Critical Incident Reporting

The Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA)

August 2024

Critical Incident Reporting Overview

- **Critical Incident Reporting Overview:**
  - **Learning Objectives and goals**
  - **Define Critical Incidents**
  - **Explain Critical Incident Management System**
  - **Discuss Critical Incident Reporting and Workflow**
  - **NC Medicaid Monitoring**

Critical Incident Reporting

- **Learning Objectives and Goals:**
  - **Increase provider's understanding of Critical Incident Management.**
  - **For providers to understand the available resources that will help with accurately completing Critical Incident Reports.**
  - **For providers to accurately complete Critical Incident Reports and associated follow-up.**

Critical Incident - Defined

- **Critical Incidents are:**
  - **A situation that places the waiver beneficiary at risk of being abused, neglected or exploited**
  - **Repeated occurrences that places a waiver beneficiary in an unsafe living situation.**

Critical Incidents as Identified by CAP

- **Critical incidents include, but not limited to:**
  - **Abuse- verbal, physical, sexual, psychological, emotional, or neglect;**
  - **Exploitation- human, criminal, or financial**
  - **Restrictive interventions or seclusion**
  - **Medication poisoning- medication error, overdose, allergic reaction, death, or**
  - **Death by unnatural cause**
  - **Repeated unmet service provision listed on the Plan of Care (POC)**

Critical Incidents

- **Critical incidents due to repeated unmet service provision as listed on POC**
  - **CM completes critical incident report as result of the provider's failure to deliver authorized services**
  - **Providers complete critical incident report when services can’t be delivered as outlined in the POC due to beneficiary/family/DCW impediments**
  - **Providers complete critical incident reports for any occurrence that aligns to abuse, neglect, exploitation**
- **Failure to deliver authorized services can mean:**
  - **Service authorization not accepted within timeframe.**
  - **Repeated service cancellations/staffing**
  - **Services not provided as approved in amount, frequency and duration.**

Critical Incident - Management

- **Critical Incident Management System:**
  - **A proactive method in responding to risk to ensure the health and well-being of waiver beneficiaries by offering strategies and intervention to mitigate future occurrences.**
  - **Goal: To collaborate with the case manager to identify the root cause of incidents to create an action plan that will mitigate or reduce the risk of future incidents.**
  - **NC Medicaid tracks Level I & Level II Incidents**
    - **Level I:**
    - **Level II**

Key Elements of Incident Management Systems

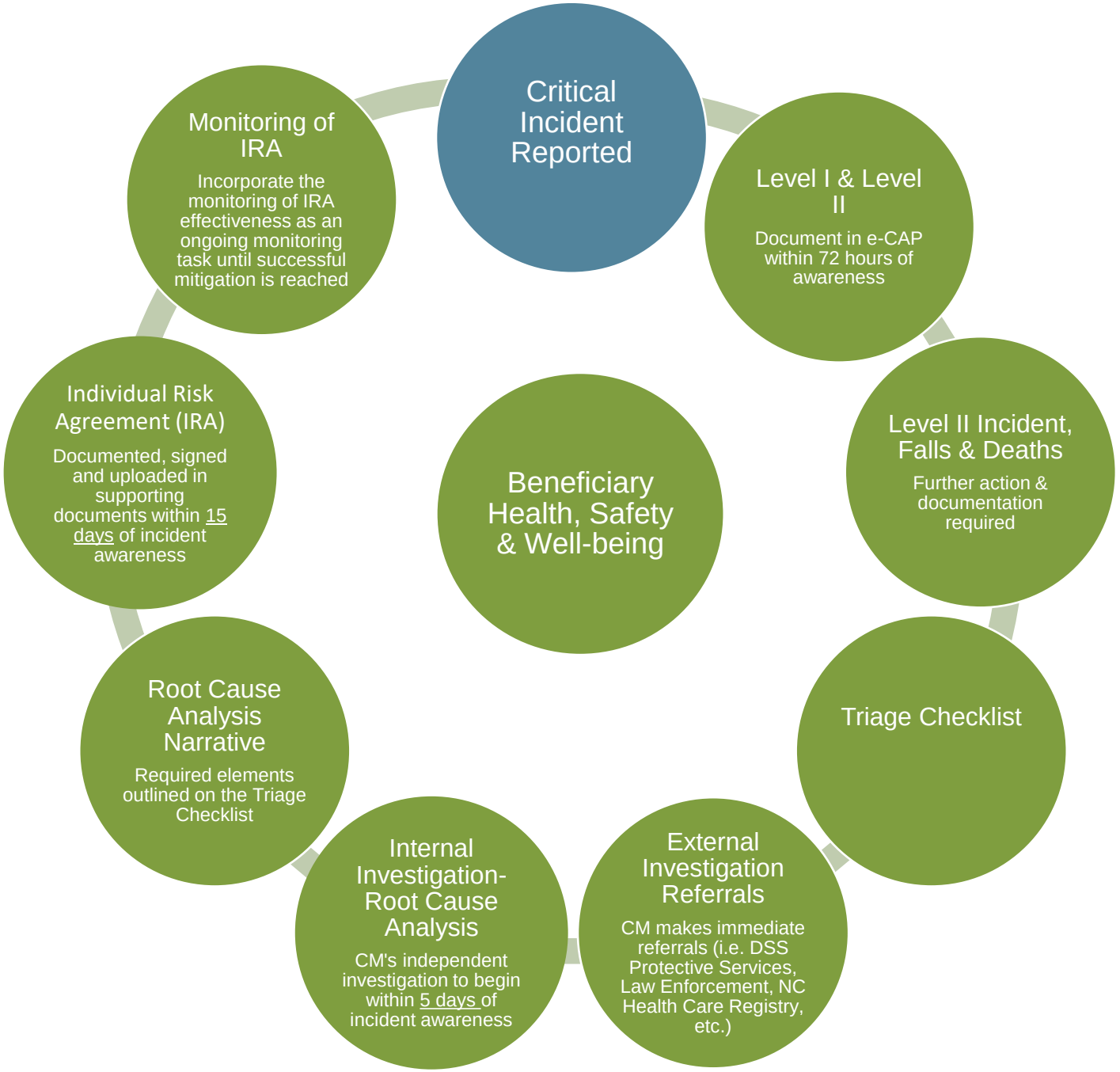
- The following are six key elements that states must consider when implementing an effective Incident Management System:

1. Identifying the Incident
2. Reporting the Incident
3. Triaging the Incident
4. Investigating the Incident
5. Resolving the Incident
6. Tracking and Trending Incidents

Critical Incident - Management

- **Electronic management of entered data:**
  - **Correlates all critical incident reports**
  - **Track and monitor critical incidents (including status and resolution)**
  - **Trending of critical incident data**

