

Waiver OTIS Frequently Asked Questions & Answers

Office of Aging & Adult Services:

1. If an incident which warrants a Critical Incident Report (CIR) happens after hours and/or weekends, is it appropriate for the DSP Supervisor to contact the Support Coordination Agency (using the 1-800 number) and then fax the report first thing Monday morning?

Answer: No, direct support workers must contact their supervisor or designee at the time a critical incident is discovered. The supervisor will have the knowledge and skills to triage and assist the worker in decision-making on the spot. The direct service provider (DSP) supervisor is the one most qualified to collect, summarize and document the facts which need to go into the initial CIR. When the DSP supervisor is contacted by the direct service worker, the supervisor must investigate and ascertain what has happened, complete the report and send it by FAX or e-mail to the Support Coordination Agency (SCA).

Rationale:

If the report is faxed or e-mailed to the SCA within the prescribed two hours, OAAS has the assurance that the supervisor was informed according to policy and that their expertise was utilized.

2. If a DSP supervisor faxes or emails a report to the SCA within 2 hours, does that mean that they never have to call the SCA?

Answer: No, during non-business hours when the SCA fax or e-mail is not being continuously monitored for incoming CIR's, if a CIR occurs which places a participant in jeopardy, the DSP supervisor must call the SCA on-call service (1-800 number) and let them know that they are calling to inform the SC of an emergency.

3. Do we have to report all falls if they do not warrant medical attention? I have an elderly gentleman who falls frequently. He will not tell the staff when he falls. They will find a bruise several days later and he then tells the staff that he fell several days back when they ask what happened to him.

Answer: Yes, the purpose of fall reporting is to ensure that the risk factors for falls are being continuously addressed in order to prevent falls whenever possible. To ensure that appropriate fall assessment, analysis and preventative action has occurred two forms are currently posted on the OAAS website and

must be made readily available to your staff for submittal with all Fall CIR's. These forms are titled:

- a. **Office of Aging & Adult Services: Fall Assessment Form**-To be submitted with the DHH HCBS Critical Incident Report Form Critical Incident Description by the direct service provider, and
 - b. **Office of Aging & Adult Services: Fall Analysis & Action Form**-To be submitted with the DHH HCBS Critical Incident Report Form Direct Service Provider Follow-Up by the direct service provider.
4. For DSP's: Will I have to buy scanners or fax machines for all of my DSP supervisors?

Answer: It is up to DSP agencies to acquire the type of technology they wish to invest in. For example, whether they want to invest in a scanner or fax at a supervisors' or directors' home or whether they want to make a trip to the office after hours when required.

5. If a person has accepted a waiver offer and is in the process of being approved for services should an incident report be completed?

Answer: No, CIR's are not to be completed on incidents which occurred before a participant has been approved for services.

6. What is the Participant Summary and who gets it?

Answer: The Participant Summary is a summary written by the regional waiver office for the benefit of the participant to inform them (or their family or authorized representative) and other relevant parties such as the support coordinator and direct service provider of the investigation results. It should include a description, actions taken, resolution, and suggested precautions to prevent recurrence. Only when the CIR is complete will the support coordinator be able to see and print the participant summary by going to Case Notes in OTIS and clicking on the print button. Support Coordinators will be able to see in List Cases when a CIR has been completed. **Support Coordinators must send the Participant Summary within 15 days of completion date to the participant and to the direct service provider.**

7. For SC's: If the Support Coordinator discovers the incident, shouldn't they send a written CIR to the DSP just as the DSP would send written notification to the SC if they discovered the incident?

Answer: The SC must communicate this information to the DSP agency verbally within two hours of discovery. The SC will also have to enter an initial description into OTIS by the close of the next business day. The SC should send a copy of the OTIS Print Report to the DSP after they have entered their Description Case Note and initial information. This will assist the DSP agency in providing accurate follow up on the incident. A Follow-Up report is due from the DSP agency to the SC by the close of the third business day after they have been verbally notified by the SC of the incident.

8. What do you do if additional follow up information comes at a later date and what if that follow up information contradicts the original information?

- a. **Answer for DSP's:** DSP's should send additional information on a *DHH HCBS Critical Incident Report Form Direct Service Provider Follow-Up* as frequently as they have new information regarding the incident. If the information is a change from original information they should state the source and clarify why new information is more correct.

- b. **Answer for SC's:** SC's should make additional entries on the Follow-up Case Notes as new information comes in. Each entry should show the date, time and SC entering. Prior- saved entries should never be deleted, only corrected in a subsequent case note. Waiver staff have the ability to view the history for OTIS Case Notes which enables them to verify compliance with Case Note entry policy. (Please see Appendix C of the OAAS CIR Policy for case note definitions and proper documentation).

9. For SC's: What do I do when I have entered the correct site and case number and the participant does not show up in OTIS?

Answer: The participant information in Waiver-OTIS comes from the Prior Authorization Database. This assures that the Support Coordination Agencies have OTIS access only to the clients currently linked to them. If you have current PA for a participant, then you should be able to enter them into OTIS. If you have PA for a participant and you have verified the correct site and case number and they do not show up in OTIS please contact our PA Data Contractor, Statistical Resources, Inc for resolution.

10. Should I send the *DHH HCBS Critical Incident Report Form* to Adult Protective Services?

Answer: Adult Protective Services requires that the person who is making the report regarding abuse/neglect/exploitation/extortion call 1-800-898-4910 number to make a verbal report. Intake staff will gather all the appropriate information needed to make a determination as to whether or not the case is accepted for investigation. After APS has accepted and assigned the case to be investigated, the Support Coordination Agency and Service Provider Agency can always provide the Investigator Specialist with a copy of the critical incident report they have written regarding the incident. **Do not send APS a *DHH HCBS Critical Incident Report Form* in place of calling them.**

11. For SC's: What if I find out after I have already entered an incident into OTIS that I suspect abuse/neglect/exploitation/or extortion and the participant is age 18-59?

