



NOTICE 0420507

DATE: April 14, 2020
TO: AAA Directors; PASSPORT Site Directors
FROM: Matt Hobbs, Chief, Division for Community Living
RE: Incident Management Process Changes - Updated
CONTACT: Chris Miller 614/466-9923 email: cmiller@age.ohio.gov

The purpose of this notice is to update standards for reporting and processing incident reports.
Issuance of this notice rescinds and replaces notice 0719404.

Effective July 1, 2019, incident reporting is completed in accordance with OAC 5160-44-05: Nursing facility based level of care home, community-based services (HCBS) programs and Specialized Recovery Services (SRS) program.

As part of ODA's strategy to assist PAAs following the State of Emergency in Ohio as declared by Governor Mike DeWine in March 2020, ODA is temporarily modifying the requirements related to finalizing Critical incident reports that are reported in ODA's WIRED incident reporting system. These modifications, as identified and italicized and underline below, will remain in effect until such time as they are rescinded by ODA.

For these new guidelines, please apply them to any incident reports that are still open as of the issuance of this notice, and to any new incident reports created on/after that date.

Background

Per the Centers for Medicare and Medicaid Services (CMS), states that operate Home and Community Based Services (HCBS) 1915c Medicaid waivers must show compliance with six waiver assurances to maintain operation of those waivers. One of those six waiver assurances is Health and Safety, which ODA, in part, assures through reporting and managing incidents according to 5160-44-05 Nursing facility-based level of care home, community-based services (HCBS) programs and Specialized Recovery Services (SRS), utilizing a web-based reporting system.

Incident Reporting Process

Effective July 1, 2019, all incidents for PASSPORT and Assisted Living Waiver enrollees will need to be documented and investigated as described in Ohio Administrative Code 5160-44-05: Nursing facility-based level of care Home, Community-based Services (HCBS) programs and Specialized Recovery Services (SRS) program: Incident Management. This administrative rule contains the new Incident Management Categories and definitions that began to be used on July 1, 2019. To clarify the language as written in the rule, the PASSPORT Administrative Agencies (PAAs) serve in the roles of submitter, care management entity, and investigative entity.

The incidents will continue to be reported using ODA's Web-based Incident Report Entry and Database (WIRED) system. However, the process requirements for the new incident reporting categories, including reviewer requirements and workflow, will vary depending on the incident type. The changes in process for handling these new categories are outlined below.

Critical Incidents that Require ODA Finalization/Closure

The following Critical Incident category types **need to be submitted to ODA for review**. Please note that the timeframe for completing the investigation of all Critical incident types is **45 days**, as per the new rule.

Critical Incident Types Requiring ODA Finalization/Closure:

- Abuse (Physical, Sexual, Emotional and Self) meeting any of the following criteria:
 - Results in the risk of the individual losing their residence;
 - Results in the need for medical attention provision;
 - The alleged violator lives in the same residence;
 - The alleged violator is a paid provider.
- Neglect (and Self-Neglect) meeting any of the following criteria:
 - Results in the risk of the individual losing their residence;
 - Results in the need for medical attention provision;
 - The alleged violator lives in the same residence;
 - The alleged violator is a paid provider.
- Exploitation meeting any of the following criteria:
 - Results in the risk of the individual losing their residence;
 - Results in the need for medical attention provision;
 - The alleged violator lives in the same residence;
 - The alleged violator is a paid provider.
- Misappropriation (\$1000+, money or property value) meeting any of the following criteria:
 - Results in the risk of the individual losing their residence;
 - Results in the need for medical attention provision;
 - The alleged violator lives in the same residence;
 - The alleged violator is a paid provider.
- Unexplained Death
- A public media story about an event directly impacting the health, safety or welfare of the individual
- An employee of the care management/investigative entity is the alleged violator
- Individual cannot be located

Process Requirements for the above incident types

1. Case Manager initiates and submits incident report within one business day
2. Case Manager, in coordination with and oversight of PAA supervisor, completes and documents investigative steps outlined in rule, as applicable:
 - a. Review relevant documentation
 - b. Conduct and document interviews
 - c. Identify any causes and contributing factors
 - d. Determine if substantiated
 - e. Implement any remediation steps at the individual level, including implementation of a Health and Safety Action Plan (HSAP), as applicable.
 - f. Review/discuss incident and outcome with individual
3. Supervisor reviews incident determines and documents if any action/inaction of the case manager contributed to the incident, and if any remediation is required.
4. **Within 45 days, Supervisor notifies ODA the incident is ready for ODA review and finalization.**
5. **By day 30, if it is anticipated that the investigation will require more than 45 days, investigative entity requests permission from ODA for extension.**
6. ODA reviews incident determines and documents if any action/inactions contributed to the incident, and if any remediation is required.
7. ODA finalizes/closes incident when all follow-up/requirements are completed.

