providers, and subcontractors, to DHS. In determining whether to make referrals, DCO shall consider the following:

- A. Any employee/provider/subcontractor who hits, slaps, kicks, or otherwise physically abuses any enrollee.
- B. Any employee/provider/subcontractor who sexually abuses any enrollee.

PROCEDURE

Report	Guide	Citation
<p>Who Is Required to Report</p>	<p>Mandatory Reporters include, but are not limited to:</p> <ul style="list-style-type: none"> • Physicians, physician assistants, interns, residents, optometrists, dentists, nurses, nurse practitioners, pharmacists, nurse's aides, home health aides, or employees of in-home health services • Physical, speech, or occupational therapists • Audiologists or speech-language pathologists • Employees of organizations providing child-related services or activities, including youth groups or centers, scout groups or camps, or summer or day camps • Personal support and home care workers 	<p>OR Rev. Stat. §§ 4198.005; 4198.010</p>
<p>What is Included in Report</p>	<p>The report shall contain, if known:</p> <ul style="list-style-type: none"> • The names and addresses of the victim and the victim's parents or other persons responsible for the victim • The victim's age • The nature and extent of the abuse, including any evidence of previous abuse • The explanation given for the abuse • Any other information that the reporter believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator 	<p>OR Rev. Stat. § 4198 .015</p>
<p>When to Report</p>	<p>Child – Mandatory reporters have 24 hours to report the suspected abuse of a child whether the information was gathered in an official capacity or not.</p> <p>Elder/Vulnerable Adult - Mandatory reporters, while acting in an official capacity, who come in contact with an elderly or developmentally disabled adult they suspect have been abused or neglected, must report to DHS or law enforcement.</p>	<p>OR Rev. Stat. § 4198.015</p>
<p>Where to Report (Agency that Receives Report)</p>	<p>Reports shall be made to the local office of the Department of Human Services, to the designee of the department, or to a law enforcement agency within the county where the person making the report is located at the time of the contact.</p> <p>Department of Human Services - DHS Reporting Abuse Hotline PH: 1-855-503-SAFE (7233) Website: (Has options to choose to report Child, Elder and Adult abuse) https://www.oregon.gov/DHS/ABUSE/Pages/index.aspx</p>	<p>OR Rev Stat. § 4198.015</p>

REFERENCES

- ORS 419B.005 Definitions
- ORS 419B.007 Policy
- ORS 419B.010 Duty of officials to report child abuse
- ORS 124.050 Definitions
- ORS 124.055 Policy
- ORS 124.060 Duty of officials to report
- ORS 124.065 Method of reporting
- ORS 430.765 Duty of officials to report abuse

DEFINITIONS

“**Abuse**” is defined by ORS 124.005; ORS 430.735; and ORS 419B.005, as applicable, and may include, but is not limited to: assault or willful infliction of physical injury or pain; willful infliction of mental injury; rape; sexual abuse; sexual exploitation; negligent treatment or maltreatment (including the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the person’s health or welfare); human trafficking; subjecting the person to unlawful exposure to a controlled substance that subjects the person to a substantial risk of harm to the person’s health or safety; or neglect that leads to physical harm through the withholding of services necessary to maintain health and well-being.

“**Public or Private Official**” includes, without limitation, the following individuals: Dentist; Physician or physician assistant licensed under ORS chapter 677, including any intern or resident; Licensed practical nurse, registered nurse, nurse practitioner, nurse’s aide, home health aide, or employee of an in-home health service; Regulated social worker; Employee of a public or private organization providing child-related services or activities; and others as listed in ORS 419B.005; ORS 124.050; and/or ORS 430.735.

Recognizing Abuse and Neglect: domestic violence and physical abuse can leave seemingly obvious signs of injury; it is important to know that these physical signs are not always indicative of abuse. Consideration should be given to the patient’s occupation, lifestyle and medical history when basing off these signs alone. Practice staff should immediately report to management and their supervising provider if they suspect:

Physical Abuse	<ul style="list-style-type: none"> • Unusual bruises, that are: <ul style="list-style-type: none"> ○ Clustered in certain areas ○ Mixture of old and new • Restraint (ligature) marks (bruising around wrists or ankles) • Unexplained bald patches in hair • Unusual missing teeth or broken bones
Neglect	<ul style="list-style-type: none"> • Poor or improper hygiene (e.g. uncut, matted hair, dirt caked in body crevices, etc.) • Malnourishment • Urine or feces smell

Revision History

Date:	Description
06/14/2012	Approval and adoption.

06/06/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
04/24/2019	Updates based on annual review.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
12/16/2020	Updates based on annual review.
11/9/2021	Updates based on annual review.
11/30/2021	Updates based on annual review.