



Updates to Critical Incident Reporting for 1915(c) HCBS Waiver Providers

Commonwealth of Kentucky
Department for Medicaid Services (DMS)

May 7, 2019

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shared without DMS consent



AGENDA

1. Overview of “Critical Incidents”
2. New Approach to Incident Management
3. Process for Reporting Incidents
4. Incident Types

OVERVIEW OF “CRITICAL INCIDENTS”

WHO IS THIS TRAINING FOR?

- **Direct service providers:** Any person or agent or employee of a provider entity who provides a 1915(c) HCBS waiver service.
- **Case managers:** An individual who manages the overall development and monitoring of a waiver participant's person-centered service plan (PCSP).
- **Support brokers/service advisors** (for participant-directed services (PDS)): An individual designated by DMS to provide training, technical assistance, and support to a waiver participant; and to assist a waiver participant in any aspects of PDS.
- This applies for all 1915(c) HCBS waivers:

Acquired Brain Injury (ABI)	Acquired Brain Injury Long Term Care (ABI LTC)
Home and Community Based (HCB)	Michelle P. Waiver (MPW)
Model II Waiver (MIIW)	Supports for Community Living (SCL)

OVERVIEW OF INCIDENT REPORTING

- “Critical incidents” are situations that put the health, safety or welfare of waiver participants at risk.
 - Includes medical (e.g., serious medication error, death, etc.) and safety concerns (e.g., missing person).
- Monitored by the Center for Medicare & Medicaid Services (CMS)-Federal Oversight agency
- All direct service providers, case managers, and support brokers/service advisors of Medicaid funded waivers are required to report critical incidents
- Reporting incidents under the provisions of this policy shall not replace the mandatory reporting requirements of Kentucky Revised Statute (KRS) 620.030 or 209.030 with regard to abuse, neglect or exploitation (ANE).

IMPORTANCE OF INCIDENT REPORTING

- Incident reporting is essential to safeguarding the health, safety, and welfare of 1915(c) HCBS waiver participants.
- Incident data is used to:
 - Identify and resolve incidents to support waiver participant safety
 - Mitigate preventable incidents
 - Provide insights into trends and problems across Kentucky to reduce risks and improve quality of services

IMPORTANCE OF INCIDENT REPORTING (Continued)

Submitting an incident does **NOT** mean that the direct service provider, waiver participant, case manager, or support broker/service advisor did anything wrong!

NEW APPROACH TO INCIDENT MANAGEMENT

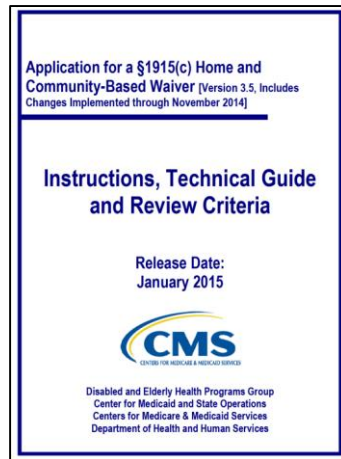
WHY IS INCIDENT REPORTING CHANGING?

- DMS is implementing short-term and long-term solutions to support performance improvement in incident reporting and to address deficiencies identified in an assessment report on Kentucky's 1915(c) HCBS waiver programs, provided by Navigant Consulting in September 2018.
- Key deficiencies identified:
 - There is no consistent or uniform strategy for incident management since requirements are different across waivers
 - There is limited information available to support waiver providers (e.g., instructional guides, training, etc.) related to incident reporting across waivers
 - Incident reporting is manual, making it administratively burdensome on waiver providers and Agency staff

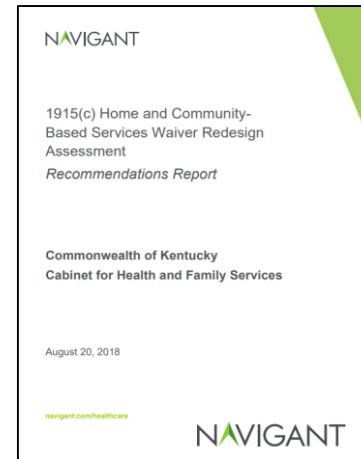
WHAT DID WE CONSIDER WHEN MAKING CHANGES?