Critical Incident - Workflow


Critical Incident Reported
Level I & Level II
Document in e-CAP within 72 hours of awareness
Level II Incident, Falls & Deaths
Further action & documentation required
Triage Checklist
External Investigation Referrals
CM makes immediate referrals (i.e. DSS Protective Services, Law Enforcement, NC Health Care Registry, etc.)
Internal Investigation- Root Cause Analysis
CM's independent investigation to begin within 5 days of incident awareness
Root Cause Analysis Narrative
Required elements outlined on the Triage Checklist
Individual Risk Agreement (IRA)
Documented, signed and uploaded in supporting documents within 15 days of incident awareness
Monitoring of IRA
Incorporate the monitoring of IRA effectiveness as an ongoing monitoring task until successful mitigation is reached
Beneficiary Health, Safety & Well-being

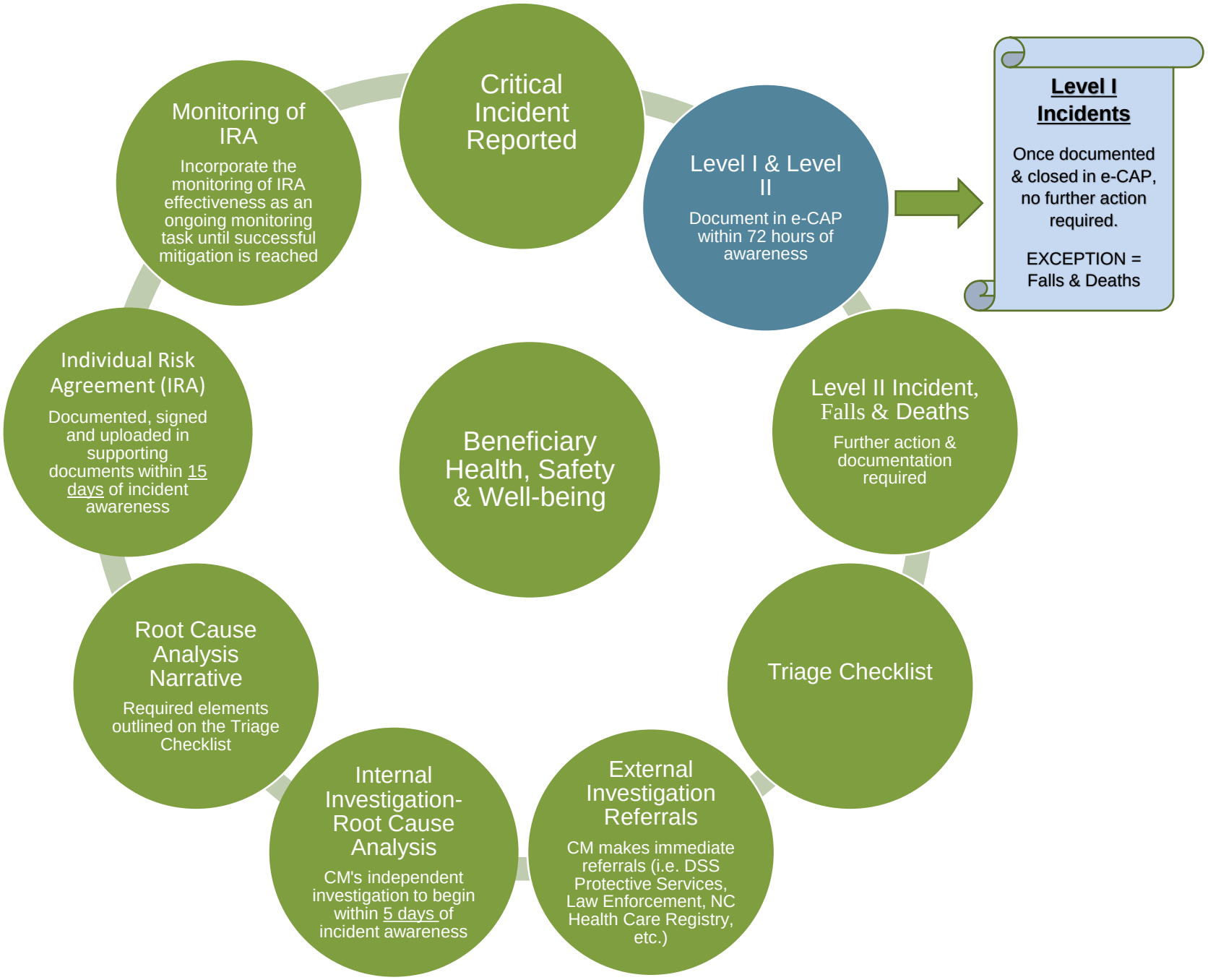
Examples of Level I & Level II Incidents

Level I

Planned Hospital Admission
Death by natural causes
ER Visit
Failure to take medication as ordered

