Office of Long-Term Living
Critical Incident Management Policy
Frequently Asked Questions (FAQs) Number 1
February 22, 2012

Questions Related to Employee Removal and Suspension

1. What sort of checks and balances are in place to ensure that a removed employee is not hired by another participant on a different program served by another provider?
   The Service Coordinator (SC) is responsible to monitor the Individual Service Plan (ISP) and any services that are being provided. This includes communicating with direct service providers and participants about the employees delivering services.

2. Regarding the removal of an employee and ensuring they do not work for any other HCBS participant in the state of PA? There are thousands of participants across the state and there may be a previous removed employee who somehow manages to get hired by another participant in a completely different county who is served by a provider. There is no way that an SC would know that the removed employee is now employed by another participant who is unknown by the provider who remove that employee. Is there some sort of "do not hire list" SC are to report names to so that all providers across the state can view any removed employee names?
   With participant direction and individuals hired by participants, there is no expectation for SC agencies to monitor individuals beyond the SC's scope of service. The intent of this provision is that agencies may not move employees from one program to another when they are aware of a history of problems with that employee.

Questions Related to Who is Responsible to Report

3. Who is the lead reporter responsible when the death of a consumer occurs 20+ days prior to receiving the Enrollment Packet or HCSIS record from the PA-Independent Enrollment Broker (IEB), but is discovered by the SC Agency?
   AAA's, SC Agencies, and direct-service providers are only responsible to report incidents that occur with participants enrolled in OLTL HCBS Programs: Aging, Attendant Care, Independence, CommCare, and OBRA Waivers; Act 150, Options, and FCSP. The SC agency's responsibility for reporting begins after the IEB has enrolled the participant and the SC agency is approved as the provider of service coordination in HCSIS.

4. If a PAS agency reports an incident to the SC agency, who should report this; the PAS agency or the SC agency?

   The PAS agency has ultimate responsibility to report to OLTL if they discovered or have first-hand knowledge of the incident; the PAS agency should also report to the SC.

5. Sometimes a Provider is listed in the ISP with a start date prior to the approval of Services by OLTL. How will reporters know when the actual date of services should be to ensure Providers are not being held accountable for incidents occurring under the services not rendered category?

   If you are providing services to that individual, you are a mandated reporter. Also, before that initial ISP is approved, you are not authorized to provide services.

6. What if a direct service provider reports an incident to the SC agency but says they are not reporting it in the Enterprise Incident Management (EIM), should the SC agency report it?

   The direct service providers are required to report. If the SC becomes aware that incidents are occurring and the direct service provider is not reporting, the SC should contact the OLTL regional teams to alert them. Q-MET will be identifying this in their reviews if incidents are occurring and not being reported. If there is an arrangement between the SC and direct service provider, this agreement should be documented as described in the October 14, 2011 OLTL Bulletin.

7. How can the SC know if a Direct Service Provider Reports an Incident when the situation potentially involves a lack of services on their part? Is there a method for SCs to see incidents related to their consumers if a direct service provider reports in EIM, but doesn't notify the SC agency?

   The Critical Incident Management Policy Bulletin sets the requirement that the direct service provider notify the SC that a report has been submitted to OLTL. With EIM, if you are the SC for that participant, you will be able to view the incident reports submitted by the direct service provider for that participant.

8. What if a consumer reports an incident to the SC involving a direct service provider, then the SC notifies the provider about the incident. Who reports and investigates the incident?

   The policy states that in instances where the SC/CM agency discovers or has independent knowledge of the critical incident, it is their responsibility to report to OLTL. In the situation you describe, the SC has independent knowledge of the

incident because the participant contacted the SC; for this reason the SC would be responsible to report and investigate.

9. If in the process of performing enrollment duties for the under 60 population i.e. the AAA goes out to perform a LOCA or the PA-IEB Enrollment Broker performs the Initial meeting and CMI completion and discovers a critical incident will they be submitting an incident report prior to the transfer of the consumer to the SC agency? How will the SC agency become aware of these incidents if AAA are unable to report in EIM for the under 60 population? Where does the PA-IEB submit incident reports?

