

CRITICAL INCIDENT MANAGEMENT

**Long-Term Services and Supports (LTSS) Subcommittee Meeting
May 07, 2025**

Presented by:

Randy Nolen - Director

Bureau of Coordinated and Integrated Services

Damaris Alvarado - Director

Division of Communications Management

Bureau of Policy Development and Communications Management



Pennsylvania
Department of Human Services

Objectives

The purpose of this presentation is to provide an overview of Critical Incident Management requirements for Office of Long-Term Living (OLTL) Home and Community-Based Services (HCBS) providers. We will cover

- *What* is a critical incident
- *When* to report
- *Who* is responsible to report
- *Who* is responsible to investigate
- *Where* to document the report and investigation

➤ Critical Incident Management - Policy and Regulation

- The content of this presentation is based on the requirements outlined in the Critical Incident Management Bulletin issued on **February 23, 2023**; the approved 1915(c) HCBS Waiver documents; and the 2024 Community HealthChoices (CHC) Agreement.
- The legal requirements are found in **Title 55 Pa. Code, Chapter 52.**
- **55 Pa. Code § 52.29** outlines the confidentiality requirements.

➤ Critical Incident Management - Policy and Regulation

Per 55 Pa. Code, Chapter 52; OLTL's Critical Incident Management Bulletin; and the 2024 CHC Agreement, administrators and employees of Long-Term Services and Supports (LTSS) providers, CHC Managed Care Organizations (MCOs), Service Coordinators (SC), and individual providers of HCBS are responsible for reporting critical incidents through Enterprise Incident Management (EIM), an electronic data system that collects information regarding critical incidents involving waivers and Act 150 program participants. In addition, Direct Service Providers (DSP) are **required** to notify the Participant's SC when a critical incident has been discovered.

➤ Critical Incident Management - Policy and Regulation

CHC-MCOs, Service Coordination Entities (SCEs), and DSPs are all **mandated reporters** under both the Adult Protective Services (APS) (individuals ages 18-59) and the Older Adult Protective Services (OAPS) (individuals ages 60 and older) Acts. Therefore, in addition to reporting a critical incident in EIM, CHC-MCO, SCEs, and DSPs are **required** to report any suspected **abuse, neglect, exploitation, or abandonment** to the appropriate protective services (PS) agency based on the age of the Participant.

Requirements for Enrolled Providers

Additional Training Requirements per 55 PA Code § 52.21 (d)

A provider shall implement standard annual training for staff members providing services which contains at least the following

- (1) Prevention of abuse and exploitation of Participants
- (2) **Reporting critical incidents**
- (3) Participant complaint resolution
- (4) Department-issued policies and procedures
- (5) Provider's quality management plan
- (6) Fraud and financial abuse prevention

Requirements for Enrolled Providers

Manage Critical Incidents

Develop & implement written policies & procedures



Critical Incident Management

- Prevention and trend tracking
- Risk management
- Investigations
- Reporting
- Notifications
- Staff training (upon hire and annually)

Individual's Rights

- Participants have the right to make choices, subject to the laws and regulations of the Commonwealth, regarding their lifestyles, relationships, bodies, and health, even when those choices present risks to themselves or their property.
- Participants have the right to refuse to cooperate with reporting critical incidents.
- CHC-MCOs, SCs, and DSPs must report critical incidents **even when the Participant does not wish to do so.**
- CHC-MCOs and SCs are required to investigate critical incidents, unless a PS is investigating, **regardless of a Participant's refusal to participate.**

Critical Incident Criteria

What is a critical incident?

An occurrence of an event that jeopardizes the Participant's health or welfare including

1. **Abuse**, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a Participant. Types of abuse include, but are **not** necessarily limited to:
 - Physical abuse, defined as a physical act by an individual that may cause physical injury to a Participant;

Critical Incident Criteria

- Psychological abuse, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a Participant;
- Sexual abuse, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a Participant; and
- Verbal abuse, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a Participant;

Critical Incident Criteria

2. **Neglect**, which includes the failure to provide a Participant the reasonable care that the Participant requires, including, but not limited to, food, clothing, shelter, medical care, personal hygiene, and protection from harm. Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect;
3. **Exploitation**, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a Participant in an unjust, or cruel manner, against one's will, or without one's consent, or knowledge for the benefit of self or others;

Critical Incident Criteria

4. **Death** (other than by natural causes);
5. **Serious Injury**, an injury that causes a person severe pain or significantly impairs a person's physical or mental functioning, either temporarily or permanently;
6. **Hospitalization**, only if unplanned. NOT routine or scheduled hospital visit for lab work or routine planned treatment of illness;
7. **Provider or staff misconduct**, including deliberate, willful, unlawful, or dishonest activities;

