



WV Aged and Disabled Waiver (ADW)
State Plan Personal Care Services Program
Quarterly Provider Meeting

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Summersville, West Virginia



Agenda



- ▶ Incident Management System Versus Process
- ▶ Mitigation and Remediation
- ▶ IMS Talks
 - ▶ The Lesser Known Protection
 - ▶ Responsibility versus Accountability
- ▶ Incident Types: Simple, Critical, Abuse, Neglect, Exploitation
- ▶ Unsafe Environment/Noncompliance Group Work Session
- ▶ Questions and Answers

Today is an Important Training

It is About the People we Serve



Incident Management – 85% or Less





Incident Management System vs. Incident Management Process

What is the difference?



WV Incident Management System

- The new version of the WV Incident Management System (IMS) went into effect on July 2, 2018.
- The WV IMS is an electronic system put into place to enable WV to comply with the CMS requirement that incidents must be entered and tracked with an aim of ensuring the health and welfare of the people who participate in HCBS.
- CMS expects that incidents that occur during service time and also during non-service times will be entered into the IMS.
- CMS expects that for critical incidents and incidents of ANE, follow-up will be entered and that incidents will be “completed” or resolved within 14 days of the provider learning of the incident.



WV Incident Management System

- ▶ The new version of the WV Incident Management System (IMS) went into effect on July 2, 2018.
 - ▶ Many users had trouble entering follow-up and also on “completing” incidents in the new system due to changes in the appearance and functionality of the system and the addition of a step of “completing” the incident.
 - ▶ These difficulties resulted in WV being out of compliance with two Performance Measures regarding follow-up (months of July, August, September, December 2018 for ADW; months of July and September 2018 for PC) and incident resolution (months of July, August, September, and December for ADW; months of July and September 2018 for PC).



WV Incident Management System

- ▶ Due to WV's lack of compliance with the Performance Measures, remediation had to be completed regarding proper use of the IMS.
- ▶ Remediation efforts have included:
 - ▶ Presentation about the IMS at every quarterly provider meeting since May 2018.
 - ▶ Development of IMS Talks to improve use and compliance with IMS.
 - ▶ Monthly meetings at the BMS level to explore improvements that could be made to the IMS.
 - ▶ Increased TA's completed by BoSS to IMS users in order to warn them when follow-up was due to avoid missing deadlines.
 - ▶ Increased TA's completed by BoSS to encourage IMS users to enter late incidents or late follow-up on incidents and enter the word REMEDIATION into the incident. This is complicated because an incident remains unlocked for 24 hours after it is unlocked by BoSS staff. If user is not available to enter the follow-up and "complete" the incident, it relocks.
 - ▶ Increased training on mortality reporting because all deaths must be entered into the IMS for ADW and PC cases.



WV's Systemic Remediation

- ▶ Data in - Data out.
- ▶ **You:** You report the incidents and conduct follow-up.
- ▶ **State:** State collects data monthly from your incidents.
- ▶ **CMS:** WV analyzes data for IMS Performance Measures (how WV is meeting assurances).
- ▶ **Quality Improvement:** Remediation and improving the system after data analysis.
- ▶ **System Change:** Further systemic quality improvement coming.



Telling the Story

- ▶ Review of an example of a series of incidents.
- ▶ Incidents occurred over time.
- ▶ Incidents are for one person.
- ▶ Multiple providers.
- ▶ Multiple plans, interventions, referrals, actions, suggestions.
- ▶ Same story at the beginning. Same story at the end.
- ▶ Can we change the story?
- ▶ How can we change the story?