Level II

Alleged or actual abuse by others	Failure/defect in residence threatening recipient health & Safety	Theft of beneficiary/informal caregivers household possessions/money
Alleged or actual self-abuse by recipient	Falls	Theft of medications or supplies
Beneficiary left unattended	Medication Administration resulting in injury or hospitalization	Traumatic injury and unplanned hospital admission
Beneficiary self-neglect	Misappropriation of consumer-directed funds	Unsafe home environment (other than vandalism)
Neglected by informal caregivers	Unmet POC Services	Unsafe interruption of Services or neglect by providers
Choking or other problem with ingestion	Restraints	Unsafe provision of services
Highly contagious viruses'/infection/ diseases	Other forms of exploitation, other than theft	Vandalism
Death by Unnatural Causes	Seclusions	Missing Person (Including Wandering/Elopement)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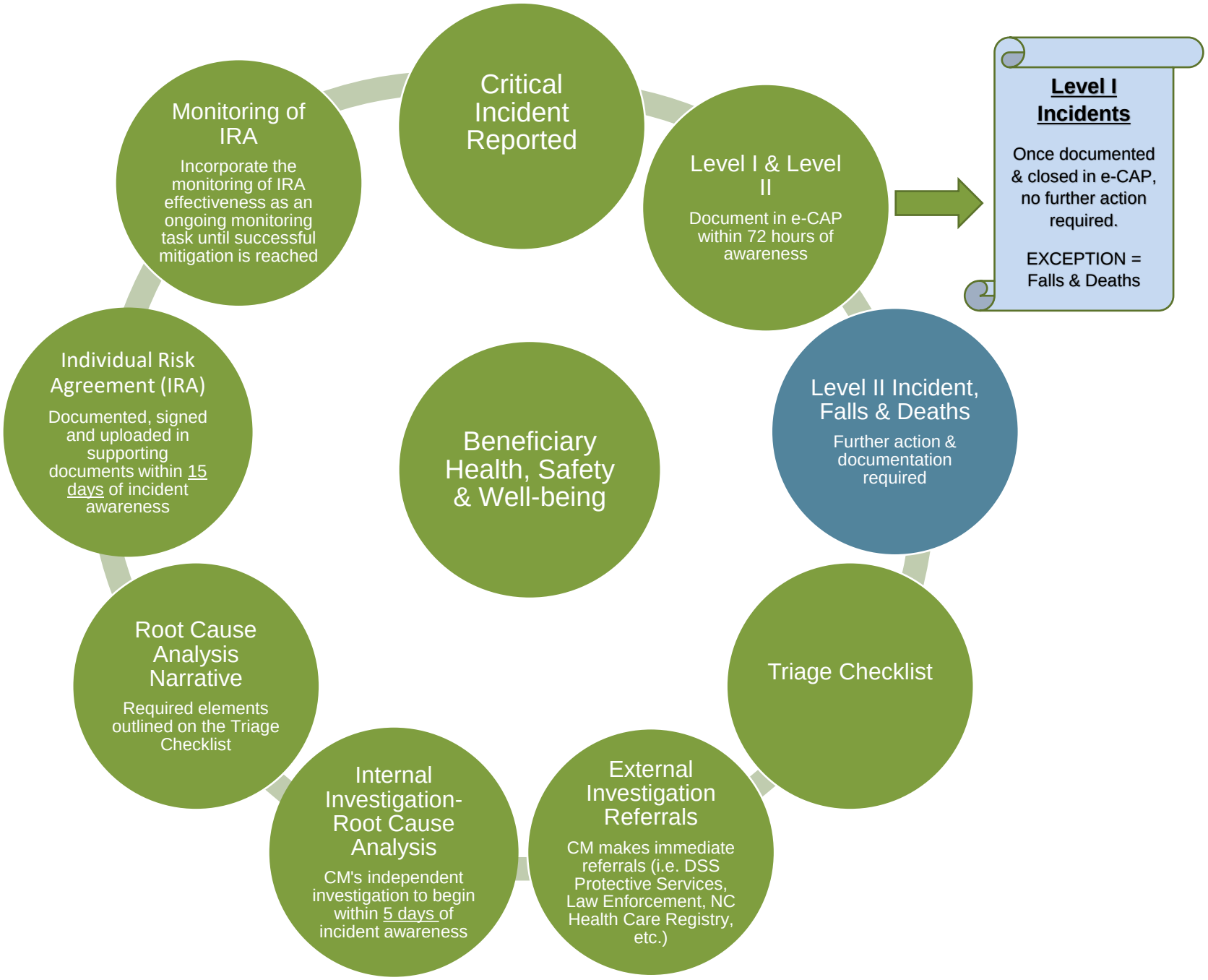
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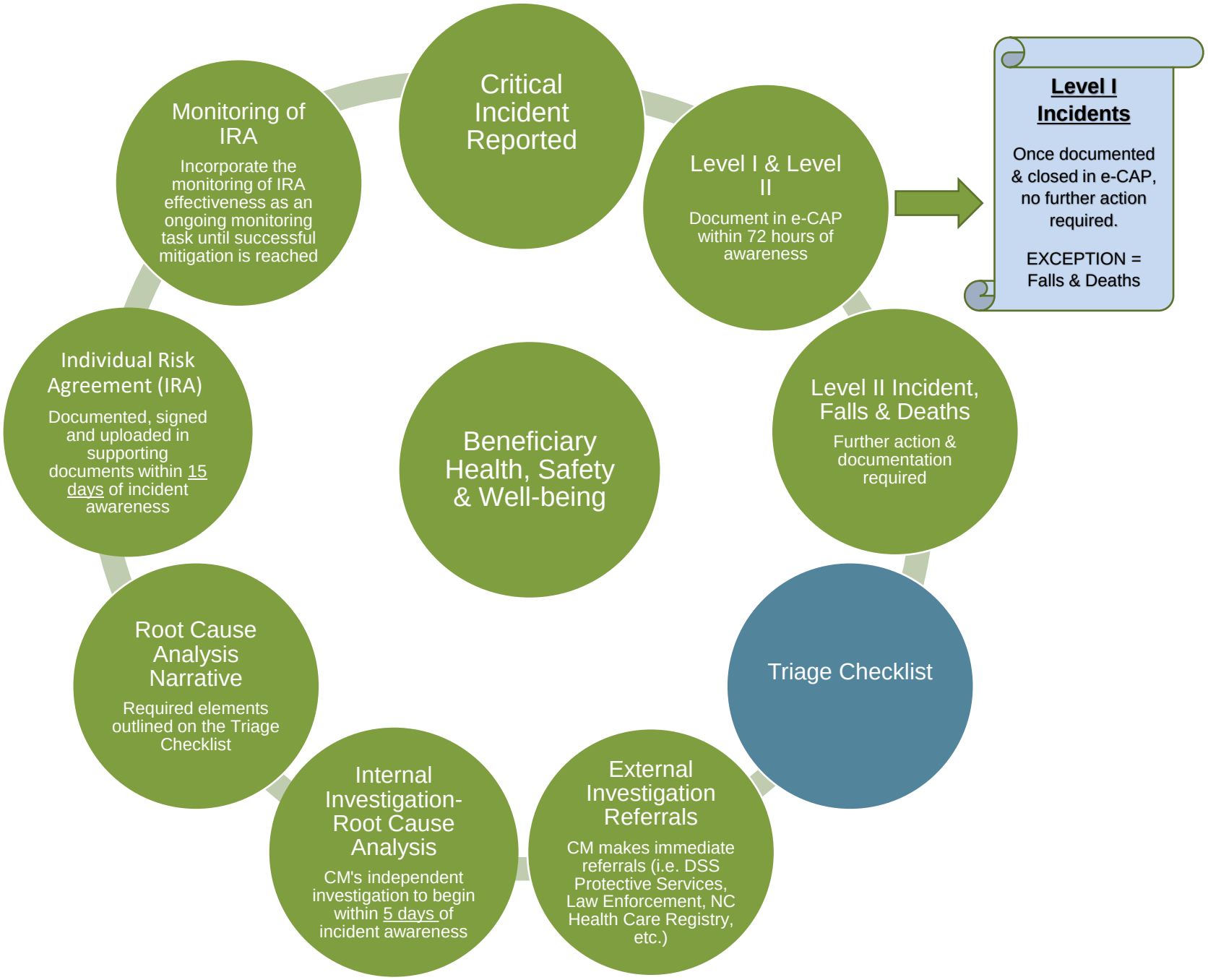
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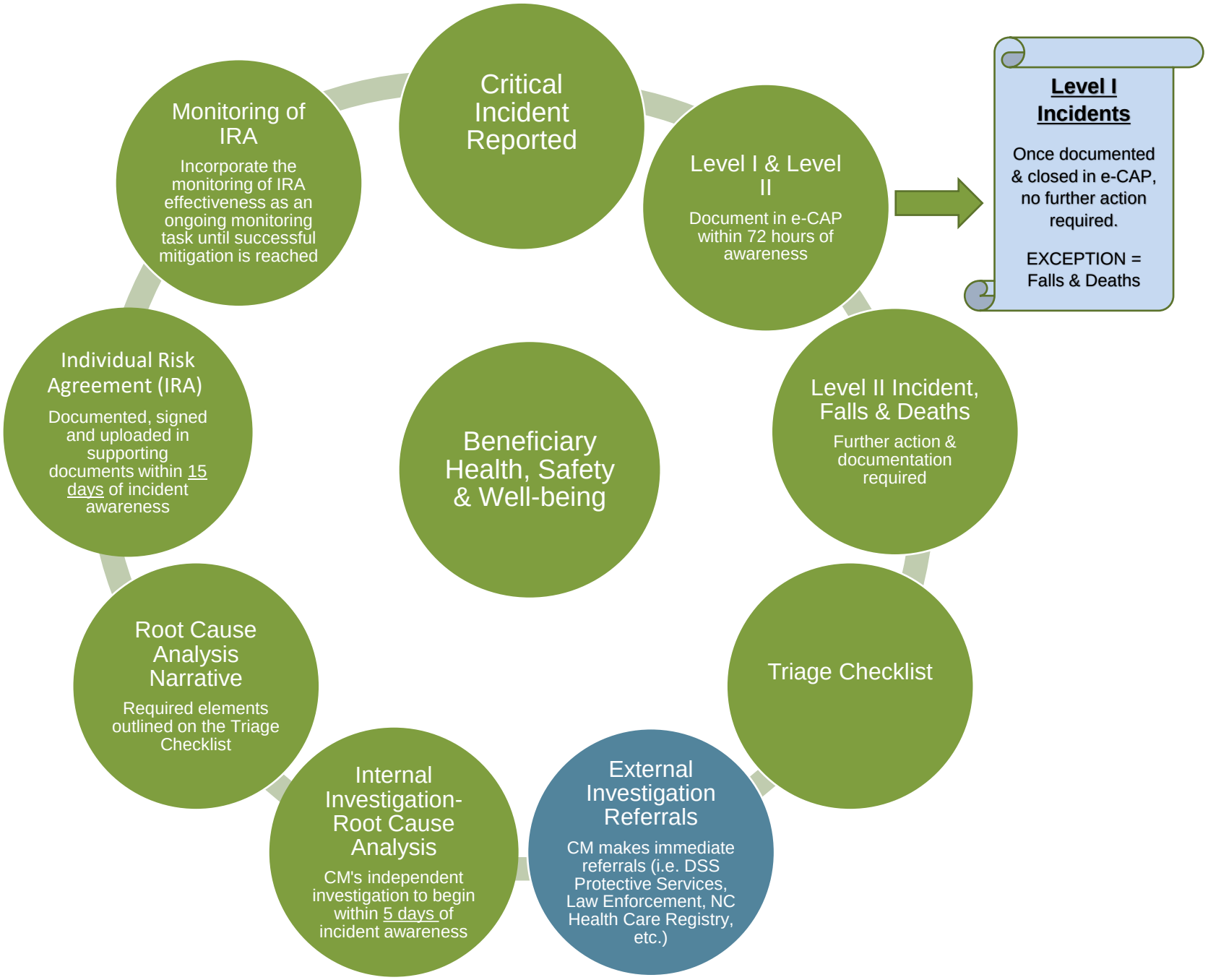
Triage Checklist: Sections

