CRITICAL INCIDENT MANAGEMENT

Long-Term Services and Supports (LTSS) Subcommittee Meeting June 4, 2025

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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 <u>February 23, 2023</u>; the approved 1915(c) HCBS Waiver documents; and the 2024 Community HealthChoices (CHC) Agreement.
- The legal requirements are found in 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 <u>required</u> 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 ages18-59) 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)

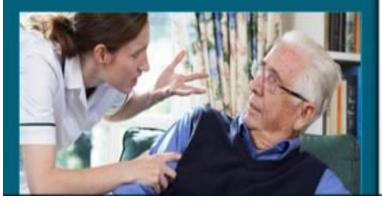
A provider shall implement standard annual training for staff members providing services which contains at least the following

- (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 <u>must</u> report critical incidents <u>even</u> when the Participant does not wish to do so.
- CHC-MCOs and SCs are required to investigate critical incidents, unless a PS is investigating, <u>regardless of a Participant's refusal</u> <u>to participate</u>.

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;

- <u>Psychological abuse</u>, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a Participant;
- <u>Sexual abuse</u>, 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;

- 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;

- 4. **Death** (other than by natural causes);
- Serious Injury, an injury that causes a person severe pain or significantly impairs a person's physical or mental functioning, either temporarily or permanently;
- 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;

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

- 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

(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:

- 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

Total reported incidents

OBRA & Act 150

rotal reported incluents	032
Percent Breakout of Reported Incide	nts
Hospitalizations	61%
Abuse/Neglect/Exploitation (ANE)	25%*
Emergency Room Visit	12%
Service Interruption	.0046%
Death	.92%
Serious Injury	.30%

652

^{*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 Abuse/Neglect/Exploitation (ANE)	.03% 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 <u>HCSIS Learning Management Services</u> (**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 <u>c-hhcsishd@pa.gov</u>
- 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?

