

WELCOME TO THE

# Critical Incident | Remediation Training

HFS Guidelines

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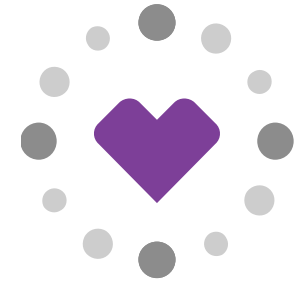
# Critical Incident | Remediation Training

HFS Guidelines



August 2020

# Your Training Facilitators



## Quality Department

- **Roxanne LaCroix**

## Care Management Leadership

- **Saranya Reddy, Operations Manager LTC**
- **Pat Smith-Huntoon, Clinical Manager, Region 3**

## Care Management Staff

- **Teri Stangle, Program Specialist 1, Region 3**

# Remediation Training Approach



# Agenda

## **What is a Critical Incident?**

Saranya Reddy

## **Abuse, Neglect & Exploitation**

Teri Stangle

## **Types of Critical Incidents**

Teri Stangle

## **What to do with a potential Critical Incident**

Teri Stangle

## **Mandatory Reporting**

Pat Smith-Huntoon

# Training Video Learning Objectives



*By the end of this training, you should be able to:*

- 1. Define a Critical Incident**
- 2. Identify, Report & Document a Critical Incident**
- 3. Resolve a Critical Incident**
- 4. Explain how the Critical Incident Process is monitored**
- 5. List the resources available to you to ensure our health plan complies with HFS Critical Incident requirements**

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# What is a Critical Incident?

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# What is a Critical Incident?

Actual or alleged Abuse, Neglect, Exploitation, or any incident that has the potential to place an Enrollee, or an Enrollee's services, at risk, including those which do not rise to the level of Abuse, Neglect, or Exploitation; this includes events that may cause substantial or serious harm to the physical or mental health of a member or the safety of a member's services.



# Why are Critical Incidents Important?

1. Mandated by the state
2. Identify when a break down in care or services has occurred to one of our members
3. Helps us ensure our members' safety
4. Helps us improve

# Potential Risks for Failure to Comply

- Sanctions of up to \$100,000 per event
- Suspension of new membership
- Potential loss of contract with the state

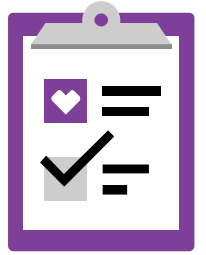


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# What are Abuse, Neglect & Exploitation?

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# What are Abuse, Neglect & Exploitation?



## Abuse

The willful infliction of injury, unreasonable confinement, intimidation, verbal assaults, harassment, inappropriate or unwanted sexual behavior, or punishment with resulting physical harm, pain or mental anguish.

## Neglect

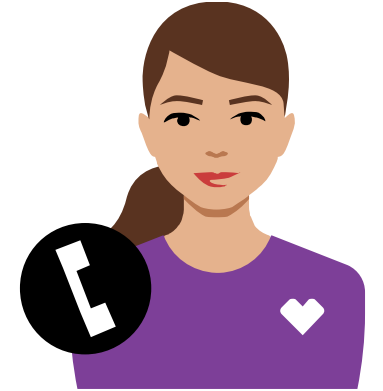
Failure to notify a health care professional when needed; failure to provide or arrange necessary services to avoid physical or psychological harm, such as food, medications, shelter, and clothing; or failure to terminate the residency of a member whose needs can no longer be met, causing an avoidable decline in function. Neglect may be willful or passive (non-malicious).

## Exploitation

The misuse or withholding of a person's resources (including funds or property) by another person, which causes a loss of money or property.