Triage Checklist	
Directions: Use this "Triage Checklist" for any of the Critical Incident types listed below:	
I. Required: External Investigation: Action Steps and documentation:	**Completed**
II. Required: Root Cause Analysis (RCA)/Internal Investigation:	Completed
III. Required: Individual Risk Agreement (IRA)	Complete
IV. Required: Monitor effectiveness of Individual Risk Agreement (IRA)	Completed

Directions & Types

Triage Checklist Abuse, Neglect or Exploitation (ANE) – Level II	
Directions: Use this "Triage Checklist" for any of the Critical Incident types listed below:	
• Alleged or actual abuse by others • Alleged or actual self-abuse by recipient • Beneficiary Left Unattended • Beneficiary physical aggression (assault) towards others • Beneficiary self-neglect • Failure/Defect in Residence threatening recipient health & safety • Injuries of unknown source • Missing person • Neglected by informal caregivers • Other forms of exploitation other than theft	• Restraints and seclusions • Theft of Beneficiary/Informal caregivers household possessions/money • Theft of medications or supplies • Unsafe Home Environment (other than vandalism) • Unsafe Interruption of Services or neglect by service providers • Vandalism • Wandering/elopement by beneficiary while in care of provider • Other- if related to Abuse, Neglect or Exploitation including self-abuse and neglect.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External Investigations

I. Required: External Investigation: Action Steps and documentation:		
Action	**Documentation**	**Completed**

Always Make protective Service Referral Immediately	• Choose corresponding ANE Incident Type on the Incident Report.
	• Under "Additional information" on the Incident Report, include one of the following clarifying statements:
	• "CME made Protective Service referral"
	• "CME aware of Protective Service referral made by another party"
	• Under "reporting notifications" section of the Incident Report, include the
	• "Entity" to whom the report was made, intake worker's name, date & time.
	• Document all other details as required on the Incident Report.
	• Request & upload the "Protective Service Referral Decision Letter" into Supporting Documents
	• Continue to work closely with DSS and follow through on their requests or next steps
	•
	• CPS: https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/child-protective-services
	• APS: https://www.ncdhhs.gov/divisions/social-services/adult-services/adult-protective-services
	• Financial Exploitation: https://ncdoj.gov/file-a-complaint
	  ○ Phone: Toll-free within North Carolina: 1-877-5-NO-SCAM
	  ○ From outside North Carolina: (919) 716-6000
	  ○ En Espanol: (919) 716-0058	

If Protective Service referral was made, but <u>not</u> accepted by DSS for investigation	• Under "Reporting Notifications" section of Incident Report:
	  ○ In the "Action" box, include a note "Protective Service Referral was screened out."
	  ○ If Protective Service screened out but referral was accepted as an "Outreach Referral", note "Outreach Referral" in the "Action" box.
	• **Continue to work closely with DSS and follow through on their requests or next steps**	

