



Aetna Medicare HIDE (HMO D-SNP)- Critical Incident Reporting Process

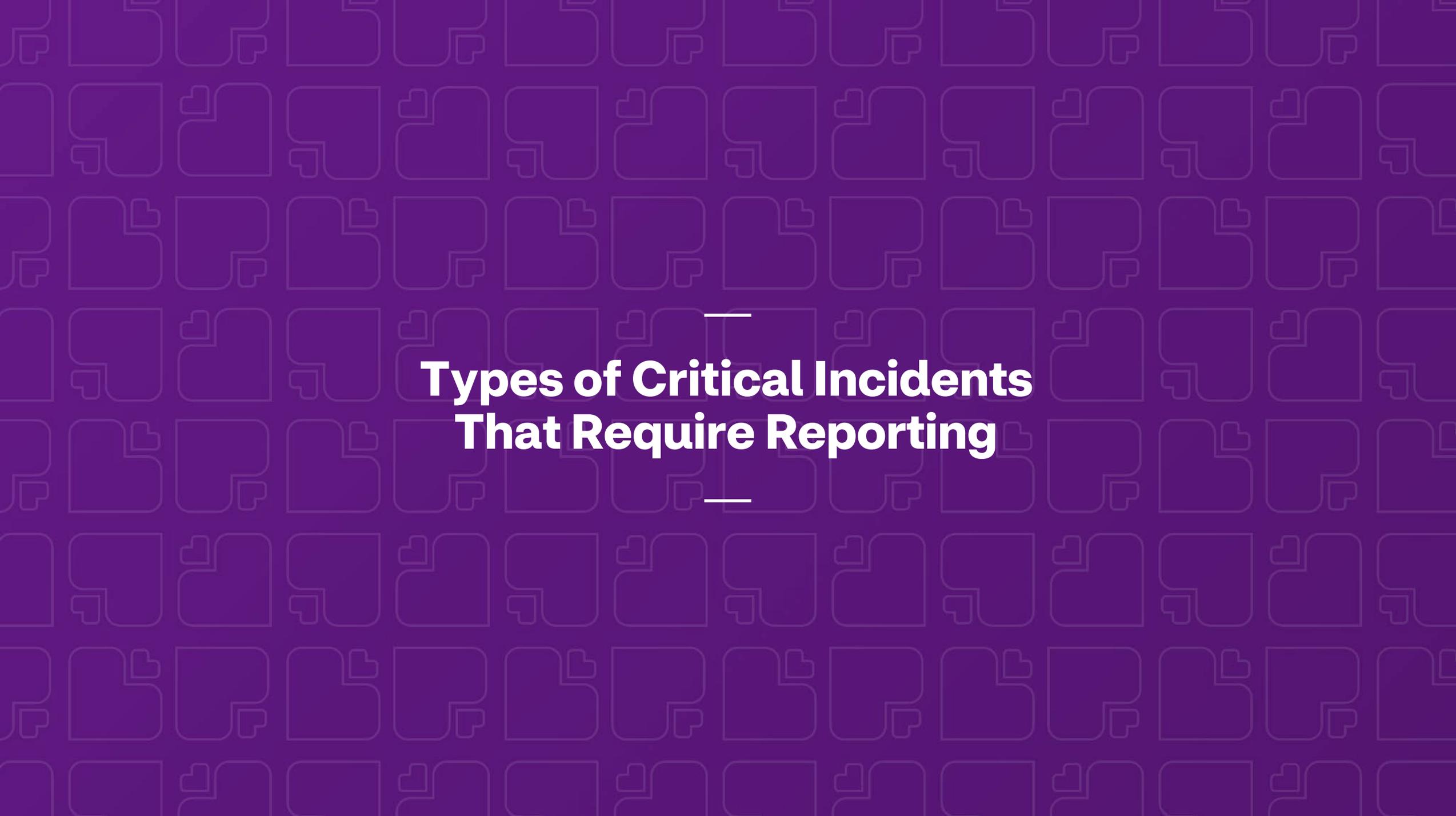
Agenda

- Brief overview of the types of critical incidents required
- How to identify critical incidents
- Reporting time frames
- The Reporting Process Instructions- New process
- Case Scenarios
- Helpful reminders

What is a Critical Incident?

Critical Incident is an occurrence involving the care, supervision, or actions involving a Member that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the Member or others. Critical incidents also include situations occurring with staff or individuals or affecting the operations of a facility/institution/school.