   AAA's, Service Coordination Agencies, and direct-service providers are only responsible to report incidents that occur with participants enrolled in OLTL HCBS Programs: Aging, Attendant Care, Independence, CommCare, and OBRA Waivers; Act 150, Options, and FCSP. The SC agency's responsibility for reporting begins after the IEB has enrolled the participant and the SC agency is approved as the provider of service coordination in HCSIS. The SC is not responsible to report events that occurred prior to enrollment; however the historical information should be considered when working with a participant to develop the service plan.

10. Where in the bulletin does it say where the providers must report to AAA or SC?
    See the bulletin under "reporting timeframes."

11. I am the Manager of a AAA Assessment Unit My staff is essentially responsible for 1 task, of completing LOCAs at the time of a site visit. In general, the people we see are people who are not currently receiving Care Management. Would my Assessors be responsible for reporting incidents prior to CM services being in place?

    The AAA's, Service Coordination Agencies, and direct-service providers are only responsible to report incidents that occur with participants enrolled in OLTL HCBS Programs: Aging, Attendant Care, Independence, CommCare, and OBRA Waivers; Act 150, Options, and FCSP. If your Assessors are working with individuals being assessed for the first time and they are not enrolled in a program, there is no requirement that the Assessors submit critical incident reports to OLTL. Your Assessors, however, are still responsible to submit reports of need for circumstances that fall under the Older Adult Protective Services Act.

12. Is a direct service provider responsible to report critical incidents based only on the dates of the service authorization provided by the AAA/SC agency?

The direct service provider is responsible to report critical incidents during the entire period they are authorized to provide service. This applies to incidents that occur 1) during the time the agency is providing services, and 2) during the time the agency is contracted to provide services but fails to do so, and 3) at times other than when the agency is providing or is contracted to provide services.

13. Who is the mandated reporter when the consumer is enrolled in the consumer-directed PAS model?

    Please refer to the Mandatory Reporting section of the October 14, 2011 Critical Incident Management Policy Bulletin. If the attendant does not fit the definition of a mandated reporter, he or she is not required to report. The SC is a mandated reporter and is required to report if they have independent knowledge of an incident that occurs in this model of service.

14. If a consumer has a consumer model attendant and does not want the incident reported, what is the SC's requirement?

    The SC is a mandated reporter, regardless of the model of service, and is mandated to report if it has independent information about incidents that occur.

15. If a consumer is in the consumer model, and are responsible for hiring and training their own attendants and the attendants do not have access to EIM service, who is responsible for reporting incidents? This information would be secondhand knowledge to the SC.

    Please refer to the Mandatory Reporting section of the October 14, 2011 Bulletin. An attendant employed directly by the participant does not fit into this definition. SC's who become aware of incidents for consumer-employed attendants must report.

16. The 4/2010 bulletin stated a PAS consumer must give consent to have a report made. Does this still apply? I know you said that we are mandated reporters, but, just want to clarify whether or not we must have the consent for PAS combination model consumer.

    This requirement was changed when the current Critical Incident Management Bulletin was issued in October 2011. Under the current bulletin, the SC is a mandated reporter, regardless of the model of service, and is mandated to report if they have independent information about incidents that occur.

Questions Related to Hospitalization

17. Does this reporting system apply to consumers who are hospitalized and then enter rehab as a result of an ongoing medication condition?

Once the individual is in the rehab facility or hospital, anything that occurs in those facilities is not the responsibility of the HCBS waiver provider or SC to report. Rehab facilities and hospitals have their own reporting procedures.

18. Do you mean every time a consumer enters the hospital unexpectedly, we need to do an Incident Report??

    No, only if the event impacts a participant's health, welfare, or safety. You will need to use your professional judgment to make that determination.

19. If a consumer has a chronic condition where hospitalization occurs on a regular basis (CHF, COPD) and they are under the care of their physician how is this considered a critical incident?