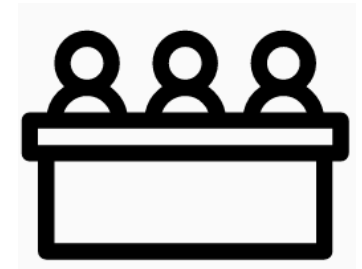
Federal OIG/ACL
Recommendations



CMS
Requirements



Navigant Report
Findings



Centralized
Quality
Management
Subpanel
(10 panelists)

HOW WILL THE INCIDENT REPORTING PROCESS CHANGE?

Interim Solution (Starts June 7, 2019):

- DMS streamlined the incident reporting process and requirements across all 1915(c) HCBS waivers (**Complete**)
- DMS created/updated the incident reporting materials used by waiver providers: (**Complete**)
 - Incident reporting instructional guide
 - Incident reporting form
 - Critical incident investigation report
- A webinar training about critical incident investigations will be presented for all waiver providers (**5/22/19**)
- **Direct service providers, case managers, and support brokers/service advisors use updated incident reporting materials (Effective 6/7/19)**



Long-Term Solution (By end of 2019):

- DMS will update existing state regulations (**Started**)
- DMS will update reporting requirements and timeframes in the 1915(c) HCBS waiver applications to CMS (**Public comment review period: 3-15-19 - 4/15/19**)*
- DMS will work with its vendor to enhance MWMA for a web-based approach to incident reporting (**Started**)

*Note: The 1915(c) HCBS waivers posted for public comment included different incident types than what is described in this presentation. DMS anticipates updating the incident types included in its 1915(c) HCBS waivers to align with this presentation; however, additional incident types may be included in the 1915(c) HCBS waivers or added at a later date once the web-based system is operational.

INTERIM SOLUTION – KEY CHANGES

- DMS streamlined the reporting requirements for all 1915(c) HCBS waivers.
- Key changes (some may not be new depending on the 1915(c) HCBS waiver):

Topic	Description
New Incident Reporting Materials	DMS updated/created three documents to support incident reporting: <ul style="list-style-type: none"> • <i>Incident Reporting Form</i> • <i>Critical Incident Investigation Report</i> • <i>Incident Reporting Instructional Guide</i>
Non-Critical Incident Reporting	Direct service providers, case managers, and support brokers/service advisors are not required to submit non-critical incidents to the regulating agencies ; however, direct service providers, case managers, and support brokers/service advisors are required to complete the incident reporting form for non-critical incidents and store these forms at the location of the direct service provider, case manager, or support broker/service advisor.
Reporting Timeframe – <i>Incident Reporting Form</i>	For critical incidents: Same day if the critical incident is witnessed or discovered during regular business hours (8 am–4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours.

INTERIM SOLUTION – KEY CHANGES *(Continued)*

Topic	Description
Reporting Timeframe – <i>Critical Incident Investigation Report</i>	The direct service provider or CM must submit the <i>Critical Incident Investigation Report</i> to the appropriate regulating agency within ten (10) business days . If the investigation is incomplete within 10 business days, the direct service provider or CM may provide additional documents as an addendum.
Incident Types	<p>DMS added/revised critical incident types:</p> <ul style="list-style-type: none"> • Three or more non-critical incidents of the same incident type in a 90 calendar day period • Unplanned hospital admission • Event involving police/emergency personnel intervention • Natural or expected death • Unnatural or unexpected death • Emergency room or emergency department visit <p>DMS revised non-critical incident types to “Minor Injury” and “Medication Error without Serious Outcome”</p>