WV's Incident Management System

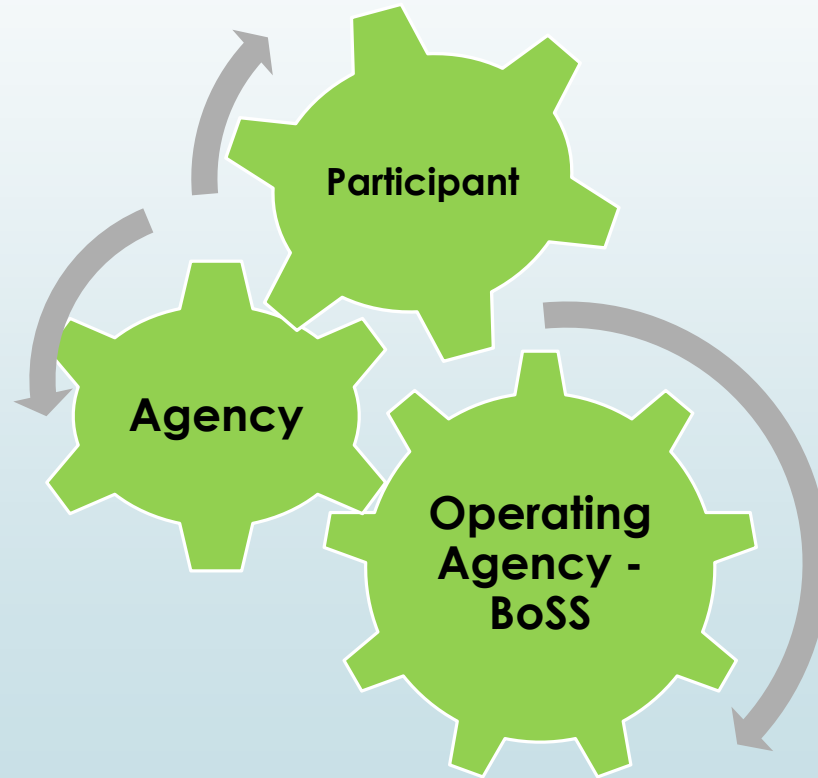
Fraud

APS

Other

PCP

Police



CMS



Incident Management Process

- ▶ After the incident has been reported in the IMS, the rest of the process takes place outside of the IMS.
- ▶ Under the current manuals, the provider agency is expected to complete a thorough investigation.
- ▶ The agency is also expected to conduct individual remediation and systemic remediation.
 - ▶ Individual remediation – assure safety of the person first, look at reports from recent past, develop risk mitigation plan.
 - ▶ Systemic remediation – can the lessons learned from this case extend out to the rest of the people you serve in the program to help assure their health and welfare?
- ▶ Part of individual remediation is creating a risk mitigation plan to address the issue and try to prevent future occurrences of it.



Definitions used in Incident Management

- ▶ **Remediation (fix it)** – the action of remedying something
 - ▶ Individual remediation – what are you doing to fix it for the person that it happened to?
 - ▶ Systemic remediation – once you look at the picture regarding this problem in your organization, if you determine it needs to be addressed agency-wide, what are you doing to fix it for other people you serve in the program?
- ▶ **Risk analysis** – process of identifying and analyzing potential issues that could negatively impact a person
- ▶ **Risk mitigation (prevent it)** – process of developing options and actions to reduce threats of harm – can be individual or systemic

Mitigation and Remediation



**Prevent
it**

Fix it



Incident Management Process

- ▶ Criteria for a thorough investigation:
 - ▶ Report was fully documented to include the date of the incident, date the agency learned of the incident, facts of the incident, type of incident, initial determination of the incident, and verification that an approved professional conducted the investigation.
 - ▶ All parties were interviewed and incident facts were evaluated.
 - ▶ Person was interviewed (if not deceased or other applicable reason).
 - ▶ Determination of the cause of the incident.
 - ▶ Identification of preventive measures.
 - ▶ Documentation of any action taken as the result of the incident (worker training, personnel action, removal of staff, changed in the Service Plan/Plan of Care).
 - ▶ Change in needs were addressed on the Service Plan or Plan of Care.



Incident Management Process

- ▶ Determination of the **cause** of the incident (if possible).
 - ▶ How do you get to this conclusion?
 - ▶ Review of information and documentation, assessments, interviews, police reports, response from APS/CPS, etc.
- ▶ Identification of **preventive measures**.
 - ▶ Fall prevention, use of assistive devices, decluttering of home, limitation of access to credit/debit cards, securing medications, money or other valuables in lockboxes or other means, safety plans, etc.
- ▶ Documentation of any **action** taken as a result of the incident.
 - ▶ How do you show your work?
 - ▶ If you made referrals to police, APS/CPS, fraud, document your actions; if you removed the worker, document that removal; if you trained the worker, document it.
- ▶ **Change in needs** were addressed on the service plan.
 - ▶ Risk planning and mitigation plans
 - ▶ Look at recent history of incidents for the person during the service planning process and include information specific to that person in risk planning



Initial and Continuing Certification

Incident Management compliance is a requirement for Provider Certification

- ▶ Initial Certification: To ensure that a provider understands and complies with incident management policy.
- ▶ Continuing Certification: To ensure that a provider continues to maintain compliance with incident management policy.
- ▶ Medicaid Aged and Disabled Waiver and Personal Care Providers are required to have Certification to be a provider, to reside on Provider Selection Lists and provide services.
- ▶ This is how WV ensures that “qualified providers” are providing services and participant health and welfare is assured.