If Protective Service referral was made and <u>is</u> accepted by DSS for investigation	• Request & upload the "Protective Service Investigation Decision Letter" into Supporting Documents. • **Continue to work closely with DSS and follow through on their requests or next steps**	
NOTE: If PS Referral was not originated by CME, the previously mentioned letters cannot be obtained and uploaded.		
NOTE: Online, self-paced training resources from DSS can be found below. **CPS: https://www.preventchildabusenc.org/online-trainings/** **APS uses a learning management system, to be granted access complete the following form: https://forms.office.com/Pages/ResponsePage.aspx?id=3lF2etC5mkSFw-zCbNftGYmWwt1TbaRMmzWLnYhl1BdUOTBQNlZQV1ZRNjk1SUs5SzRVVkM0SEdYUyQlQCN0PWcu** **Once you have access "**APS for the Non-APS**" is a recommended training.** **For additional training resources contact your local DSS office.**		

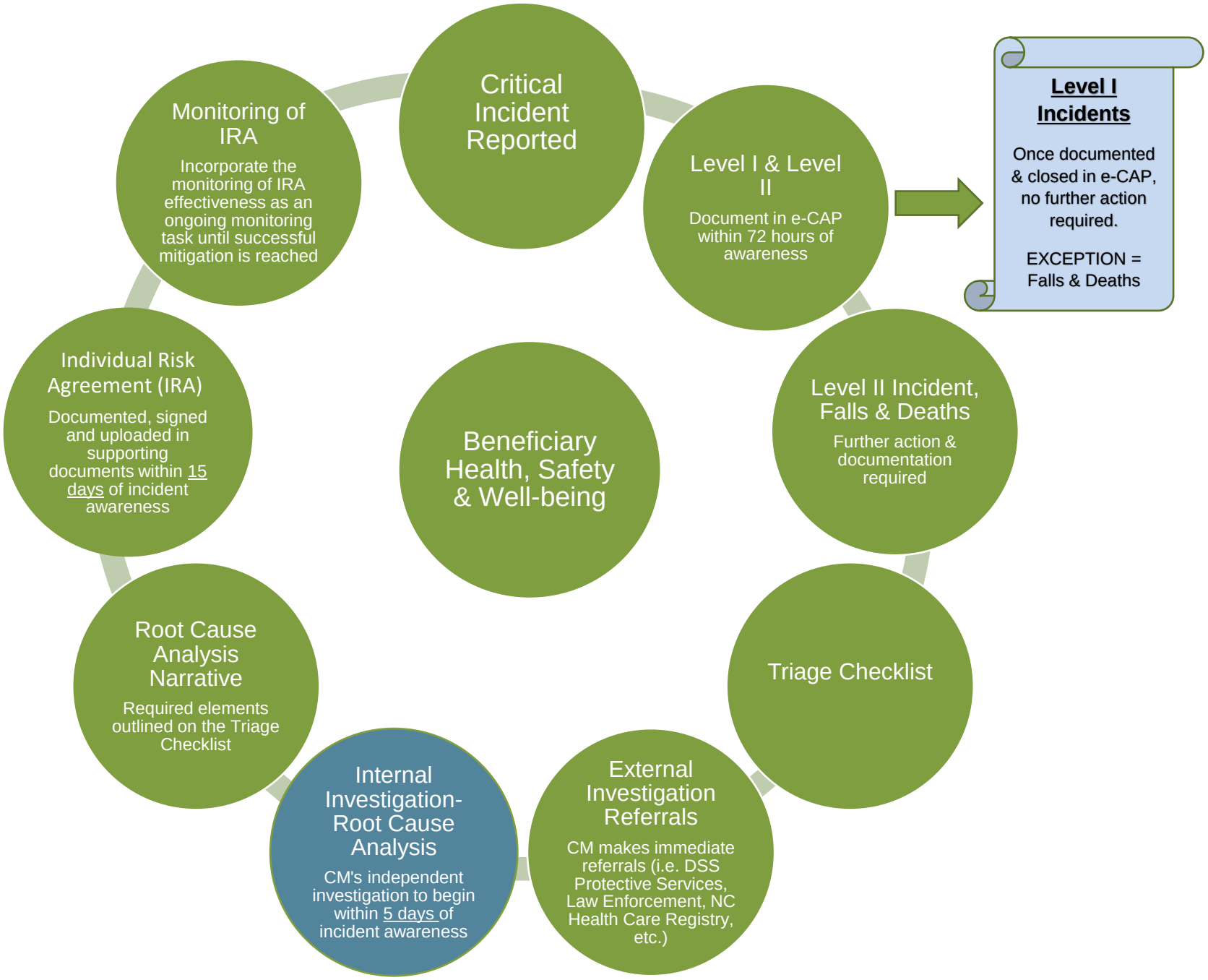
External Investigations

Other *Potential* External Investigation Referrals depending on the nature of the incident:		
***If* Unlawful activity alleged:**		
Action	**Documentation**	**Completed**
Make Law Enforcement report immediately.	• Under "reporting notifications" section of Incident Report include the Law Enforcement agency to whom the report was made, the Intake Worker's Name, Date & Time • If Law Enforcement report was not accepted for investigation: ○ Include a note in the "Action" box "Law Enforcement report was made but not investigated because insert reason" • Request & upload the Law Enforcement Report into Supporting Documents if applicable	
***If* Allegations involved Health Care Personnel (including RN, LPN, non-C.N.A. and C.N.A staff):**		
Action	**Documentation**	**Completed**

Contact Home Care provider to verify if a report was made to the Health Care Registry	• If a Health Care Registry Report was made by a provider, request & upload a copy of the report into supporting documents
	• If a Health Care Registry report was not made by the provider, document communication with provider information that a report of allegations should be made to the Health Care Registry immediately and request and upload a copy of the report into supporting documents.
	• If no indication is given by the provider that they will report allegations, CM should take steps to report.
	
	• In the incident Report under "Reporting Notifications":
	  ○ include Entity Name, Intake Worker's Name, Date & Time
	  ○ in the "Action" box indicate if the report has been made and uploaded or when it is expected.
	