INTERIM SOLUTION – KEY CHANGES *(Continued)*

Topic	Description
<p>Who Should Complete the <i>Incident Reporting Form</i>?</p>	<ul style="list-style-type: none"> • If the incident occurs at the direct service providers' location, the direct service provider is responsible for completing the <i>Incident Reporting Form</i>. <ul style="list-style-type: none"> ○ If the case manager or support broker/service advisor later discovers the incident (not from the direct service provider), the case manager or support broker/service advisor should follow-up with the direct service provider to complete the <i>Incident Reporting Form</i>. • If the incident does <u>not</u> occur at the direct service providers' location, the first person (direct service provider, case manager, or support broker/service advisor) who witnessed or discovered the incident is required to complete the <i>Incident Reporting Form</i>. <p>Note: The waiver provider who witnessed or discovered the incident is allowed to report the incident to a designated staff member to complete the <i>Incident Reporting Form</i>.</p>

INTERIM SOLUTION – KEY CHANGES *(Continued)*

Topic	Description
Who Should Complete the <i>Critical Incident Investigation Report</i> ?	The direct service provider or case manager who submits the <i>Incident Reporting Form</i> to the regulating agency, is responsible for completing the <i>Critical Incident Investigation Report</i>. During the interim solution, the support broker/service advisor is not responsible for completing the <i>Critical Incident Investigation Report</i> ; however, this process will change once a web-based solution for critical incident reporting is implemented.

INTERIM SOLUTION – OVERVIEW OF MATERIALS


- DMS updated/created the following materials to support incident reporting. **These materials are effective June 7, 2019.**
- All incident reporting materials are available on the Division of Community Alternative's website: <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>

Incident Reporting Instructional Guide	Provides instructions regarding how direct service providers, case managers, and support brokers/service advisors (for PDS) are expected to report critical and non-critical incidents for waiver participants receiving Home and Community-Based Services (HCBS) waiver services.
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Incident Reporting Form	DMS added additional fields to better support efforts to track incidents.
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Critical Incident Investigation Report	Used to provide additional context regarding the reported critical incident and to describe actions taken to resolve the incident and follow-up measures taken and/or planned.
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INTERIM SOLUTION – INCIDENT REPORTING INSTRUCTIONAL GUIDE



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Incident Reporting Instructional Guide for 1915(c) HCBS Waiver Services

Overview:
This document provides instructions regarding how direct service providers, case managers (CM), and support brokers/service advisors (for participant-directed services), referred to collectively as "waiver providers," are expected to report critical and non-critical incidents for waiver participants receiving 1915(c) Home and Community-Based Services (HCBS) waiver services. Critical incidents are serious in nature and pose immediate risk to health, safety, or welfare of the waiver participant or others. Non-critical incidents are minor in nature and do not create a serious consequence or risk for waiver participants.

Incident reporting is essential to safeguarding the health, safety, and welfare of 1915(c) HCBS waiver participants. Incident data is used to:

- Identify and resolve incidents to support waiver participant safety
- Mitigate preventable incidents
- Provide insights into trends and problems across Kentucky to reduce risks and improve quality of services


This guide applies to the following 1915(c) HCBS waivers:

- Acquired Brain Injury (ABI)
- Acquired Brain Injury Long Term Care (ABI LTC)
- Home and Community Based (HCB)
- Michelle P. Waiver (MPW)
- Model II Waiver (MIIW)
- Supports for Community Living (SCL)

All entities or persons that report incidents shall comply with applicable confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA) requirements, regarding the reporting of confidential information and protected health information. In addition, reporting incidents under the provisions of this policy shall not replace the mandatory reporting requirements of Kentucky Revised Statute (KRS) 620.030 or 209.030 with regard to abuse, neglect, or exploitation (ANE).

Direct service providers and case management entities are required to have written policies and procedures regarding incident reporting and management.

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Purpose: Provides incident reporting instructions for direct service providers, case managers and support brokers/service advisors

Highlights:

- Provides a consistent set of requirements across all waivers
- **Provides incident type definitions and reporting requirements**

INTERIM SOLUTION – INCIDENT REPORTING FORM

Kentucky 1915 (c) Home and Community Based Services (HCBS) Waiver Programs - Incident Reporting Form

Confidentiality Notice: This document contains confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited.