# Examples of ANE

- A nurse hitting a member
- A member's daughter taking money out of her purse without permission
- A member who cannot bathe themselves and has not had a bath in over a week
- A member's grandson moving into her home and using her resources without asking
- A member who has been intimidated by their nursing aid
- A member who has had urinary incontinence issues being punished from attending nursing home outings because they might "have an accident"
- A member who is constantly running out of their medications because their daughter forgot to fill them
- A member's son sells her belongings and does not give her the proceeds



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# Types of Critical Incidents

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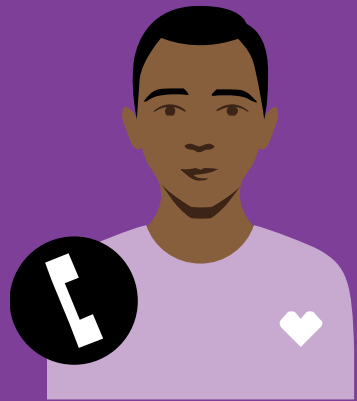
# Type of Critical Incident Defined | Part 1

Critical Incident	Definition
<b>Death</b>	<b>Death of Enrollee:</b> Deaths related to a treatment error, medication or omission of medication, poor care, or there was a recent allegation of abuse, neglect or exploitation, or the Enrollee was receiving home health services at time of passing. Any death of an individual occurring: within 14 calendar days after discharge or transfer of the individual from a residential program or facility, within 24 hours after deflection from a residential program or facility, at an agency or facility or at any Department-funded site.
	<b>Death of Other Parties:</b> Events that result in significant event for Enrollee. For example, Enrollee's caregiver dies in the process of giving Enrollee bath, thereby leaving Enrollee stranded in home without care for several days.
<b>Elopement of Enrollee at Risk</b>	At risk Enrollee is missing or whereabouts are unknown for provision of services.
<b>Lack of Contact with Enrollee at Risk</b>	Failure to contact client as required by service/care plan, managed care contract or waiver requirement. Enrollee is missing or whereabouts are unknown for provision of services.
<b>Medication Management</b>	Medication error that resulted or could have resulted in a significant event for Enrollee.
<b>Restraint, Seclusion or other Restrictive Intervention</b>	Unauthorized <b>restraint</b> is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. <b>Seclusion</b> is defined as placing a person in a locked or barricaded area that prevents contact with others. <b>Confinement</b> means restraining or isolating, without legal authority, a person for reasons other than medical reasons ordered by a Physician.

# Type of Critical Incident Defined | Part 2

Critical Incident	Definition
<b>Legal/Criminal Activity</b>	Involves State, Local or Municipal Law Enforcement - includes problematic possession or use of a weapon, arrest, property damage greater than \$50, or other criminal activity.
<b>Fraud</b>	The knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.
<b>Media Impact</b>	Any inquiry or report/article from a media source concerning any aspect of an Enrollee's case shall be reported via an incident report.
<b>Other</b>	Any incident that has the potential to place an enrollee, or an enrollee's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.

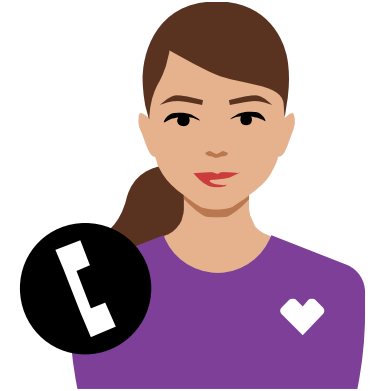




**What do you do if you suspect CI?**

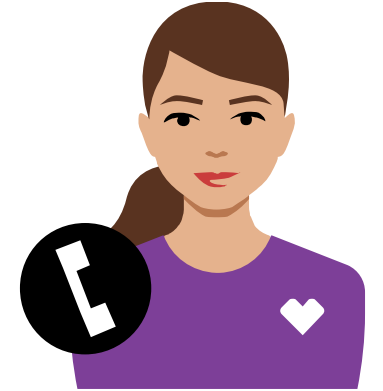
# Identifying a *potential* Critical Incident

- Potential Critical Incident may be identified through: discussions with providers/members/vendors, complaints/grievances, quality of care reviews, appeals, concurrent reviews, care coordination, review of public media information, etc.
- If a Critical Incident is reported by the Member's authorized representative or other party, HIPAA confidentiality policies are followed before disclosing any information.



# When Does a *potential* Critical Incident Become a Critical Incident?

1. When the Critical Incident meets the definition and the criteria set forth by HFS, the Illinois Department on Aging, and the DHS Division of Rehabilitation Services.
2. When the identified occurrence has been received, reviewed and confirmed with your Supervisor
3. Finally the identified Critical Incident is entered into the Critical Reporter Tracker where the Huddle led by CI Team Manager will review the CI and monitor the process for compliance; e.g. follow-up with the member, the reporting entity, resolution and closure of the case.



