

**Emergency Relocation Study Committee**  
**October 21, 2014**

The following information is provided in response to the request by the Joint Study Committee on Emergency Relocations on September 2, 2014 for information required to create and maintain a rapid response team to respond to emergency relocations of abused adults.

Information requested

General Information:

- Goals
- Plans
- Current resources and processes related to emergency relocations

Budget:

Relocation Team [makeup] and associated costs (*supplement current staff of involved agencies*)  
Temporary Emergency Respite Funds used to date

**GENERAL INFORMATION:**

**GOALS**

- Address immediate needs of residents
- When appropriate and with resident consent, safely relocate residents to suitable and least restrictive environments (home, family, placement to licensed facility)
- Identify supply sources of residents into unPCHs
- Identify and curb fraud of federal and state dollars and reinstate funds to residents

**PLANS**

To develop a core team of highly trained and experienced professionals to respond to situations involving unlicensed homes in which abuse, neglect and exploitation of at-risk adults is occurring.

By engaging in aggressive oversight, enforcement and prosecution, it is anticipated the number of unlicensed personal care homes and the associated fraud perpetrated against residents will be greatly reduced in Georgia, thus saving Georgians billions in state and federal funds.

**CURRENT RESOURCES AND PROCESSES**

Personal Care Home Complaint Protocol Attached – See Diagram 1

DCH/HFR Agency Protocol: Investigation of Alleged UnLicensed Personal Care Homes – Attached