- For **critical** incidents, submit this form to the appropriate regulating agency (DMS, DALL, or DBHDD). *Timeframe for reporting:* Same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours.
- For **non-critical** incidents, complete this form within 24 hours of witnessing or discovering (excludes state holidays) and track and store at the location of the direct service provider, case manager, or support broker/service advisor who witnessed or discovered the incident. This form should not be submitted to the regulating agency; however, this form should be available for audit/review upon request.

Program: ABI ABI-LTC HCB MIHW MPW SCL
 Participant Directed Services? Yes No

WAVER PARTICIPANT INFORMATION

Waiver Participant's First Name: _____ Waiver Participant's Last Name: _____
 Date of Birth (MM/DD/YYYY): _____ Social Security #: _____
 Medicaid Number: _____ Race or Ethnicity:
 Gender: Male Female Unspecified American Indian or Alaska Native Asian
 Black or African American Pacific Islander
 White Hispanic or Latino
 Other Not Known
 Diagnosis/Illnesses (if known): _____

REPORTING SOURCE

Reporting Agency: _____ Reporter's Title: _____
 Reporter's First Name: _____ Reporter's Last Name: _____
 Reporter's Phone: _____ Did the reporter witness the incident? Yes No

INCIDENT INFORMATION (PAGE 1)

Critical Incidents	Non-Critical Incidents
<input type="checkbox"/> Suspected Abuse	<input type="checkbox"/> Serious Medication Error
<input type="checkbox"/> Suspected Neglect	<input type="checkbox"/> Natural or Expected Death
<input type="checkbox"/> Suspected Exploitation	<input type="checkbox"/> Unnatural or Unexpected Death
<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Missing Person	<input type="checkbox"/> Unplanned Hospital Admission
<input type="checkbox"/> Event Involving Police/ Emergency Personnel Intervention	<input type="checkbox"/> Emergency Room or Emergency Department Visit
<input type="checkbox"/> Three or More Non-Critical Incidents of the Same Incident Type in a 90 Calendar Day Period	<input type="checkbox"/> Other (describe): _____
	<input type="checkbox"/> Minor Injury
	<input type="checkbox"/> Medication Error without Serious Outcome

Level of Harm or Injury to the Waiver Participant: (Choose one)

Level 1: None
 Level 2: Injury or harm requiring treatment up to and including first aid
 Level 3: Injury or harm requiring medical treatment beyond first aid, injury or harm requiring hospitalization
 Level 4: Injury or harm resulting in death

Date of Incident (MM/DD/YY): _____ Discovery Date (MM/DD/YY): _____
 Time of Incident (AM/PM): _____ Discovery Time (AM/PM): _____
 Date and/or time of incident approximated

Revised 5/7/19

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Purpose: Standardized form used for incident reporting and tracking

Highlights:

- Identifies non-critical incident types
- Includes new sections to support incident analysis and tracking (e.g., level of harm, location type, alleged perpetrator, witnesses and other general information regarding the waiver participant)

INTERIM SOLUTION – CRITICAL INCIDENT INVESTIGATION REPORT

**Kentucky 1915(c) Home and Community Based Services (HCBS) Waiver Programs
Critical Incident Investigation Report**

Timeframe for Reporting: The direct service provider or case manager must begin its investigation into the critical incident immediately upon witnessing or discovering the incident and submit this document to the appropriate regulating agency within ten (10) business days.

