

June 30, 2020 Critical Incident Training Q&A

Please note all questions were taken directly from training chat box and are unedited.

Q: If you hear about an incident from another provider (NF, PIHP), but are not sure if it was reported, do you want the ICOs to report anyway? that should have been NF, PIHP, etc.

A: PIHPs have their own reporting system per the 1915(c) waiver "ICOs are required to obtain critical incident reporting information on a monthly basis for critical incidents reported by the PIHP via the critical incident reporting system that exists between PIHPs and MDHHS." Nursing facility incidents should be reported via the MI Health Link Incident Reporting Database following the requirements in Appendix G of the 1915(c) waiver.

Q: Does it apply to landlords who have members living in deplorable conditions and will not fix things around the house. (Question was asked in relation to incident type neglect)

A: Any issue of neglect that results in or potential for injury to the enrollee. If the neglect (or any critical incident) is the result of the landlord not complying with the terms set in the lease/known safety standards they may be reported to the Michigan Office of the Inspector General (OIG) Consumer Protection Division at 517-373-1140. Additionally information is available at: <https://www.michigan.gov/statelicensesearch/0,4671,7-180-24786-81337--,00.html#:~:text=Persons%20who%20have%20complaints%20against,at%20517%2D373%2D1140>.

Q: One of the problems, I see a lot is Caregiver having Member sign more than one time sheet at a time, especially for Caregivers not always showing up

A: If the caregiver is employed through an agency should be made aware ASAP and a critical incident report filed for exploitation. If it is a self-directed caregiver not through an agency the incident for exploitation should still be filed and part of the resolution of the incident should involve education to both the enrollee and caregiver on proper time sheet management.

Q: Are ICO responsible for uploading the critical report to MDHHS or do we call, etc?

A: All critical incidents are to be completed via the Center for Information Management (CIM) critical incident database in addition to making the appropriate referral calls (APS, Law enforcement, etc.) Access to the database is given via contacts at your individual ICOs.

Q: No need to report self-neglect by enrollee?

A: The definition of Neglect in the 1915(c) waiver states that neglect is an act commission or omission **by an employee, volunteer, or agent of a provider**. Therefore, self-neglect is not a reportable incident. It should be noted that education and follow up should take place when self-neglect is noted during care coordination/assessments to ensure the enrollee has all their needs met and to ensure what appears to be self-neglect is not neglect by a caregiver.

Q: Can you clarify if critical incidents needs to be reported for MHL Waiver enrollees, or ALL MHL members

A: Critical incidents for all MI Health Link enrollees must be reported in the database and investigated. Only those entered for MI Health Link Waiver enrollees will be used for the quarterly reports and performance measures. MDHHS does review all incident reports to monitor for outstanding issues. Please note, it is of utmost importance you are correctly marking the reports as waiver/non-waiver enrollees when submitting to the CIM database so they are properly included in each report.

Q: If you hear of 2 incidents in 1 (like theft and abuse) should that be reported as 2?

A: Yes, each incident type must be reported as separate reports even if they occur on the same day. Relevant information from each report may be copied and pasted between reports but interventions and resolutions will need to be specific to that incident type.

Q: Will we still be getting your quarterly critical incident audit reports?

A: Yes, 2020 quarter one and two will be a combined report due to the delay in getting 2019 quarter four out to the ICOs.

As a disclaimer these quarterly reports are different from the quality reporting on the Michigan Quality Measure MI3.1 For information on reporting for the number of critical incident and abuse reports for members receiving LTSS, the plans should refer to the technical specifications included in the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements.

Q: Is there a way to get the Actions/Interactions- steps taken to prevent further incident box expanded to above 4000 characters?

A: CIM has indicated that 4000 characters is the max number of characters that those fields can contain. CIM has suggested to use multiple interventions/actions to break up the character field. If examples of when ICOs are running out of characters can be provided, MDHHS will investigate further for additional guidance.

Q: I know that we can't force them but if we know someone is being abused, what can we do?

A: This really needs to be handled on a situation by situation basis as there will most likely never be a universal situation/response. If the enrollee refuses to report the perpetrator it is of the utmost importance to ensure the enrollee's safety. As healthcare providers we are all mandatory reporters so adult protective services should be called.

The Social Welfare Act requires mandatory reporters to make an oral report of vulnerable adult abuse, neglect, or exploitation to the Department of Health and Human Services; this is done via the critical incident reporting system and a call to Adult Protective Services. The person filing the report to APS is done anonymously.

Q: When we report to APS do we always tell the member we are reporting because it's mandatory?

A: You can let the enrollee know that you are required by law to report the incident to adult protective services because you are a mandatory reporter. The 1915(c) waiver states "Enrollees are also informed that care coordinators are mandated to report suspected incidents of abuse to the DHS-APS and to MDHHS through incident management reports."

Q: Could you provide some guidance regarding resolution activities related to a report of suspicious or unexpected death?

A: When working towards a resolution for suspicious or unexpected death the ICOs should attempt to cooperate/work with law enforcement to their best ability. If the ICO is reporting the death to law enforcement a case # should be issued for follow up purposes. ICOs should attempt to the best of their ability to get copy of the police report/findings of the investigation as part of the resolution of these incident types. If ICOs are unsuccessful in this; contact attempts and results should be clearly documented in the incident report.

Q: If a report is required to an external agency Abuse Neglect or Exploitation is there a different timeframe expectation for reporting the CI or follow-up?

A: All critical incident types must be reported to MDHHS within 30 days of the incident (or when ICO was notified incident occurred which ever comes first). The exception to this is unexpected/suspicious death this must reported to MDHHS and local law enforcement within 2 days.

The 1915(c) waiver states the investigation and evaluation of the incident must begin within 2 days of notification that the incident occurred. This would include notifying external agencies.

Q: What is the guidance on APS? We place a referral and our members don't always know we are doing it. So then IF APS calls (the ICO) what is the consensus on talking with them? Should we get consent to talk with them? When ICO calls for additional information they are told APS does not have consent to speak with them.

A: There are some known issues between APS and MI Health Link related to a lack of information on the side of APS about the program. MHL staff are working with a few APS staff to try and alleviate this issue and make sure that ICOs are able to get information and updates about incidents that are reported to APS. Please continue to make attempts to contact APS for follow up and document results in the incident report. Because of the rules and regulations related to mandatory reporting consent from the enrollee is not needed.