# Process Overview

Staff identifies a CI incident & Reports findings to their Manager.

CM documents CI event on SharePoint

CI Managers receives an Email Alert \*

CM across "All Plans" will address the Next Steps:  
 "Note" The process is the same for members residing in Long Term Care facilities

- CM Action Items:**
1. Establish member's imminent needs to ensure immediate safety.
  2. Notify Reporting Entity within 1 business day
  3. Notify Compliance of all FWA Complaints
  4. Notify Quality of PQOC (via QOC referral)
  5. Document CI in TruCare / CI SharePoint within 1 business day
  6. Update Care plan to reflect prioritized actions taken for member safety
  7. Follow up with Member & Reporting Entity (Investigating Authority) until CI is resolved
  8. Document resolution into TruCare / CI SharePoint Site

Case Does not Meet HFS Criteria

Valid CI based on HFS Criteria

Assigned CM to follow up, and document actions taken toward resolution into TruCare/ CI SharePoint Site proceed to **close** the case

\* Team Leader will notify the CI Huddle Managers via email when the case is **resolved**

# Process Overview

\*CI Alert activates CI Huddle Managers who monitor compliance with CI process:

Manager Huddle monitors the CI Event for Compliance with HFS guidelines:

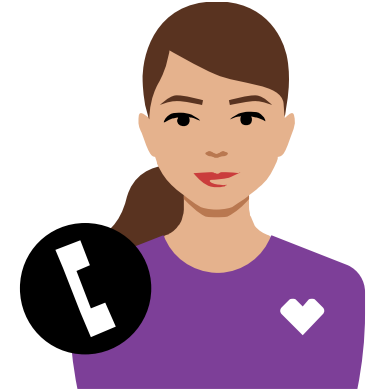
- Documentation of Follow up with the Member, & Reporting Entities and Case Closure.
- Identified gaps within the CI process and forward findings via email to the CM/Supervisors for follow up/completion.
- Managers Huddle findings will be documented on CI SharePoint Site

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# Mandatory Reporting

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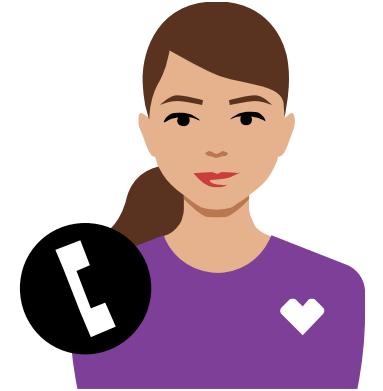
# Mandatory Reporting to the State/ Investigating Authorities (IA)



If the event qualifies as a Critical Incident, notify the appropriate state agency/investigating authority within 1 business day from the time the incident is identified, as appropriate.

Referral Entity	Signals – When to Report to an Investigating Authority
<b>Adult Protective Services</b> 866-800-1409	To report suspected abuse, neglect, or financial exploitation of a member age 60 or older or a member with disabilities age 18-59
<b>IDPH - NF Complaint Hotline</b> 800-252-4343	To report suspected abuse, neglect, or financial exploitation of members living in nursing facilities (NF).
<b>HFS - SLF Complaint Hotline</b> 217-782-0545	To report suspected abuse, neglect, or financial exploitation of members living in supportive living facilities (SLF).
<b>DHS Office of the Inspector General</b> 800-368-1463	To report suspected abuse, neglect, financial exploitation or death of members with a disability who reside in or receive mental health/developmental disability services from DHS-operated or DHS-funded agencies.
<b>Child Abuse Hotline</b> 800-252-2873	If you suspect that a child has been harmed or is at risk of being harmed by abuse or neglect.