Waiver Participant's Name: _____ Waiver Participant's Medicaid #: _____

Incident Date (MM/DD/YY): _____ Discovery Date (MM/DD/YY): _____
Time (AM/PM): _____ Time (AM/PM): _____

Waiver: <input type="checkbox"/> ABI <input type="checkbox"/> ABI-LTC <input type="checkbox"/> HCB <input type="checkbox"/> MIIW <input type="checkbox"/> MPW <input type="checkbox"/> SCL	-Does the waiver participant have Rights Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>
If reported to DCBS (APS/ICPS), was the incident accepted for investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	-Was the incident related to the Rights Restrictions?(if yes, attach Rights Restrictions) <input type="checkbox"/> <input type="checkbox"/>
Recent Medical Concerns: _____	-Does the waiver participant have a Behavior Support Plan (BSP)? <input type="checkbox"/> <input type="checkbox"/>
	-Was the incident related to the BSP? (if yes, attach BSP) <input type="checkbox"/> <input type="checkbox"/>
	-Did incident include Restraint? <input type="checkbox"/> <input type="checkbox"/>
	• Type: _____ • Duration: _____

Investigation Summary / Analysis of Cause

Waiver Participant Review	Staff/System Review
How many times has this kind of incident happened with this waiver participant in the past three months?	How many times has this kind of incident happened in your agency in the past three months?
What did you do to keep the waiver participant safe and well following the incident?	What policies, procedures, or protocols were reviewed in order to prevent recurrence?
	After review, what were the agency's findings?
What are investigating staff's recommendations for preventing future occurrences?	Describe any adjustments to policies, procedures, or protocols. (Include effective date of adjustment.)
What were the waiver participant's, guardian's, case manager's, and family members' recommendations to prevent the incident from reoccurring or concerns regarding the incident?	Who will be responsible for monitoring adjustments to policies, procedures, or protocols?

Investigating Staff Name/Title: _____ Supervisor Name: _____
Signature: _____ Date (MM/DD/YY): _____ Signature: _____ Date (MM/DD/YY): _____

Purpose: Template for direct service providers and case managers to identify critical incident investigation findings and next steps.

Highlights:

- Template will be used and required across all waivers (was previously only used for ABI waiver providers)
- This report should only be completed for critical incidents

PROCESS FOR REPORTING INCIDENTS

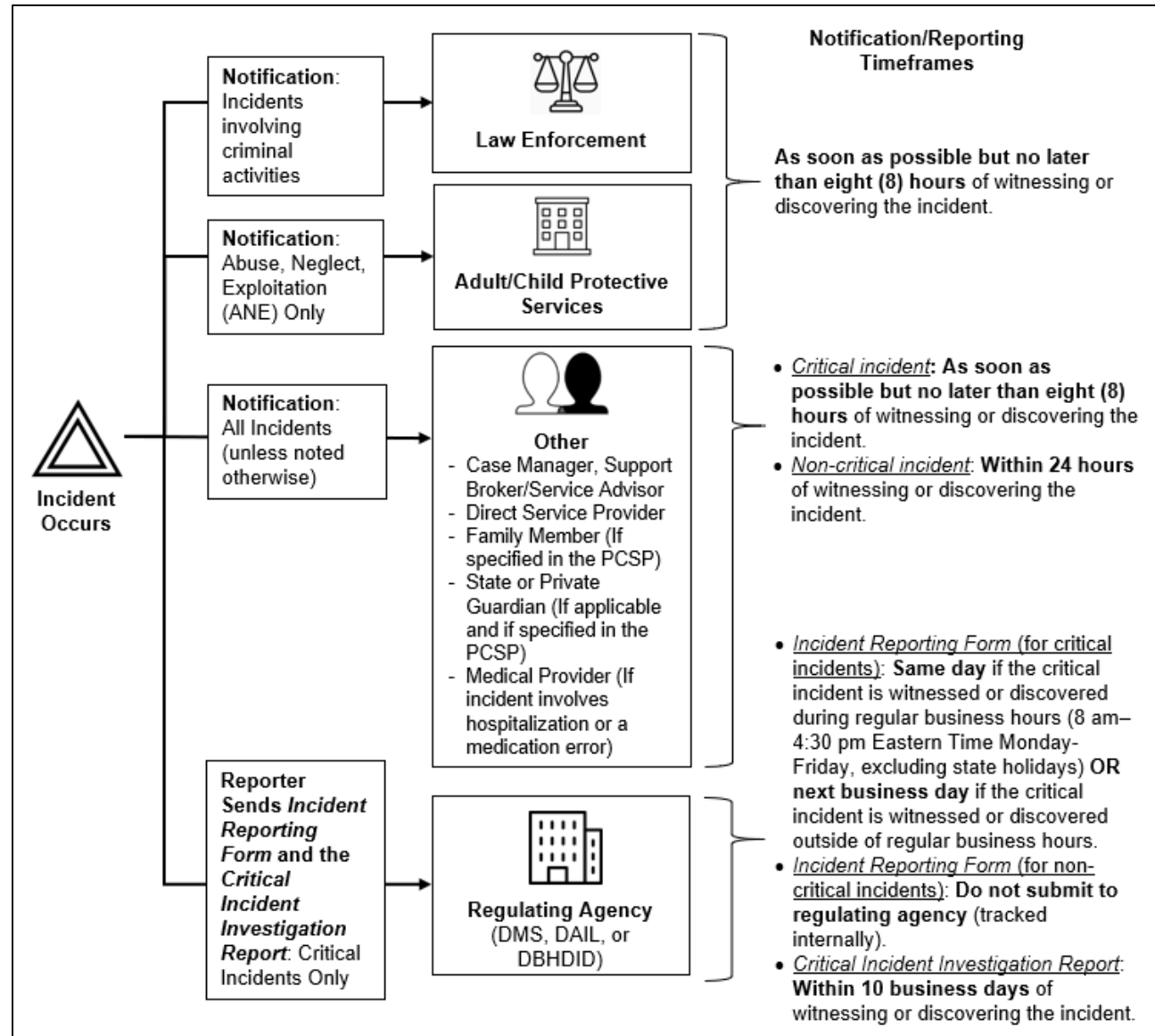
WHO IS RESPONSIBLE FOR INCIDENT REPORTING AND MANAGEMENT?