	• Reporting information:
	  ○ Health Care Registry Investigations Support Staff: 919-855-3968
	  ○ Confirmation of a report having been made can be given over the phone.
	  ○ Receiving a copy of a report may take 3-4 weeks.
	  ○ Reporting information and forms can be found: https://info.ncdhhs.gov/dhsr/ciu/provider.html#reporting
	
	• Reporting information for complaints involving a facility:
	  ○ DHSR Complaint Hotline: 1-800-624-3004 or 1-919-855-4500
	  ○ Fax: 919-715-7724
	  ○ Mail: 2711 Mail Service Center, Raleigh, NC 27699
	  ○ Complaint form can be found: https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html	

External Investigations

***If* Allegations involve:** Doctor shopping for pain medication; Selling prescription filled by Medicaid; Forging prescription; Collusion with Medicaid providers (receiving kickbacks); Non-recipient using recipient's card with or without the recipient's knowledge, Misrepresenting household composition, income or resources during the application process; Receiving Medicaid in NC while living in another state:		
Action	**Documentation**	**Completed**
Make a referral to Program Integrity	• The Program Integrity (PI) webpage can be found at: https://medicaid.ncdhhs.gov/meetings-notices/office-compliance-program-integrity-ocpi • The Online Confidential Complaint form can be accessed at: https://ncgov.servicenowservices.com/sp_ci?id=sc_cat_item_public&sys_id=87cf583b1b83b81099510f6fe54bcb2f • Under "Reporting Notifications" section of Incident Report, include Entity name, Intake Worker's Name, Date& Time • Upload a copy of the acknowledgement email and/or referral form into Supporting Documents. https://ncdoj.gov/responding-to-crime/health-fraud/health-fraud-reporting-form/	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Root Cause Analysis- Triage Checklist

Triage Checklist
Root Cause Analysis Only

Directions: Use this "Triage Checklist" when you have documented a "Level I incident" or incident categorized as "Other" and NC Medicaid asks you to complete a "Root Cause Analysis only":

- Root Cause Analysis only

I. Required: Root Cause Analysis/Internal Investigation:	Completed
• Initiate RCA within 5 days of report date/date of awareness. • Complete RCA and Risk Agreement within 15 days of awareness. • Document RCA Narrative on the Incident Report, under "Quality Care Issues Arising from Incident" section where you see "Root Cause Analysis".	

Root Cause Analysis Investigation Steps:
• Upon the completion of the Level II critical incident report, review for accuracy of information and that description of incident is fully understandable.
• Contact reporter to discuss the details of the incident. Contact can be made by phone or in- person. Ask the following feedback:
  ▫ What potentially led to this incident?
  ▫ What could have decreased the chances of this incident occurring?
  ▫ What services, support systems, mechanism could be put in place to mitigate future incidents?
• Review POC and create a list of current Risk Factors indicated in e-Cap. Do you see any potential Risk Factors that could be related or have contributed to this incident?
• Review all the beneficiary's previous critical incidents and case history to determine trends.
  ▫ Identify the contributing factors that led to the current incident.
  ▫ Identify if there are any similar contributing factors from previous incidents.
  ▫ Identify Number of previous incidents.
  ▫ Identify Number of incidents with similar contributing factors.
• Review grievances that were related to the critical incident.
  ▫ Identify number of grievances that were related to the critical incident.
  ▫ What potential contributing factors emerged from the grievances?
  ▫ Was there timely follow up from the grievances?
• Contact service providers listed on the Plan of Care (POC) who have knowledge of the beneficiary's care needs as well as other pertinent individuals or agencies discuss the following:
  ▫ CAP beneficiary care needs, any concerns directly related to the incident reported or the beneficiary's Health & Safety in general.
  ▫ What potentially lead up to this incident
  ▫ What could have decreased the chances of this incident from occurring
  ▫ What services, support systems, mechanism will be put in place to mitigate future incidents
• Make a home visit with the beneficiary and/or their responsible party to:
  ▫ Prior to the home visit, review the current POC and make note of the current Risk Factors with current mitigation strategies in e-CAP. Review the list of the current Risk Factors from e-CAP during the home visit with beneficiary to determine if there are any that may be related or could have contributed to the current incident. If so, create a goal with the beneficiary to address the risk.
  ▫ Prior to home visit print a copy of the e-CAP Individual Risk Agreement.
  ▫ Utilize the Individual Risk Agreement during the risk assessment portion of this visit to guide the conversation and to begin noting risks and potential mitigation strategies as you speak with the beneficiary & significant others.
  ▫ Review Plan of Care Goals & services to determine need for POC Revision.	

Root Cause Analysis- Triage Checklist

- Review Emergency/Disaster Plan to determine need to update.
- Perform a Risk Assessment to determine the following:
  - What potentially led up to this incident?
  - What could have decreased the chances of this incident occurring?
  - What services, support systems, mechanism could be put in place to mitigate future incidents?
  - The IRA should be used to document the final action plan.

- Write a narrative of findings and recommendation of how future incidents can be mitigated. In the narrative include:
  - a change of status assessment,
  - a plan of care revision,
  - a revision to update person-centered goals
  - an upload of a revised emergency and disaster plan
  - a case management activity to provide more direct monitoring, linking to other resources and follow-up with recommended risk agreement.

- **If a beneficiary is hospitalized or in a facility for rehab**, make a note to that effect on the incident report. Complete & document all steps & contacts noted above according to RCA timeframes with providers and other informal supports who are aware of the incident. Document information gathered in the Root Cause Analysis narrative section of incident report.

- **When the beneficiary is discharged home**, complete risk assessment interview with the beneficiary & finalize the Individual Risk Agreement. Obtain beneficiary signature and upload risk agreement into supporting documents.

- **If a beneficiary is admitted for 15 or more days**, complete the RCA and IRA within the 15-day timeline. When the beneficiary is discharged home monitor the effectiveness of the IRA and update it as needed. If amendment is needed the updated IRA will need a new signature from the beneficiary and to be uploaded to supporting documents.

Example RCA Investigation

I. Required: Root Cause Analysis/Internal Investigation:	Completed
• Initiate RCA within 5 days of report date/date of awareness. • Complete RCA and Risk Agreement within 15 days of awareness. • Document RCA Narrative on the Incident Report, under "Quality Care Issues Arising from Incident" section where you see "Root Cause Analysis".	5/2/2023 5/16/2023 5/17/2023
Root Cause Analysis Investigation Steps: • Upon the completion of the Level II critical incident report, review for accuracy of information and that description of incident is fully understandable. The beneficiary contacted EMS to assist her because she fell out of her wheelchair when transferring to her bed. The beneficiary fractured her spine and was admitted to the hospital with due to a traumatic injury. The beneficiary was home alone and did not have sufficient equipment to assist her to transfer from her wheelchair to the bed in a safe manner. The CIR box was check "yes" for unplanned hospitalization in the CIR report.	

Example RCA Investigation

- Contact reporter to discuss the details of the incident. Contact can be made by phone or in- person. Ask the following feedback:
  - What potentially led to this incident?
  - What could have decreased the chances of this incident occurring?
  - What services, support systems, mechanism could be put in place to mitigate future incidents?