    The reporter will need to use their professional judgment. If the reporter's experience with this specific participant is that hospitalizations occur frequently and the participant's health and welfare is not at risk, then the reporter needs to make the decision on whether or not to report.

20. Participants under the Aging Waiver especially, go to the hospital every day. Sometimes return on the same day, sometimes stay for a couple of days. Do we have to report every hospitalization?

    See the response to the previous question.

21. Regarding Hospitalizations - isn't this a mitigation of risk?

    Yes, it could be.

22. Give us an anecdotal case where a hospitalization is reportable.

    The participant is 89 years old, began having rattling in the chest a few days ago, he is having difficulty breathing and was admitted to the hospital for pneumonia.

23. As a non-medical in home care provider, there are times when a participant is hospitalized and we may not know the reason and only are contacted by AAA to resume services. Are we responsible for following up on the reason and medical condition of the participant?

    No, in these circumstances, if you do not even have enough information to determine if the hospitalization is a critical incident, you are not required to report. However, if the AAA does have this level of information, they are required to report.

24. Do hospitalizations include ER visits without an admission?

Yes, if they fit the definition of a critical incident.

25. In the regulations, it indicates only those hospitalization that are a result of provisions of Home and Community based services or lack of provisions. How is #7 related to this definition of a reportable hospitalization?
    The language you refer to is from the Incident Management Policy Bulletin that was rescinded. Please refer to the current Critical Incident Management Policy Bulletin issued October 14, 2011.

26. You just said that we should use our professional judgment when to report the hospitalization. So when a participant goes to the hospital with elevated BP, and returns a week later. Do we report? And, also, you probably realize that this happens several times a day.
    See the response to Question #19.

Questions Related to Protective Services (PS)

27. Re Notification of consumer within 24 hours - if a Report of Need has been taken, and the PS worker has begun the investigation, telling the consumer right away could jeopardize the PS investigation. Is that a justified reason to delay informing the consumer?
    Once the case is turned over to PS for instances of abuse, neglect, and exploitation, the PS unit is now responsible and the CM would not be responsible to inform the participant that a report has been filed.

28. It is our understanding that you do not indicate that a case is under a PS investigation and this should not be designated in the program case.
    Documenting that a case is a PS case does not break the confidentiality regulations for PS. If OLTL needs additional information, they will request it from the PS staff here at the state.

29. What if we receive a call from PS, but they refuse to provide any information about the reason they were calling?
    The Critical Incident Management Bulletin issued October 14, 2011, requires that the PS supervisor notify a participant's care manager if a Report of Need is received concerning a consumer receiving services under the Aging Waiver or Options Program. Due to confidentiality provisions mandated by the Older Adults Protective Services Act, information sharing is restricted. However, PS supervisors have been advised to provide the care manager enough information so that the care manager can write a brief description of the allegations. If

additional information is required, OLTL will consult with the Department of Aging's Division of Consumer Protection.

30. Notification of consumer within 24 hours. PS doesn't apply to consumers 18 to 59. But the situation may be cause for a submission for fraud and abuse and telling the consumer may jeopardize a fraud and abuse investigation. Is this a justified reason to delay informing the consumer?

    Financial/program fraud and abuse is not to be reported as a critical incident and so would not follow the same guidelines in terms of informing the participant that a report has been filed. However, while a report may not be required to be submitted as a critical incident report, the information is to be reported under procedures outlined in the OLTL Bulletin of August 8, 2011 – Program Fraud & Financial Abuse in Office of Long-Term Living MA Home and Community Based Service (HCBS) Programs.

31. If it's in our record that a report was made to PS and it is unsubstantiated then how will we purge the record?

    PS will not be informing you that a report is substantiated or unsubstantiated, so you will not be documenting this info in the report. Documentation should only indicate that a referral was made to PS. There should be no indication if an investigation was/was not conducted or if the case was substantiated or unsubstantiated. What you should focus on is whether services need to be changed in the ISP as a result of the incident in order to prevent the incident from occurring again.