Types of Critical Incidents That Require Reporting

Critical Incident Types

Exploitation

- An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a member's property or funds for the benefit of an individual or individuals other than the member.

Things to watch for:

- Enrollee who was once able to afford bills reports not being able to
- Enrollee reports that their child took their debit card without permission and refuses/has not returned it
- Caregiver timecards not matching up with assigned hours
- Enrollee stating their agency caregiver took their vehicle to the store during hours in which the caregiver should be working in the member's home

Illegal activity in the home with potential to cause a serious or major negative event

- Any illegal activity in the home that puts the member or the providers coming into the home at risk.

Things to watch for:

- Member reports that family member in the home is making or selling illegal substances
- The CM notes there is exotic pet in the home (wolf-dog hybrids, lions, tigers, cougars, cheetahs, leopards, jaguars, panthers, and bears)
- Reports or suspicion of human trafficking occurring in the home

Critical Incident Types

Neglect

Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law or rules, policies, guidelines, written directives, procedures, or Individual Integrated Care and Supports Plans that cause or contribute to non-serious physical harm or emotional harm, death, or sexual abuse of, serious physical harm to an enrollee, or the intentional, knowing or reckless acts of omission or deprivation of essential needs (including medication management).

Signs of neglect to watch for:

- The member reports they are not being fed by caregiver
- The member's needed medication is being withheld from them
 - This could also be a sign of other incidents occurring concurrently, for example:
 - Neglect + Exploitation + Theft – If the member's medications are being withheld by a caregiver who is then taking them or selling them.
- The enrollee has a new pressure ulcer and reports caregiver refuses to turn them or help with pressure relief measures
- Home is in ill repair and there is a caregiver (paid or unpaid) who is responsible for up keep
 - This can include paid chore services provider (it's winter and walk is icy)

Critical Incident Types

Physical abuse

The use of unreasonable force on an enrollee with or without apparent harm.

Things to watch for:

- The provider notices bruises on the member's arm and they report their caregiver grabbed their arm and shoved them
 - Asking the member how they got their bruises and if they are taking measures to heal their bruises could begin dialogue with the member that may uncover potential CIs.
- The member has an emergency room visit for a broken bone. During a care coordinator visit they confess that their son hit them
- During a visit, the member who is usually talkative is very withdrawn. During the assessments they admit their family is very rough with them during care.
- A member is out running errands when they are assaulted by a random stranger

Use of Restraints, seclusions, or restrictive interventions

- Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).

Things to watch for:

- A member who is normally alert and oriented is very confused and lethargic during a visit. The caregiver reports giving the member extra anxiety medications because they “didn't want to deal with them”. (chemical restraint)
- The member reports their son locks them in their room all day. (seclusion)
- The member lives in a nursing home. During a visit the CM notes a gate blocking part of the residence hallway preventing access to parts of the facility. (physical restraint and HCBS Final Rule violation)

Critical Incident Types

Provider No Shows

Instances when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others

Things to watch for:

- Member is to receive home services in the morning. When the son comes back from work, he notices the member has not eaten, undergarments are soiled, and he is not bathed.
- Member reports they have not seen their home health aide in a few days and are not sure why (aide did not call to cancel visits)

Theft

A person intentionally and fraudulently takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including potential sale).

Things to watch for:

- Reported missing medicines or items
- Member reports break in at their home
- Member reports their son took jewelry without asking to a pawn shop

Critical Incident Types

Sexual abuse

Criminal sexual conduct as defined by sections 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e of the Michigan Penal Code.

- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and an enrollee.
- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and an enrollee for whom the employee, volunteer, or agent provides direct services.
- "Sexual contact" means the intentional touching of the enrollee's or employee's intimate parts or the touching of the clothing covering the immediate area of the enrollee's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or ratification, done for a sexual purpose, or in a sexual manner for any of the following:
 - (i) Revenge.
 - (ii) To inflict humiliation.
 - (iii) Out of anger

Things to watch for with sexual abuse:

- Doctor/hospital visit for a sexually transmitted infection
- Caregiver notes an unusual rash on genitals
- Member reports they had a pelvic injury

Critical Incident Types

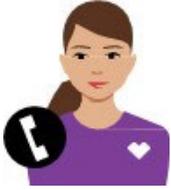
Worker consuming drugs or alcohol on the job: Use of any drugs or alcohol that would affect the abilities of the worker to do his or her job.

Suspicious or Unexpected Death: That which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. These incidents are often also reported to law enforcement

Medication Errors: Wrong medication, wrong dosage, double dosage, or missed dosage which resulted in death or loss of limb or function or the risk thereof.