    The beneficiary's family members, the provider, the PCP, and the case manager. At the time of the incident the beneficiary was home alone. Earlier in the month EMS had been contacted due to inability to transfer from their bed and EMS entered through a window. A protective services call had been placed due to the unsafe environment of the beneficiary's home. A request was made to the PCP for a trapeze bar and chair lift and a recommendation was made for the beneficiary to move in with their adult child. The equipment order had not been filled by 5/2/2023 and the beneficiary remained in their previous residence where they are home alone overnight. Assessment of beneficiary's overall transfer abilities and prompt implementation of the previously requested and recommended services could have reduced the chances of this CI. Additional transfer aids, additional services hours or a change of service hours to focus on early morning hours when the primary caregiver is at work, or relocation to their adult child or NF could mitigate future incidents.

Example RCA Investigation

- Review POC and create a list of current Risk Factors indicated in e-Cap. Do you see any potential Risk Factors that could be related or have contributed to this incident? Current risk factors include:

Tobacco Use	Difficulty sleeping
Bowel and bladder incontinence	Persistent anger with self or others
Limited vision	Crying/tearfulness
Short term memory	Latex risk
Recurrent persistent pain	No advanced directives
Dysphoric mood	Reduced social interaction
Withdrawal from activities of interest	Sad, worried facial expressions

Example RCA Investigation

- Review all the beneficiary's previous critical incidents and case history to determine trends.
  - Identify the contributing factors that led to the current incident.
  - Identify if there are any similar contributing factors from previous incidents.
  - Identify Number of previous incidents.
  - Identify Number of incidents with similar contributing factors.

The beneficiary contacted EMS to assist her because she fell out of her wheelchair when transferring to her bed. The beneficiary fractured her spine and was admitted to the hospital with due to a traumatic injury. The beneficiary was home alone and did not have sufficient equipment to assist her to transfer from her wheelchair to the bed in a safe manner. The CIR box was check "yes" for unplanned hospitalization in the CIR report.

Example RCA Investigation

- There are 6 contributing factors that led to the current incident.
  1. Decreased mobility by the beneficiary.
  2. Increased need for bathroom visits (incontinence issues), limited vision, difficulty sleeping, and pain.
  3. Lack of assistive technology across the entire home which includes a trapeze bar to assist with transfers.
  4. Lack of caregiver support during critical hours when the beneficiary might be needing the rest room and transferring to and from the bedroom.
  5. Lack of provider services to assist the beneficiary with her ADL’s.
  6. A housing and care contingency plan needs to be put into place if proper staffing and equipment are not available at the beneficiary's residence. The beneficiary alone is now a health, safety and wellbeing risk and an alternative nursing facility, family member or other accommodations need to be made.

Example RCA Investigation

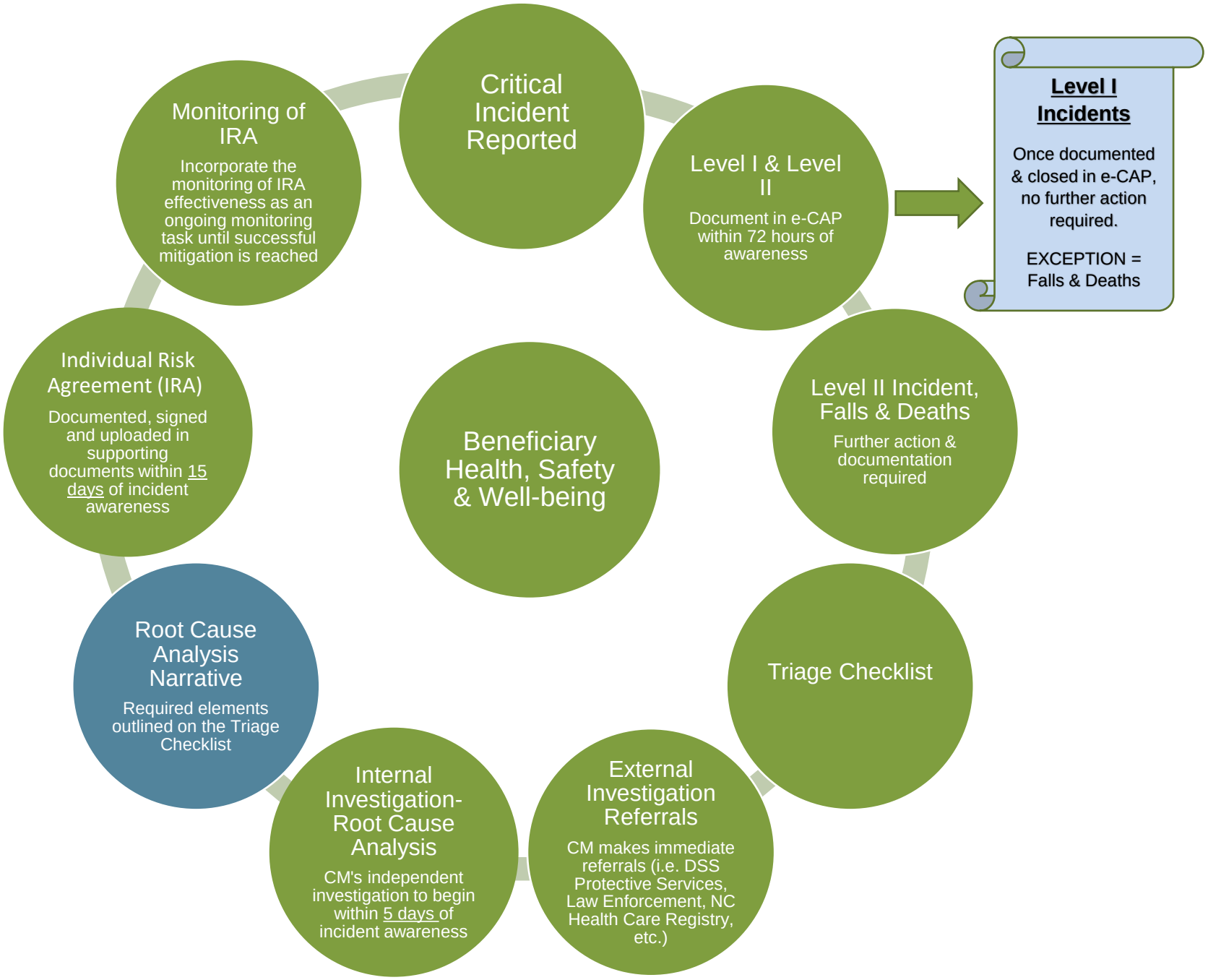
- Review grievances that were related to the critical incident.
  - Identify number of grievances that were related to the critical incident.
  - What potential contributing factors emerged from the grievances?
  - Was there timely follow up from the grievances?
    There are 0 grievances on file.
- Contact service providers listed on the Plan of Care (POC) who have knowledge of the beneficiary's care needs as well as other pertinent individuals or agencies discuss the following:
  - CAP beneficiary care needs, any concerns directly related to the incident reported or the beneficiary's Health & Safety in general.
  - What potentially lead up to this incident
  - What could have decreased the chances of this incident from occurring
  - What services, support systems, mechanism will be put in place to mitigate future incidents
- The beneficiary has extensive needs around transfers and has historically been able to regain balance while sitting but with two recent incidents around transferring and falls the PCP has expressed concerns about potential changes in balance, strength, and coordination. The potential changes in beneficiary's abilities, the limited overnight caregiving availability, and unfilled request for additional transfer devices are believed to have contributed to the CI. Additional monitoring and an increase in staff hours to assist the beneficiary and ensure she is using equipment properly was also needed and could have prevented the beneficiary's spinal fracture. A housing and care contingency plan needs to be put into place if proper staffing and equipment are not available at the beneficiary's residence. The beneficiary alone is now a health, safety and wellbeing risk and an alternative nursing facility, family member or other accommodations need to be made.

