S-Quality

S-110 Critical Incident Reporting (CIR)

All critical incidents for OAAS Home and Community-Based Services (HCBS) certified waiver participants must be reported, investigated, and tracked. This includes all certified waiver participants residing in a Nursing Facility (NF), whether for a temporary or long-term stay, regardless of transition status. Critical incident tracking and reporting is required to meet the Centers for Medicare and Medicaid (CMS) health and welfare assurance requirements for HCBS waivers. Critical incident categories include: abuse, neglect, exploitation, extortion, major injury, major medical events, death, falls, major medication incidents, major behavioral incidents, involvement with law enforcement (participant arrested or victim of a crime), and loss or destruction of a participant's home. OAAS Regional Office (RO) and Support Coordination Agencies (SCAs) must comply with the critical incident reporting (CIR) as outlined in OAAS CIR policy and the OAAS Critical Incident Reporting (CIR) Manual, OAAS-MAN-19-002.

The participant/responsible representative should immediately report any incidents that may meet critical incident criteria to the Direct Service Provider (DSP) and/or Support Coordinator (SC) immediately. The DSP and/or SC must immediately take action to protect the participant from harm. All incidents involving suspected abuse, neglect and exploitation must be reported to Adult Protective Services (APS), Elderly Protective Services (EPS) or Child Protective Services (CPS).

If the DSP discovers the incident, the DSP will:

- Notify the SC within 2 hours of discovery.

- Enter the CIR into the Critical Incident Reporting (CIR) System by the close of the next business day after discovery.

    o If the critical incident involves a participant fall which occurred during the DSP service delivery, the DSP will conduct a fall assessment and analysis using the OAAS Fall Assessment Form, OAAS-PF-10-012 and the OAAS Fall Analysis and Action Form, OAAS-PF-10-013.

- Submit follow-up into the CIR system by the close of the 3rd business day after the initial report is entered.

- Cooperate with the CIR investigation, take action to prevent future occurrence and submit updates/follow-up until CIR closure.

- Participate in any planning meetings to resolve the critical incident and to develop strategies to prevent similar occurrences in the future.

If the SC discovers the critical incident, the SC will contact the DSP within 2 hours of discovery and will enter the incident into the CIR System by the close of the next business day after discovery.

For Adult Day Health Care (ADHC) Waiver participants (outside of LT-PCS service delivery) or self-directed Community Choices Waiver (CCW) participants, the SC will enter the incident into the CIR System by the close of the next business day after discovery/notification.

For ADHC Waiver or CCW participants residing in a NF, the SC will contact the DSP within 2 hours of discovery and will enter the incident into the CIR System by the close of the next business day after discovery.

If the critical incident involves a participant fall which occurred outside of DSP service delivery, the SC will conduct a fall assessment and analysis using the OAAS Fall Assessment Form, OAAS-PF-10-012, and the OAAS Fall Analysis and Action Form, OAAS-PF-10-013.

The SC will:

- Review critical incidents entered by the DSPs, requesting follow-up as needed.

- Submit follow-up including the cause and details of the incident and actions taken to ensure the continued health and safety of the participant by the close of the 6th business day.

- Continue to follow-up with the DSP and participant, responding to RO requests and updating the CIR system until closure by the RO.

- Participate in any planning meetings to resolve the critical incident and to develop strategies to prevent similar occurrences in the future.

- Once the CIR is closed in the CIR system, send a participant summary letter to the participant which includes the incident actions taken, resolution and suggested strategies/precautions to prevent reoccurrence. The summary does not include the identity of the reporter or any sensitive allegation information.

  o The participant summary is not sent for critical incidents involving a death.

Regional Office staff will:

- Follow-up with the SC, requesting additional information as necessary and providing technical assistance and direction until the closure of the incident.

- Complete referrals to other community resources/agencies to resolve any issues as needed.

- Ensure all necessary information is entered in to the CIR system and timelines are met.

- Enter CIR extensions timely before the due date to prevent CIR expiration, including a note detailing why the CIR was extended.
  o A note is required to document why the CIR was extended. Example: CIR extended in order to obtain results of follow-up doctor's appointment.
  o Extensions may be granted for up to 30 calendar days at a time.
  o Extensions should not exceed 90 calendar days except for APS or EPS cases in which case extensions must not exceed 150 calendar days.

- Ensure CIRs that are extended meet extension criteria. Refer to the CIR Manual, OAAS-MAN-19-02, Appendix C: CIR Terms and Conditions-Extensions basis.

- Complete the Participant Summary in the CIR system for distribution to the participant. The summary does not include the identity of the reporter or any sensitive allegation information.

  o The participant summary is not completed for critical incidents involving a death.

Regional Manager will:

- Review all new critical incidents, determine priority level and assign to staff.

- Monitor CIRs and reports to ensure CIRs are extended timely and according to extension criteria.

- Ensure that all critical incidents are completed and closed timely.

- Determine if a critical incident involving a death should be referred to the OAAS Mortality Review Committee, and if so, complete the referral.

- Close critical incidents after all follow-up has occurred and all necessary information has been entered into the CIR system.

S-200 Quality Review

The Quality Review process is mandatory for all Support Coordination Agencies (SCAs) prior to Plan of Care (POC) approval and consists of the following components:

- Nursing Facility Level of Care (NF LOC) determination;

- interRAI Home Care (iHC) Assessment; and

- Plan of Care (POC) completion.

To ensure a thorough and accurate Quality Review process, SC supervisors should use the Level of Care (LOC)/Plan of Care (POC) Review Checklist, OAAS-PF-12-008, prior to approving and submitting the POC.

SC supervisor will:

- Gather the iHC assessment, iHC notebook and POC.

- Review the documents to determine whether the SC completed the NF LOC determination, iHC, and POC correctly.

o If corrections are needed, the SC supervisor will send the documents to the SC for correction.

o If all documents are correct, the SC supervisor will approve the POC packet.

S-200 OAAS Consumer Surveys

OAAS contracts an external, un-biased entity to conduct annual consumer satisfaction surveys with a random sample of participants receiving Medicaid Home and Community Based Services (HCBS). The purpose of the Consumer Satisfaction Survey is to learn about the experiences of participants receiving OAAS services.

The survey asks questions across many areas including:

- Access to Services;

- Service Initiation;

- Service Planning and Delivery;

- Health and Safety;

- People and Social Connections;

- Qualified Providers;

- Employment/ Day Supports;

- Housing; and

- Participants' Rights, Responsibilities and Risk.

Participants who might be interviewed are mailed a postcard about the survey inviting them to participate. Interviewers then call the participant to ask for permission to complete the interview. The interviews may be conducted in person and/or by phone. The results of the survey are then entered into a data system and a final report is generated. This report gives valuable insight to OAAS to continuously improve service delivery and measure participant satisfaction.