Answer: Call APS at 1-800-898-4910 to make your report, if they accept the case, notify your regional waiver office that the case has been accepted by APS. Your regional waiver office will notify the office-wide OTIS administrator who will ensure that the case-type is changed in OTIS. Once the case-type has been changed, APS takes the lead and the case will no longer show up in your List Cases.

12. For SC's: What do I do if another SC has accidentally entered information on one of my cases?

Answer: Due to the importance of timely follow up of critical incidents, it is necessary for Support Coordinators and supervisors within an agency have access to the waiver participant's linked to their agency in order to cover situations in which an SC or supervisor must cover for another in resolution of critical incidents. It is the agency's responsibility to properly train staff on effective OTIS entry. In the event that incorrect information is entered, the entry can be corrected at any time up until the time the report is closed by the waiver office. (If error is discovered after the report has been closed it must be reported to the waiver office for correction).

If an error is made on the Case Notes Record, the previous entry should not be deleted. Instead, the corrected information should be entered on the case note below the information being corrected. **All case notes entered should be signed off with date & time of the entry and name and title of the one entering.** OTIS has a feature built in which allows waiver staff to audit the correctness of the case note sign-off, and this will be a part of Quality Tracking.

13. Can I enter more than one critical incident category per incident?

Answer: If more than one category occurs simultaneously or one develops into another prior to the resolution and closure of the incident, they should all be entered on the same incident number. However, if a second and unrelated incident occurs prior to resolution of a first incident it should be entered as a separate incident. The questions to ask in this decision-making process are:

1. Did the incident occur simultaneously? If yes, enter as one incident.
2. Did one incident category cause or contribute to another incident category prior to the closure of the incident? If yes, add to the existing incident.

Examples:

1. Incident entered as Sexual Aggression. Prior to closure the participant dies of natural causes completely unrelated to any events associated with the prior incident: Enter as two separate incidents.
2. Participant goes to the hospital with a major illness and dies: Both Major Illness and Death are entered onto one incident.

14. What should the SC enter for time of occurrence when they don't know, client can't remember, or the provider doesn't tell you?

Answer: It is not a mandatory event for CIR closure so if you cannot find out, you leave it blank. If you only know the date, put just the date. However, you must document your attempts to discover the occurrence date & time in the narrative.

15. What lines have to be added as part of OTIS on "Events" category?

Answer: The Event box at the top of the intake page lists all the events which are mandatory. As the events are entered they disappear from the Event box.

16. How /what to put in CIR when EPS is involved/case referred to EPS, etc.?

Answer: You enter an EPS case the same way you enter any other non-APS case. You will enter all of the information that you received on the incident form for Critical Incident Description and Follow Up from the DSP or witnessed by yourself. The difference is that the discoverer must report to EPS as well, and EPS will complete the investigation and share the results with appropriate OAS Regional

Office. ONLY EPS MAY INVESTIGATE. If there are recommendations or actions which you need to take, these will be communicated to you by EPS or OAAS staff. Enter any actions which you had to take to ensure participant safety or prevent further occurrence in the Follow Up Case Note. If the DSP is asked by EPS to take any action they should also put this in the CIR DSP Follow Up section and send it to the SC. If no action was necessary the DSP should write "no follow up actions required" on the CIR DSP Follow Up Section.

When OAAS regional receives the findings & recommendations from EPS they will enter the proper information in the Participant Summary for the SC to deliver to the participant/representative & provider.

17. What category to put situations in when nothing fits? Example: Family member reported to EPS for interfering with Participants care/worker or EDA client hospitalized for psychiatric evaluation due to behavior issues.

Answer: For any incidents which you are unsure of the incident category you should contact your regional OAAS staff with the details for assistance. However, contact your OAAS Regional Office only after you have carefully reviewed the incident categories, policy, and interpretive documents such as the Major Illness Decision Tree (all found on the W-OTIS webpage).

18. CIRs: what is being done to address providers who do not give SCs needed information to complete CIRs or who routinely do not send them or not send follow ups, etc? SCs need provider cooperation.

Answer: It is important to encourage all staff to follow the OTIS/CIR Contact/TA Protocol below:

- DSP staff person first communicates question to DSP Supervisor
- If further clarification is needed, DSP Supervisor contacts SC Agency
- If more comprehensive TA is needed DSP Supervisor or SC Supervisor contacts OAAS or OCDD Regional Office.

If a provider agency does not follow the reporting responsibilities for DSP's which are spelled out in the policy and training materials for providers (W-OTIS webpage) it is important that you notify your Regional Office with the facts about what has occurred. If your Regional Manager cannot resolve, they will seek assistance from the state office.

Reports have been developed which will allow us to track both DPS & SC compliance with reporting timelines. Baseline data has accumulated since W-OTIS initiation. Final development of these reports is underway which will allow us to take action against providers who are clearly out of compliance with reporting responsibilities.

19. Since CIR has been required form since 7/1/08, is a blank CIR required to be in the home book (instead of or in addition to the provider's incident form that varies from provider to provider)?

Answer: A DSP may use their own form for incidents only if the incident does **NOT** meet the OAAS policy criteria for a Critical Incident. If it meets the definition for a Critical Incident, they must submit to your office a copy of the form which has been in place since 7/1/08.