There are several parties involved with reporting, preventing, and responding to incidents.

Key responsible parties include:

- Direct service providers
- Case managers and support brokers/service advisors
- Regulating agencies (DAIL, DBHDID, DMS)
- Adult Protective Services (APS)
- Child Protective Services (CPS)

INTERIM PROCESS FOR INCIDENT REPORTING



Information is confidential and proprietary and is not to be shared without DMS consent

NOTIFICATION/REPORTING TIMEFRAMES

	Notification/Reporting To	Timeframe
Notifications	Law Enforcement (For incidents involving criminal activities)	As soon as possible but no later than eight (8) hours of witnessing or discovering the incident.
	DCBS – APS and CPS (For incidents involving ANE)	
	Family Member: For adults, a family member is only notified if the waiver participant has provided consent via their PCSP. For children, a family member is always notified.	<ul style="list-style-type: none"> • Critical incident: As soon as possible but no later than eight (8) hours of witnessing or discovering the incident. • Non-critical incident: Within 24 hours of witnessing or discovering the incident.
	Medical Provider: The medical provider is notified for incidents involving medication errors or hospitalization.	
	Direct Service Provider	
	Case Manager or Support Broker/Service Advisor	
State or Private Guardian (If applicable and if specified in the PCSP)		
Reporting	Regulating Agency (DMS, DAIL, or DBHDID)	<ul style="list-style-type: none"> • Incident Reporting Form (for critical Incidents): Within same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours. • Incident Reporting Form (for non-critical incidents): Notification to the regulating agency is not required. • Critical Incident Investigation Report: Within 10 business days of witnessing or discovering the incident.

AFTER AN INCIDENT IS REPORTED

- The regulating agency will review incident reports on a regular basis checking for completeness of reports to determine if the report:
 - Provides enough detail to understand the circumstances of the incident
 - Documents the steps taken to respond to incident
 - Identifies how the waiver participant's safety has been addressed and the follow-up measures taken and/or planned

CRITICAL INCIDENT INVESTIGATIONS

- Direct service providers and case managers must:
 - Ensure prompt action to protect the safety of the waiver participant. Actions may include, but are not limited to:
 - Removing the waiver participant from his/her setting
 - Removing or replacing staff
 - Provide necessary victim supports
 - Work collaboratively as needed to ensure waiver participant safety and accurate reporting to the regulating agency
 - For critical incidents, submit the *Critical Incident Investigation Report* to the appropriate regulating agency