IMS Talks

The Lesser Known Protection

- ▶ Risk Mitigation – what are the three levels of risk:
 - ▶ Risk to the member
 - ▶ Risk to the agency
 - ▶ Risk to the professional
- ▶ Who do you protect when you do an incident report?
 - ▶ **YOU**, The professional
- ▶ Responsibility vs. Accountability
 - ▶ What I have to do- Responsibility
 - ▶ What I do- Accountability

If you know about it, you have to do something about it.

Incident Types

- ▶ Critical
- ▶ Abuse/Neglect/Exploitation (ANE)
- ▶ Simple



What?



Critical Incidents

- ▶ Attempted suicide, suicidal threats or gestures.
- ▶ Suspected and/or observed criminal activity by recipient or recipient's family/friends, by provider, or other that compromise health or safety of person.
- ▶ Unusual event such as fall or injury of unknown origin requiring medical attention (not suspected ANE).
- ▶ Significant interruption of major utility, such as electricity or heat in person's home that compromises health and safety of person.
- ▶ Environmental/structural problems with person's home that compromise person safety (can include inadequate sanitation).
- ▶ Fire in the home resulting in relocation or property loss.
- ▶ Unsafe physical environment in which PA and/or other agency staff are threatened or abuse and the staff's welfare is in jeopardy.



Critical Incidents (cont.)

- ▶ Disruption of delivery of services, d/t involvement with law enforcement by person receiving services and/or others residing in the home that compromises person's health or safety.
- ▶ Medication errors by person or informal caregiver that compromises person's health or safety, such as medication taken that was not prescribed for the person, and failure to follow directions for prescribed medication, including inappropriate dosages, missed doses, or doses administered at the wrong time.
- ▶ Disruption of planned services for any reason that compromises health or safety of person, including failure of person's emergency back-up plan.
- ▶ Any other incident judged to be significant and potentially having serious negative impact on the person.
- ▶ All deaths – anticipated/unanticipated, timely/untimely, suspicious/non-suspicious.



Abuse/Neglect/Exploitation (ANE)

- ▶ Abuse – the infliction or threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident or child. Definition can also include the following situations:
 - ▶ Sexual abuse or exploitation
 - ▶ Human trafficking
- ▶ Neglect – unreasonable failure by a caregiver to provide the care necessary to assure the physical safety or health of an incapacitated adult or child.
- ▶ Financial exploitation – intentional misappropriation or misuse of funds or assets of an incapacitated adult or facility resident or of a child with a trust.



Abuse/Neglect/Exploitation (cont.)

- ▶ Incapacity can refer to mental or physical. All people eligible for ADW or PC are considered at the very least to be physically incapacitated. Some also have been deemed by physician or court to lack mental capacity as well.
- ▶ Any incident attributable to failure of ADW provider staff to perform his/her responsibilities that compromises the person's health or safety is considered to be neglect and must be reported to APS.



Simple Incidents

- ▶ Incidents that cannot be characterized as critical or ANE. Some examples include but are not limited to:
 - ▶ Fall or other incident that does not require minor first aid or medical intervention.
 - ▶ Minor injuries of unknown origin with no detectable pattern.
 - ▶ Dietary errors with minimal or no negative outcome.

Unsafe Environment/Noncompliance- Group Work Session

- ▶ We have prepared draft incident scenarios for unsafe environment and noncompliance.
- ▶ Please split into 15 groups.
- ▶ Each group will be provided a scenario to discuss and develop a plan of action.
- ▶ A group member will then present to the audience the plan that was developed.
- ▶ Discussion to follow each example. This is a critical thinking session.
- ▶ Remember. Each incident is unique. Each response is unique. You may need to add information to fill out the participant's "story".



Thank You for Attending Today





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