**BUDGET**

Relocation Team/ Associated Costs – See Diagram 2

# PERSONAL CARE HOME COMPLAINT PROTOCOL

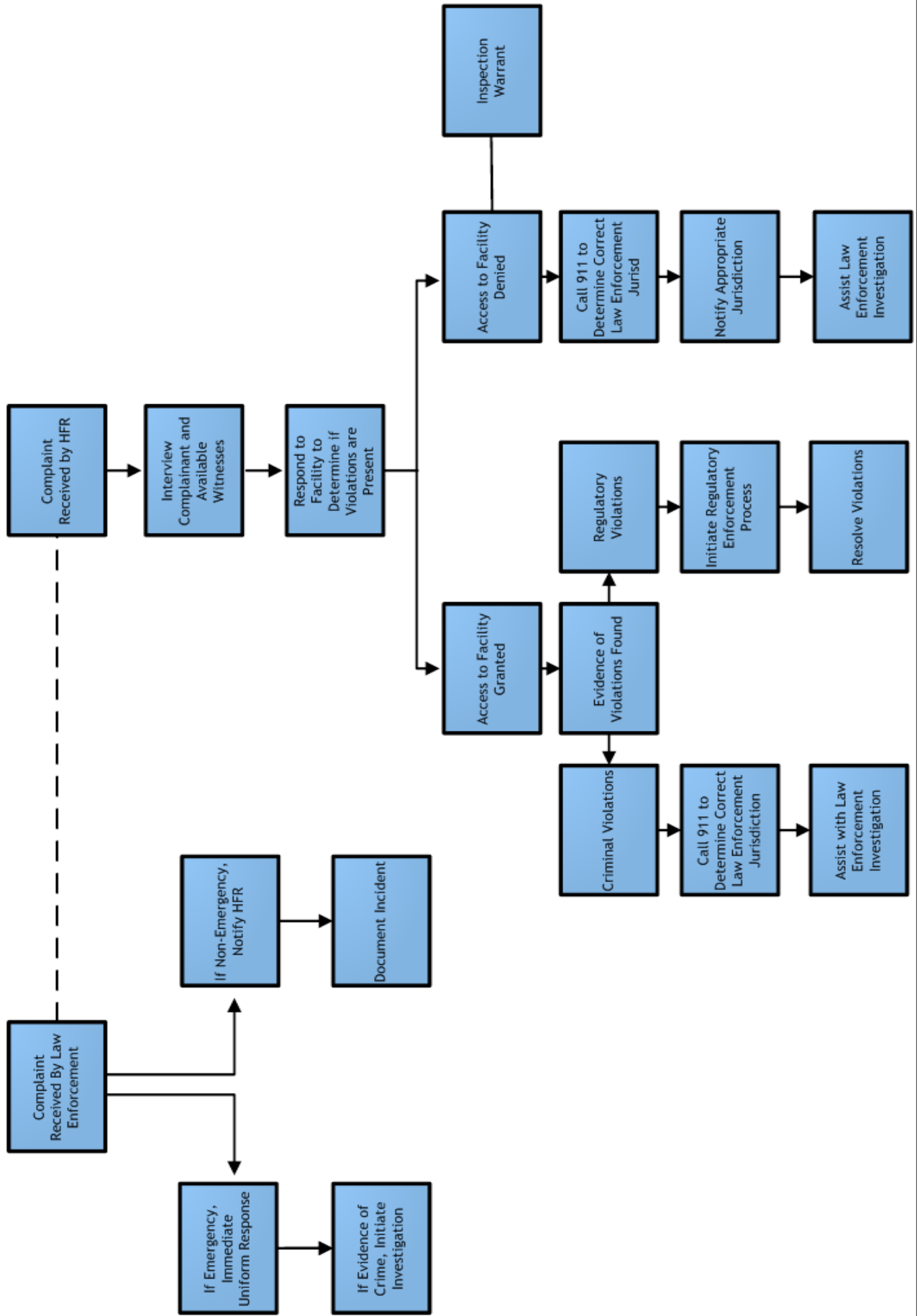


Diagram 1

## Proposed Budget for Emergency Relocation Teams:

Department	Current Staff	Staff Needs	Costs	Pay Grade
<b>Department of Human Services</b>				
Adult Protective Services	142	1 Supervisor 6 CM Dedicated to Team 2 metro/4 rural	\$ 91,015 \$ 504,177	15 14
Long-Term Care Ombudsman*	50	7 Dedicated to Team 2 metro/5 rural	\$ 540,000	14
<b>Department of Community Health</b>				
Healthcare Facility Regulation	21	5 Surveyors Dedicated to Team 1 of the 5 as Coordinator/Supervisor 1 Data Analyst Dedicated to Team	\$ 410,000 \$ 80,690	15 15
Office of Inspector General	1	1 Supervisor/Investigator	\$ 88,693	15
<b>Georgia Bureau of Investigation</b>				
	241	5 Agents – 1 Agent/3 Regions	\$1,086,706 (\$491,028 on-going & \$595,678 one-time cost)	
<b>Department of Behavioral Health &amp; Developmental Disabilities</b>				
		2 <sup>nd</sup> year based on data		
<b>Assets/Resources</b>				
		Materials for relocations Training Meetings	\$ 20,000	N/A
Totals:		26 Staff	\$ 2,225,603 ongoing & \$595,678 one-time cost	

\*LTCO staff includes AAA and/or subcontractor staff. Seven new positions would be state employees.



## **AGENCY PROTOCOL: INVESTIGATION OF ALLEGED UNLICENSED PERSONAL CARE HOMES**

### AUTHORITY AND GENERAL INFORMATION

The Georgia Department of Community Health (Department), Healthcare Facility Regulation Division (HFRD), is authorized to license personal care homes, investigate complaints concerning such homes and take action against alleged unlicensed personal care homes pursuant to Official Code of Georgia (O.C.G.A.) 31-7-12 et seq. The operation of an unlicensed personal care home is a crime under Georgia law and unlicensed personal care home owners may be engaged in other criminal activities. HFRD works in partnership with the Department's Office of Inspector General (OIG) as well as other agencies as appropriate, including: the Georgia Bureau of Investigation (GBI), the Georgia Department of Human Services, Adult Protective Services (APS), the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Medicaid Fraud Control Unit (MFCU), the Office of the State Long-Term Care Ombudsman, the Social Security Administration (SSA), local law enforcement, local prosecutors and others.

### PROTOCOL

The following protocol provides a general overview of the steps that may occur during the investigation of an alleged unlicensed personal care home. Each investigation may vary depending on the facts and circumstances. Nothing in this protocol shall restrict or modify the Department's authority or the respective authority of any other entity identified within this protocol.

1. Intake. During the intake process, HFRD receives a tip or complaint regarding a potential unlicensed personal care home. There are multiple, possible sources for information, including: law enforcement, APS referral, tip during survey/investigation of another location by HFRD, Ombudsman's office referral, etc.
  - a. Complaints are entered into HFRD's tracking system and tracked as complaint investigations. Complaints are entered based on the alleged owner's last name (if known) and physical address of home.
  - b. Timeframe for initiating complaint investigations is 10 business days from the date the complaint was received; however, this may be escalated to 2 business days on a case-by-case basis. The timeframe for initiating the complaint investigation may be impacted by any other ongoing investigation such as a separate criminal investigation.
  - c. HFRD assigns one or more surveyors to conduct investigation together with OIG investigator.
  - d. HFRD will make determination about possible referral to GBI based on identity of alleged unlicensed PCH owner. If so, HFRD will send information to GBI Data resource for possible advance screening (obtain additional information about owner, location, etc.).
  