32. Are there any specific forms SC agencies are to use to report incidents to PS? One of our counties told us there was a specific form.

    There are Act 13 reporting requirements and you should educate yourself on the reporting requirements. Much of this information is available on the Department of Aging website (www.aging.state.pa.us). Mandatory abuse reporting requirements require that you are to make an immediate oral report to the AAA when abuse, neglect, exploitation and/or abandonment are suspected. If the suspected abuse rises to the level of serious physical, serious bodily, sexual or suspicious death, an oral report must also be made to the Department of Aging and law enforcement, in addition to reporting to the AAA. Written reports are required to be completed and submitted within 48 hours of making the oral report. All written reports are to be submitted to the local AAA, and in cases involving serious physical, serious bodily, sexual, or suspicious death, said report must also be forwarded to local law enforcement. Forms are located on the Department of Aging website (see above).

33. Does the Act 13 mandatory report form still need to be completed when reporting PS?

Yes. The incident reporting procedures do not replace PS reports. You will still need to follow PS reporting requirements.

Questions Related to Program Fraud and Financial Abuse

34. Could you verify the bulletin # for Fraud & Abuse bulletin? I realize it is dated 8/2011 but the number would also be helpful.

Bulletin #5-11-04 51-11-04 52-11-04 54-11-04 55-11-04 59-11-04

35. How do we obtain the Fraud and Abuse Bulletins?

These can be obtained through the Pennsylvania Department of Aging website at http://www.aging.state.pa.us/portal/server.pt/community/bulletins/19451 or follow the steps in the PowerPoint for the Critical Incident Management Webinar.

Questions Related to Accountability/Review of AAA and SC Agency Records

36. Will Quality Management Efficiency Team (QMET) standards be updated to reflect these changes?

Yes, the review process will be updated; however current reviews are looking at records from last year, so it will take some time for the QMETS to review under the new policy. This will give the providers time to update their own policies, procedures.

37. We have many days that the arranged schedule is changed by the aide or the agency. If, for instance, the participant would have a low blood sugar, but it is not found early enough because the aide goes to the home later in the day, is that a fault of the agency?

Incident reporting is not intended to identify whose "fault" the incident is; it is a process for identifying risk and working to mitigate the risk and improve care for the participants.

38. How does QMET know that the agencies are not reporting their incidents?

Through review of participant files and access to HCSIS, EIM and SAMS, the QMETs are able to identify when incident reports are filed and not filed.

39. If a provider makes a professional judgment and they are wrong - what happens?
Ex: the regular basis hospitalizations for COPD/CHF

Over-reporting is not a problem. Under-reporting because of a judgment call is not a problem. It is when there is a pattern of under- reporting that it is considered a problem by OLTL, which may result in corrective action. Incident reporting is not intended to be punitive…it is intended to improve outcomes and services to participants.

Questions Related to Specific Examples and Whether They Should Be Reported As a Critical Incident

40. If a consumer is easily influenced and is using drugs because a family member is pressuring him to do so, while an aide is there... Is this a reportable critical incident?

If the participant's health, welfare, or safety is jeopardized, the event should be reported as a critical incident.

41. If a consumer injures an aide would this be an incident report?

It depends on whether or not the participant's health or welfare was jeopardized. If the aide was injured but there was no impact on the participant, then it does not fall under the requirement to be reported. If the dispute between the aide and the participant results in an inability for the agency to provide services, and as a result the participant's health or welfare is at risk, then the event should be reported.

42. If a direct care provider pulls out of a case and it is unstaffed for a period of time while cm is trying to find another provider - is this a reportable incident?

It depends on whether the participant's health & welfare is placed at risk and whether or not the participant's backup plan was effective in preventing risk to the participant.

43. If a consumer falls while an attendant is present and there is no injury does the pas provider need to report this?

Only if the participant's health and welfare is impacted. Please review the bulletin.

44. If we are unable to get information on cause of death is it acceptable just to provide the information we have - i.e. who relayed the information and when. In EIM when you select death there is a requirement to select a reason/cause and there isn't an option for other or unknown. What would be recommended?