Incident Reporting Team



Contact Information

Aetna Medicare HIDE (HMO D SNP)

Critical Incident Reporting By Email:

mi_critical_incident_reporting@aetna.com

Provider Services:

1-855-676-5772 (Phone)

By Fax:

844-466-7914

The Critical Incident Reporting Form is available on the Aetna Medicare HIDE (HMO D- SNP):

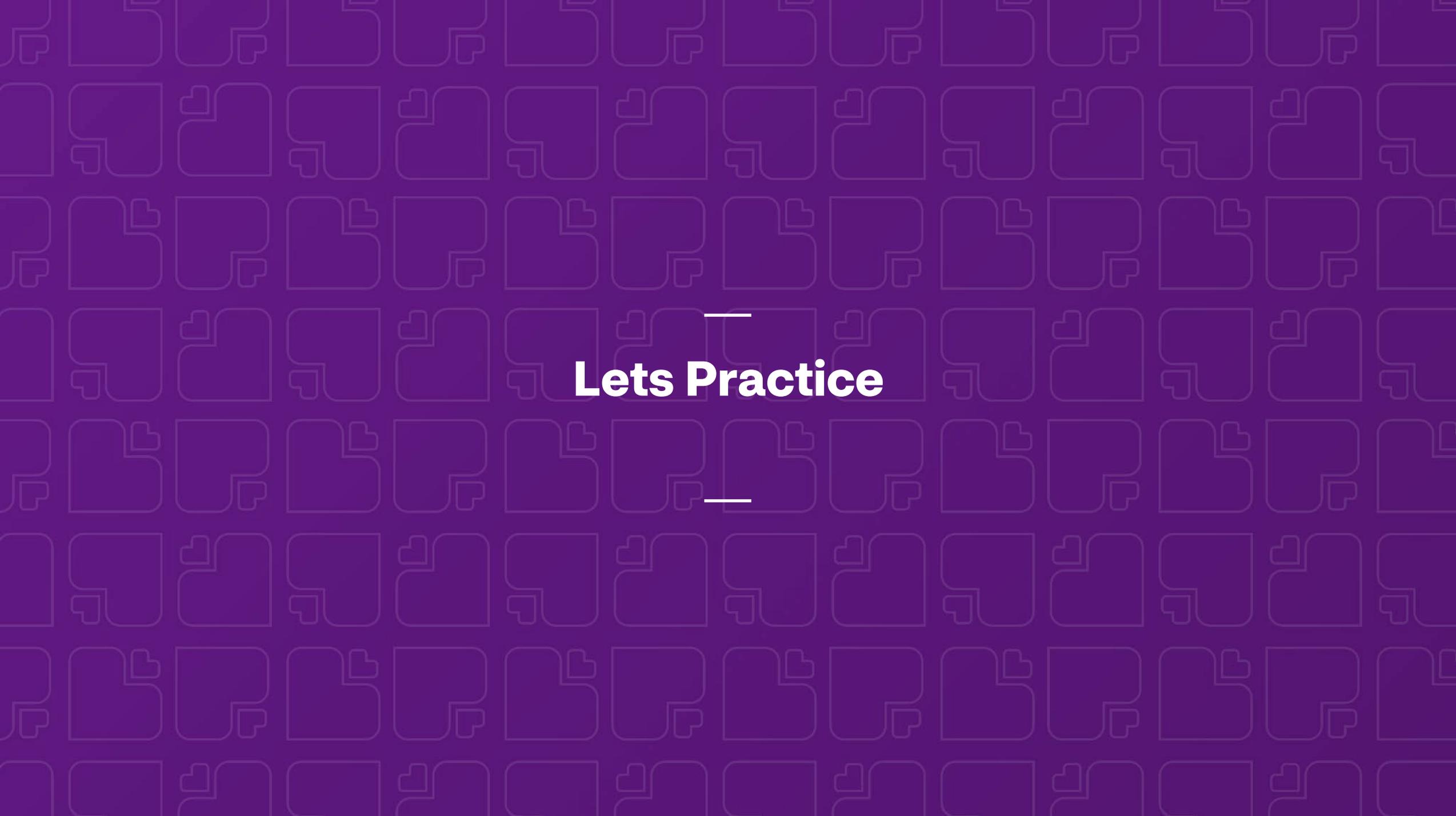
<https://www.aetnabetterhealth.com/michigan/providers/materials-forms.html>



Critical Incident Reporting Time Frames

Critical Incident Reporting Time Frames

- As part of our continued commitment to strengthening Critical Incident (CI) reporting and maintaining compliance with state requirements, we have implemented mandatory **Next Day Critical Incident Notification process**.
- When multiple incident types occur on the same day for the same member, separate incident reports must be entered into the critical incident reporting system.