2. Investigation.
  - a. HFRD and OIG will initiate investigation without including other participants UNLESS the referral was from law enforcement or active investigation known (GBI,

- etc.). HFRD/OIG will assess location and determine if police should be contacted for assistance at scene. HFRD will coordinate with GBI to identify law enforcement contact/appropriate jurisdiction as needed.
- b. HFRD/OIG will attempt to gain access to the home to conduct onsite investigation.
    - i. If cannot gain entrance, then surveyor will either (a) attempt reentry at different time/date and/or (b) coordinate with HFR Legal Services to obtain an inspection warrant.
    - ii. If entrance obtained, surveyor conducts investigation to determine if complaint is substantiated. Observation, interview of individuals present (owner, staff, residents, neighbors), document review, etc.
  - c. HFRD/OIG will contact law enforcement (911) in the following situations:
    - i. If any residents are found in restraints or locked in rooms;
    - ii. Owner, staff, caretaker and/or residents are aggressive or threatening to surveyor (or any situation where surveyor feels safety is in jeopardy);
    - iii. Resident(s) pose danger to themselves or others;
    - iv. Resident is incapacitated, injured or deceased; and
    - v. Other scenarios as appropriate
  - d. HFRD/OIG will review findings and discuss whether additional investigation is required.
3. Determination. Upon completion of the investigation and review process, HFRD will determine whether the complaint is substantiated.
- a. If the operation of an unlicensed personal care home is not substantiated, then the surveyor will prepare written report and close.
    - i. Any evidence of abuse, neglect, exploitation must be referred to APS.
    - ii. Any evidence of criminal activity, fraud, etc. should be referred to appropriate investigative body (law enforcement, OIG, GBI, etc.).
    - iii. Information about Medicaid recipients must be provided to OIG.
      1. Referral to MFCU as appropriate.
    - iv. Information about SSA recipients must be provided to SSA.
  - b. If the operation of an unlicensed personal care home is substantiated, then HFRD will complete the following steps:
    - i. Initiate cease and desist letter (combined with monetary fine notice) will be sent via certified mail to the owner.
    - ii. Complete investigative report and update complaint system.
    - iii. Notify law enforcement and send written letter to law enforcement advising of illegal activity.
    - iv. Referral to APS if resident is at risk (abuse, neglect or exploitation, etc.). Surveyor to obtain names and identification of residents using unlicensed PCH forms. Information to be submitted to Central Intake.

4. Emergency Relocation. If a licensed personal care home complaint is substantiated, a determination must be made regarding potential emergency relocation of residents.
  - a. Emergency relocation may be required if:
    - i. Home is being closed by code enforcement or law enforcement (no running water, no power, etc.);
    - ii. No staff/caretaker(s) present and residents require care;
    - iii. Evidence of abuse, neglect or exploitation of residents; and
    - iv. Other situations as appropriate.
  - b. HFRD Surveyor/OIG to communicate to PCH Team, who will:
    - i. Alert APS, DBHDD, Ombudsman's Office, OIG and NET Provider Contact (James Peoples);
    - ii. Share resident information;
    - iii. Attempt to contact family members first (if information available); Surveyor to attempt to obtain this information from residents/staff;
    - iv. Contact licensed PCH facilities to determine whether available beds;
    - v. Advise residents of relocation options; encourage relocation;
    - vi. Track relocation placements and share with APS, DBHDD, Ombudsman's office;
    - vii. Transportation to be provided by provider if at all possible. If not, then NET transportation or other transportation to be arranged;
    - viii. Call Mobile Crisis (DBHDD) as appropriate.
  - c. APS and DBHDD to assist in resident interview and assistance with relocation. All participating staff to provide assistance to residents in gathering belongings, medication, cards from staff (EBT, SS Card, etc.).
  - d. HFRD to provide information packet to residents (residents' rights, etc.).
  - e. HFRD to provide emergency placement packet to providers agreeing to accept an emergency placement. HFRD to direct providers to DHS Division of Aging Services for information about Temporary Emergency Relocation Funds (TERF).
  - f. HFRD to copy resident information/records, if available, to give to new provider.
5. Follow-up Actions.
  - a. HFRD to submit copies of cease and desist notices to APS, Ombudsman's Office, DBHDD and others as appropriate.
  - b. HFRD/OIG will conduct a follow-up visit at location to determine whether facility has ceased operation as an unlicensed personal care home. HFRD will send a second notice if still operating. If the facility continues operation following the second notice, HFRD may pursue injunctive relief.
  - c. HFRD will follow-up with law enforcement regarding status of criminal charges, if any, and also with local prosecutor as needed.