Critical Incidents that DO NOT require ODA Finalization/Closure

The following incident Critical Incident category types do **not** need to be submitted to ODA for review. Incidents under these categories can be handled and finalized at the PAA level. Please note that the timeframe for completing the investigation of all Critical incident types is **45 days**, as per the new rule.

For purposes of **Critical Incident reporting**, the supervisor responsible for the investigative role **must not be the direct supervisor of the case manager reporting the incident**. It can either be another Case Manager Supervisor, or a Supervisor in another division/unit at the PAA.

Critical Incident Types NOT Requiring ODA Finalization/Closure

- Abuse (Physical, Sexual, Emotional and Self) not meeting the modified criteria for ODA finalization as noted above
- Neglect not meeting the modified criteria for ODA finalization as noted above
- Exploitation not meeting the modified criteria for ODA finalization as noted above
- Misappropriation not meeting the modified criteria for ODA finalization as noted above
- Health and welfare of the individual is at risk due to any of the following:
 - Activities involving law enforcement intervention
 - Individual's health and welfare is in immediate and serious jeopardy
 - An unexpected crisis in the individual's family or environment resulting in an inability to ensure the individual's health or welfare in his/her residence
- Any of the following prescribed medication issues:
 - Provider error

- Individual's misuse resulting in emergency medical services response, emergency room visit or hospitalization
- Individual's repeated refusal to take a prescribed medication resulting in emergency medical services response, emergency room visit or hospitalization

Process Requirements for the above incident types

1. Case Manager initiates and submits incident report within one business day
2. Case Manager, in coordination with and oversight of PAA supervisor, completes and documents investigative steps outlined in rule, as applicable:
 - a. Review relevant documentation
 - b. Conduct and document interviews
 - c. Identify any causes and contributing factors
 - d. Determine if substantiated
 - e. Implement any remediation steps at the individual level, including implementation of a Health and Safety Action Plan (HSAP), as applicable.
 - f. Review/discuss incident and outcome with individual
3. Supervisor reviews incident determines and documents if any action/inaction of the case manager contributed to the incident, and if any remediation is required.
4. Within 45 days, Supervisor completes finalization/closure of incident.
5. Documentation must clearly reflect any delay causing the incident to remain open past 45 days.

Reportable Incidents

Reportable Incident category types do **not** need to be submitted to ODA for review. Incidents under these categories can be handled and finalized at the PAA level. Please note that the timeframe for completing a Reportable incident is **30 days**.

Reportable Incident Types

- Death other than unexplained death
- Individual or family behavior, action, or inaction resulting in the creation of, or adjustment to, a health and safety action plan
- The health and welfare of the individual is at risk due to the loss of the individual's caregiver
- Any of the following prescribed medication issues
 - Individual's misuse not resulting in EMS response, emergency room visit or hospitalization
 - Individual's repeated refusal to take prescribed medications not resulting in EMS response, emergency room visit or hospitalization
- Hospitalization that results in an adjustment to the person-centered services plan
- Eviction from place of residence

Process Requirements for the above incident types

1. Case Manager initiates and submits incident report **in accordance with PAA process requirements**, but **no later than three business days after becoming aware**.
2. Case Manager completes, and documents investigative steps outlined in rule, as applicable:
 - a. Review relevant documentation
 - b. Conduct and document interviews

- c. Identify any causes and contributing factors
 - d. Determine if substantiated
 - e. Implement any remediation steps at the individual level, including implementation of a Health and Safety Action Plan (HSAP), as applicable.
 - f. Review/discuss incident and outcome with individual
3. PAA finalizes incident within 30 days of PAA becoming aware

Next Steps:

- Effective immediately, and effective until ODA removes the temporary process changes noted above, PAAs will implement the updated guidelines above.
- All newly hired provider and clinical staff are required to receive incident reporting training as part of orientation. Documentation of completion is to be contained in the employee records.
- Each PAA will continue to maintain policies outlining process requirements for review and closure expectations of all incidents. The policy will be available to ODA upon request.
- Each PAA will continue to maintain a quality oversight protocol that includes quality reviews of both reportable and critical incidents **not** requiring ODA closure. Quality reviews, a protocol completed outside of day-to-day incident management processing, serves the purpose of monitoring for adherence to rule and policy requirements, as well as tracking and trending of incidents completed. Details of the quality oversight protocol will be contained in PAA policy and available to ODA upon request. If there are any questions, please direct them to the contact listed above.

Please direct questions to the contact above.

MH/cdm