Critical Incident Criteria

8. **Restraints**, which include any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body. Use of restraints and seclusion are both restrictive interventions, which are actions or procedures that limit an individual's movement, a person's access to other individuals, locations or activities, or restricts participant rights

Critical Incident Criteria

9. **Service interruption**, which includes any event that results in the Participant's inability to receive services and **that places the individual's health and or safety at risk**. This includes *involuntary termination* by the provider agency, and *failure of the Participant's back-up plan*. If these events occur; the provider agency must have a plan for temporary stabilization; and
10. **Medication errors** that result in hospitalization, an emergency room visit, or other medical intervention

Critical Incident Criteria

(Excerpt from Critical Incident Management Bulletin dated February 23, 2023)

B. PROCEDURES

I. Mandatory Reporting of Critical Incidents

It is mandatory that the MCO, SC, or provider agency that discovers or has firsthand knowledge of the critical incident report it. This applies to incidents that happen AT ANY TIME, including:

- 1) Critical incidents that occur during the time a service is being provided, and
- 2) Critical incidents that occur during the time an agency is contracted to provide services but fails to do so, and
- 3) Critical incidents that occur at times other than when an agency is providing or is contracted to provide services (if the agency becomes aware of such incidents).

Critical Incident Investigations

- Within **24 hours** of having knowledge of the critical incident, the MCO/SC must initiate the investigation.
- The MCO/SC must:
 - ✓ Ensure the Participant's immediate health and welfare.
 - ✓ Complete onsite fact-finding visit for observation of the Participant and/or the environment.
 - ✓ Implement risk mitigation measures.
 - ✓ Notify the Participant and/or representative within 48 hours of the resolution of the critical incident, including mitigation efforts, per policy requirements.
 - ✓ Document in the EIM entry all actions taken, how risk has been mitigated, as well as the notification made to the Participant.
- Within **30 days** from discovery the MCO/SC must complete the investigation and submit the incident report for review in EIM.

Critical Incident Reporting and Investigation Timeframes

Within **24 hours** of Discovery, DSP notifies the SC.

Within **24 hours** of having knowledge of the incident, SC begins the investigation.

SC ensures that contact is made with PS staff if a report has been made to the PS Agency.

Within **48 hours (excluding weekends and state holidays)** of **Discovery**, the entity which **first** became aware of the incident ensures the **First Section** of incident report is submitted in EIM.

Within **30 days** of discovery and upon SC completing the investigation, the SC **completes and submits** the Incident Report's Final Section in EIM.

Critical Incident Notifications Requirements

- Within **24 hours of the report**, the agency staff who first became aware of the critical incident **must** notify the Participant (and possibly their representative, unless the representative is potentially involved) of the critical incident report. This notice must be provided in a format that is easily understood by the Participant and/or their representative.
- Within **48 hours of incident resolution**, the MCO/SC must notify the Participant and/or their representative.

2024 Critical Incident Data

OBRA & Act 150

Total reported incidents 652

Percent Breakout of Reported Incidents

Hospitalizations 61%

Abuse/Neglect/Exploitation (ANE) 25%*

Emergency Room Visit 12%

Service Interruption .0046%

Death .92%

Serious Injury .30%

*32% of reported ANE were substantiated by PS

2024 Critical Incident Data

CHC-HCBS

Total reported incidents 101,677

Percent Breakout of Reported Incidents

Hospitalizations 74.4%

Emergency Room Visits 14.6%

Reportable Disease .03%

Abuse/Neglect/Exploitation (ANE) 9.7%*

Service Interruption .50%

Death .34%

Serious Injury .12%

* 39% of reported ANE were substantiated by PS

Critical Incident Management Training & Education

Detailed training on entering and submitting a critical incident report in EIM is available on the HCSIS Learning Management Services (LMS).

Information and training regarding incident report content and details are the responsibility of the DSP Agencies and SCEs.

For CHC waiver participants, the **CHC-MCOs** are responsible to provide training.

Incident Management and PS training is available for Providers and SCs on OLTL's contractor Dering Consulting website:

<https://deringconsulting.com/OLTL-Provider>

▶ OLTL Resources for Questions and Additional Information

- Participants may contact OLTL with any concerns by calling the Participant Supports Help Line at **1-800-757-5042**
- Protective Services Hotline **1-800-490-8505**
- For HCSIS and EIM System-related Technical Assistance, providers may contact the HCSIS Help Desk at **1-866-444-1264** or by email at c-hhcsishd@pa.gov
- Questions or requests from providers for additional information regarding Critical Incident Management can be sent to the following email address:
RA-OLTL_EIMimplement@pa.gov

Questions?