If the participant passes away, OLTL needs to know the basic details of what happened. We do not need the specific cause. We are mainly interested in knowing whether services or lack of services had any role in the participant's death.

45. If your consumer is in and out of jail often, should I report it every time?
    You will need to make a determination on whether the participant's health, welfare or safety was at risk depending on the situation. Also, what services were not provided as a result of the participant being in jail, and did the lack of services place the participant at risk?

46. If an aide does not provide service (due to weather, emergency, etc.) and the consumer's back up plan provides care that day is it still an incident.
    If the backup plan prevented the service interruption from having a negative impact on the participant's health and welfare, then an incident did not occur and the service interruption would not need to be reported.

Questions Related to Enterprise Incident Management (EIM)

47. Clarification about access in EIM - Did you mean all Service Providers can see any incident related to the consumer they are serving or only the SC agency? If the Direct Service Providers can see all incidents, then a consumer's report that could be about a Direct Service Provider is not confidential and can be seen at any time.
    Only the SC agency that is authorized in HCSIS is able to see incident reports about the participants they serve. The SC agency can limit the information the Direct Service Provider sees by using the "Mark as Confidential" button.

48. Can EIM notify a SC agency when an incident has been submitted for one of their participants-submitted by a direct service provider?
    Not at this time. OLTL is reviewing EIM for possible enhancements and this may be considered in the future.

49. Will there be additional EIM trainings and tip sheets available?
    Refresher webinars are currently underway. Anyone who missed the webinars may access the recorded webinars and tips sheets on the HCSIS LMS site.

50. It appears not all direct care providers are not aware of EIM.
    That is correct. EIM is not yet being used in all programs.

51. Where do I obtain password and user name to be able to access the website for reporting?

Contact your Agency Administrator for this information. Please note that the AAA's and direct service providers in the Aging Waiver and Options program have not yet been granted access to the System. This will occur in summer 2012.

Questions Related to Investigations and Follow-Up Reports

52. In what format should the follow-up report to OLTL be?
    It depends on how you are submitting. In EIM, there is a first section and a final section. The follow-up report is submitted in the final section. In SAMS, submit the follow-up report in SAMS. If using the incident form, use the incident report form and make sure it is marked "follow-up report."

53. Investigation regarding a basic incident, when I was reporting an incident it asked - investigation outcome. Is this to be done by a certified investigator - or just a basic overview of the incident by the director?
    The OLTL does not require that investigations be conducted by a certified investigator. Each agency will develop its own policies/procedures for who will conduct an investigation.

54. The AAA conducts the investigation of a Waiver provider even though they are not allowed to monitor them?
    Whoever reports the incident has the responsibility to investigate the circumstances if the incident warrants follow up. If the direct service provider reports, they will conduct the investigation; if the AAA reports, they will conduct the investigation.

Miscellaneous Questions

55. Have all direct service providers been notified?
    Direct Service Providers were notified that a Critical Incident Management Policy Bulletin was issued in October 2011.

56. Given these clarifications, especially about hospitalizations, do we need to go back to the effective date of the bulletin for reporting hospitalizations, or can we go on from today?
    You will need to go back to the effective date of the bulletin.

57. As a licensed non-medical provider we are being asked to clinically assess health and welfare. How can we do this when it is beyond our scope of practice?

Health and Welfare is not a medical diagnosis. It is ensuring the participant can remain in the community. A provider of HCBS for OLTL waivers should be able make judgments on health and welfare, with a common sense approach.

58. Page 5, #6 - Please clarify "cognitively accessible format".
    This means provide the information in such a way that the participant understands that a report has been submitted. "Cognitive" refers to someone's intellectual functioning.

59. If the SC has independent information re: an incident, are they required to share that information with the agency providing service?
    The SC and Direct Service Provider should be working as a team and sharing information; however the SC needs to use professional judgment. If they think sensitive information should not be shared with the Direct Service Provider, that is their call.