AFTER AN INVESTIGATION IS COMPLETED

- The regulating agency will review investigation reports for critical incidents and determine whether:
 - Appropriate steps were taken by the case manager or direct service provider to mitigate preventable incidents from reoccurring
 - Additional steps or interventions should be taken to resolve the incident
 - The regulating agency will perform a follow-up investigation

DOCUMENTATION REQUIREMENTS

- Direct service provider and case management entities are **required to have written policies and procedures** regarding incident reporting and management.
- All incident reporting **materials must be retained** by the direct service provider, CM, or support broker/service advisor for five (5) years.
- **Document integrity must be maintained.**
 - Clearly identify what is new while maintaining what was originally present (use single strike-through if appropriate).
 - Identify who made the modification (use initials)
 - Date individual modified the document
- **All incident reports and investigation reports must be made available** to the waiver participant, guardian, and/or the PDS representative (applies to PDS only).
 - This information is part of the waiver participant's overall record.
 - When sharing the *Incident Reporting Form* and/or *Critical Incident Investigation Report*, identifying information for other waiver participants must be redacted.

WAIVER PARTICIPANT RIGHTS

- A waiver participant has the right to:
 - Report incidents
 - Participate in interventions
 - Be involved in the incident investigation process
 - Have an advocate present when interviewed for fact finding activities
- If a waiver participant chooses not to report an incident, or declines further intervention, **the incident must still be reported.** Documentation must be kept indicating that the waiver participant did not wish to report the incident or declined interventions. The reporter should also inform the waiver participant that their services may be in jeopardy if they are putting themselves or others at risk.

INCIDENT TYPES

INCIDENT DEFINITIONS OVERVIEW

Incidents

Critical Incident

Are serious in nature and pose immediate risk to health, safety, or welfare of the waiver participant or others

Non-Critical Incident

Are minor in nature and do not create a serious consequence or risk for waiver participants

TYPES OF INCIDENTS

Critical Incident

- Suspected abuse
- Suspected neglect
- Suspected exploitation
- Homicidal ideation
- Missing person
- Serious medication error
- **Natural or expected death**
- **Unnatural or unexpected death**
- Suicidal ideation
- **Unplanned hospital admission**
- **Event involving police/emergency personnel intervention**
- **Emergency room or emergency department visit**
- **Three or more non-critical incidents of the same incident type in a 90 calendar day period**
- Other

Non-Critical Incident

- **Minor injury**
- **Medication error without serious outcome**

Green = Revised language or new incident type

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WHAT IS NOT AN INCIDENT?

Events that do not have the potential to impact waiver participants' health, safety, or welfare do **NOT** need to be reported. Examples include but are not limited to:

- Scheduled medical procedures/surgeries
- Request to change a case manager or request for services to be placed on hold
- Cluttered house but the clutter is contained and does not impede function of home or safe passage of the waiver participant or others
- Peer to peer interactions that show no observed threat to health, safety, or welfare (e.g. argument over who sits in what chair)
- Lifestyle choices or actions that show no observed impact on health, safety, or welfare (e.g. having a few alcoholic drinks as long as its not contra-indicated, waiver participant missed taking their vitamins)

NEXT STEPS

- Review the updated incident reporting materials.
- Provide training to staff and update policies and procedures.
- DMS will post a frequently asked questions (FAQ) document in mid-May.
- The Cabinet will send a letter to all waiver providers that describes all upcoming changes and the website location of all updated incident reporting materials.
- Attend the critical incident investigation training webinar on May 22, 2019.
- By June 7, 2019, use the updated incident reporting forms.
- More changes to come in late 2019 to make this process more efficient and less administratively burdensome!

Thank You

Questions?

Email for feedback and questions: CHFS.IncidentRptWorkGroup@ky.gov

All incident reporting materials are available on the Division of Community Alternative's website: <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>