Lets Practice

Is this a critical incident?

Case 1:

Member's home health aide did not show up to the member's house on the agreed upon date and time. Member has no family or back-up assistance available. Unfortunately, the member is unable to complete ADLs without assistance.

Is this a critical incident?

Case 2:

The member's home health aide tells the member that her son is ill, and she is short on money this week because she has had to pay for medication. The aide is unsure if she will be able to come to the member's home the rest of the week because she does not have the money to put gas in her car. Member decides to give the aide her credit card to fill up her gas tank in her car.

Is this a critical incident?

Case 3:

Member resides at home with her 25-year-old daughter. Member's daughter has been selling marijuana from the home.

Is this a critical incident?

Is this a critical incident?

Case 1:

Yes

This is a critical incident. Per the state's requirement when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.

Case 2:

Yes

This would be exploitation. An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the employee.

Case 3:

Yes

This would be a CI due to it being illegal in Michigan to transfer cannabis to another adult if money is involved. Incident: Illegal Activity In the Home

Scenarios practice

Scenario 1

This is a new member; the provider schedules a home visit with Larry to complete the initial assessment. Upon arriving at Larry's home, the provider notices that Larry flinches when his caregiver, Paul, approaches him. The provider gently asks Larry if he would prefer to complete the assessment in private. Larry agrees and requests that Paul leave the room. Once Paul leaves, Larry shows the provider a bruise and says, "Paul is my caregiver and he sometimes hurts me when I am unable to do something on my own"

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident?**

Scenarios practice - Scenario 1

<ul style="list-style-type: none"> • What Type of CI should be reported? 	<ul style="list-style-type: none"> • What are the next steps to be taken? 	<ul style="list-style-type: none"> • How can we resolve this incident?
<p>Physical abuse This is clearly indicated by Larry’s disclosure and visible bruise, along with his statement that Paul “sometimes hurts me.”</p>	<p>To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry’s statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry’s care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported</p>	<p>To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry’s statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry’s care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported</p>

Scenario 2

Linda is bed bound and was scheduled to receive assistance with activities of daily living beginning at 8 a.m. on Monday morning from her personal care provider. By 3 p.m., the provider still had not arrived. Concerned and in need of support, Linda contacted the provider's agency to report the missed visit and request assistance.

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident**

Scenarios practice - Scenario 2

• What Type of CI should be reported?	• What are the next steps to be taken?	• How can we resolve this incident?
<p>Missed Visit Since Linda is bed bound and relies on her personal care provider for essential daily living support, the provider's failure to arrive as scheduled poses a risk to her health and safety.</p>	<p>Document the missed visit, noting the scheduled time, when Linda reported the issue, and any impact on her well-being. Notify the provider agency and request immediate coverage. Inform the care management team to reassess Linda's needs and ensure continuity of care. Follow up with Linda to confirm she received support and to monitor her condition.</p>	<p>Linda should receive care promptly, either through a backup caregiver or alternative support. The provider agency should investigate the missed visit and address any staffing or communication issues. Ongoing follow-ups with Linda are important to ensure her needs are consistently met.</p>

Scenario 3

A provider conducts a home visit to complete the annual assessment for Mary. The provider notices Mary favoring her right leg and asks if she is in pain. Mary says that her sister has been hiding her pain medication.

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident**

Scenarios practice - Scenario 3

What Type of CI should be reported?	What are the next steps to be taken?	How can we resolve this incident?
<p>Neglect or Medication Mismanagement Since Mary is being denied access to necessary pain medication by her sister, which may impact her health and well-being.</p>	<p>They should document Mary's statements and observed behavior, such as favoring her leg. The provider should notify the appropriate internal team and, if required by policy or law, contact Adult Protective Services (APS) or the equivalent agency. Coordination with the care management team is also necessary to reassess Mary's care plan and ensure she receives her medication as prescribed.</p>	<p>Resolution may involve ensuring Mary has secure and consistent access to her pain medication, possibly by arranging for a different caregiver or implementing safeguards around medication storage and administration. The care team should follow up with Mary to confirm her pain is being managed and that she feels safe and supported in her home environment.</p>



Thank you