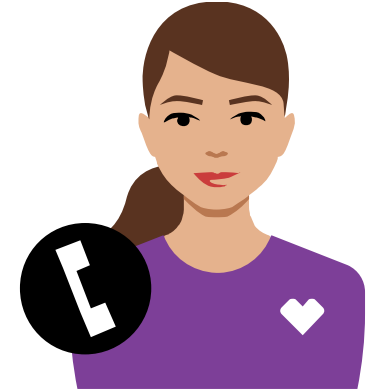
# Reporting - Mandatory APS Reporting to MCO



- APS notifies IlliniCare at [HCBS@centene.com](mailto:HCBS@centene.com) when Abuse, Neglect, or Exploitation (ANE) of a current client receiving service through IlliniCare is substantiated, unable to substantiate, or no ANE substantiated.
- Medical Management monitors [HCBS@centene.com](mailto:HCBS@centene.com) for incoming APS notifications of ANE
- If your member was involved in an APS case, you must report back to the APS agency that handled the investigation explaining the action you have taken as a result of the findings.
- You should provide that information **within fifteen (15) calendar days** of receiving the report.
- You should make at least **3 attempts to follow up with the State/IA within 45 days of reporting** the case, and you will need to document these attempts on the same day that they occur.



# APS – APS Notification Form Emailed to MCO



State of Illinois  
Illinois Department on Aging

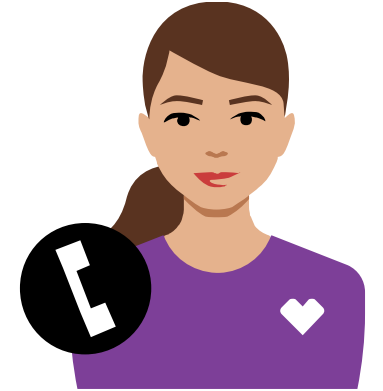
ADULT PROTECTIVE SERVICES PROGRAM  
**CONFIDENTIAL**  
REPORT OF SUBSTANTIATION DECISION

DATE:

<b>CHOOSE ONE:</b> To: <input type="checkbox"/> <a href="#">IDoA OCCS</a> cc: Care Coordination Unit OR <input type="checkbox"/> <a href="#">DHS DRS</a> OR <input type="checkbox"/> DHS DDD, <a href="#">Maureen Haugh-Stover</a> cc: Doug Kircher; and, local Individual Service Coordinator (ISC) OR <input type="checkbox"/> DSCC, <a href="#">Mary Milburn-Cole</a> OR/AND <input type="checkbox"/> MCO	From: (APS Agency)
	APS Supervisor: E-mail:
	APS Supervisor's Phone:

Name:	
Street Address:	
City:	Zip Code:
Phone:	Client ID #:
DOB:	
CCP: <input type="checkbox"/> Medicaid <input type="checkbox"/> Non-Medicaid	
<b>Substantiation Decision:</b>	
<input type="checkbox"/> No ANE Substantiated	
<input type="checkbox"/> Unable to Substantiate	
<input type="checkbox"/> Unable to Locate Client Declined to Cooperate	<input type="checkbox"/> Client Deceased <input type="checkbox"/> Access Denied <input type="checkbox"/> Client
<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> Case Transferred Prior to Substantiation <input type="checkbox"/> Client Entered LTC Facility
<input type="checkbox"/> Client Entered a CILA	
Substantiated: <input type="checkbox"/> Verified <input type="checkbox"/> Some Indication	
Type(s) of Abuse Substantiated: (Select all that apply)	Substantiated Abuser(s)/Relationship:
<input type="checkbox"/> Confinement	
<input type="checkbox"/> Emotional Abuse	
<input type="checkbox"/> Financial Exploitation	
<input type="checkbox"/> Passive Neglect	
<input type="checkbox"/> Physical Abuse	
<input type="checkbox"/> Sexual Abuse	
<input type="checkbox"/> Willful Deprivation	
Date of Intake:	
Date of Substantiation Decision:	
Summary:	
<b>Signature:</b>	

# APS - MCO Response to APS



Response due **within fifteen (15) calendar days** of receiving APS report.

**RESPONSE** (To be completed by CCU, DHS, DSCC and/or MCO)

**DATE:**

To: (APS Agency)	From:
Outcome:	
I verify that I have received _____ report of substantiated abuse. (Client's name)	
<b>Signature:</b>	

cc: IDoA APS Program Coordinator  
402-1220 (Rev. 05/17)

IL-

CONFIDENTIALITY NOTICE: The information contained in this document is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

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# Learning Objectives

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# Training Video Learning Objectives



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Thank  
you for  
your  
time!