Example RCA Investigation

- Prior to the home visit, review the current POC and make note of the current Risk Factors with current mitigation strategies in e-CAP. Review the list of the current Risk Factors from e-CAP during the home visit with beneficiary to determine if there are any that may be related or could have contributed to the current incident. If so, create a goal with the beneficiary to address the risk.
  - Prior to home visit print a copy of the e-CAP Individual Risk Agreement.
  - Utilize the Individual Risk Agreement during the risk assessment portion of this visit to guide the conversation and to begin noting risks and potential mitigation strategies as you speak with the beneficiary & significant others.
  - Review Plan of Care Goals & services to determine need for POC Revision.
  - Review Emergency/Disaster Plan to determine need to update.
  - Perform a Risk Assessment to determine the following:
    - What potentially led up to this incident?
    - What could have decreased the chances of this incident occurring?
    - What services, support systems, mechanism could be put in place to mitigate future incidents?
    - The IRA should be used to document the final action plan.

  The beneficiary agrees that difficulty sleeping did contribute to the incident as they awoke early and were independently transferring themself when the incident occurred, which is similar to the CI that occurred previously. They report that they have had an increase in negative symptoms around their mood. Emotional and social risk factors have been identified previously. In addition to the physical concerns which we discussed there is a need to continue looking at mental health treatment such as individual and group therapy to mitigate negative feelings, promote social interaction, and reduce difficulties with maintaining sleep.

  The IRA, POC, and Emergency/Disaster Plans were reviewed and updated to reflect the recommendations for the beneficiary's physical abilities to be re-evaluated with a focus on safe transfers, additional transfer aids, care hours to cover the early morning (by increasing or rescheduling) or relocation of beneficiary, and therapy. All have been signed and uploaded to the beneficiary's file.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Once documented & closed in e-CAP, no further action required.
EXCEPTION = Falls & Deaths
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RCA Narrative

Complete Root Cause Analysis Narrative to include: • Date of Incident • Date Root Cause analysis was initiated (must be within 5 days of the incident awareness) • Date Root Cause analysis was completed with a plan in place to mitigate future risk. (must be within 15 days of incident awareness) • Date contact made with beneficiary and/or their responsible party to perform Risk Assessment. • List all individuals interviewed during the Root Cause Analysis • Number of previous incidents • Number of similar incidents • Number of incidents with similar contributing factors. • List of risk factors in e-CAP • Date that you reviewed the current Plan of Care services & goals with beneficiary and others significant to the beneficiary. Document whether POC was revised indicating the date of revision if applicable. • Date that you reviewed the Emergency/Disaster Plan. Document whether reviewed only or if revision was necessary. • Provide summary of investigation results based on all input received during RCA Investigation: • What potentially led up to this incident • What could have decreased the chances of this incident from occurring • What services, support systems, mechanism will be put in place to mitigate future incidents	

• Was there a grievance on file related to this critical incident? If yes,
  • What potential contributing factors emerged from the grievances?
  • Was there timely follow up from the grievances?
• Write where the Individual Risk Agreement (IRA) can be found in the beneficiary's record.	

Example RCA Narrative

Complete Root Cause Analysis Narrative to include:

- Date of Incident
  5/2/2023 The date of the incident.
- Date Root Cause analysis was initiated (must be within 5 days of the incident awareness)
  5/2/2023 The RCA was initiated.
- Date Root Cause analysis was completed with a plan in place to mitigate future risk. (must be within 15 days of incident awareness)
  5/16/2023 The RCA was completed.
- Date contact made with beneficiary and/or their responsible party to perform Risk Assessment.
  5/8/2023 Beneficiary was contact to complete a Risk Assessment
- List all individuals interviewed during the Root Cause Analysis
  Case manager, PCP, and beneficiary were interviewed.
- Number of previous incidents
  Beneficiary had two previous incidents.
- Number of similar incidents
  Two
- Number of incidents with similar contributing factors.
  There were two previous CIRs. That indicated insufficient support for overnight care, limited range of motion issues increasing fall risk, an unsafe environment due to a lack of assistive technology.
- List of risk factors in e-CAP
  Tobacco use, bowel and bladder incontinence, crying/tearfulness, difficulty sleeping, dysphoric mood, latex risk, limited vision, no advanced directives, persistent anger with self or others, recurrent persistent pain, reduced social interaction, repetitive health complaints, short term memory loss, withdrawal from activities of interest, sad, pained, worried facial expressions, beneficiary health, safety and well-being issues.

Example RCA Narrative

- Date that you reviewed the current Plan of Care services & goals with beneficiary and others significant to the beneficiary. Document whether POC was revised indicating the date of revision if applicable.
  5/8/2023 the POC and goals were reviewed with the beneficiary at which point their child arrived home and joined the review and revisions were made.
- Date that you reviewed the Emergency/Disaster Plan. Document whether reviewed only or if revision was necessary.
  5/8/2023 the Emergency/Disaster Plan was reviewed and revised.
- Provide summary of investigation results based on all input received during RCA Investigation:
  The beneficiary has had two related similar incidents, which occurred within the month prior to this CI. There are concerns around the beneficiary's ability to safely transfer themself which may be due to changes in their physical condition. Additionally, disturbances to sleep related to mental health may be contributing to early morning incidents when care providers are not currently scheduled or available.
- What potentially led up to this incident
  - There are 6 contributing factors that lead to the current incident.
    1. Decreased mobility by the beneficiary.
    2. Increased need for bathroom visits (incontinence issues), limited vision, difficulty sleeping, and pain.
    3. Lack of assistive technology across the entire home which includes a trapeze bar to assist with transfers.
    4. Lack of caregiver support during critical hours when the beneficiary might be needing the rest room and transferring to and from the bedroom.

Example RCA Narrative

5. Lack of provider services to assist the beneficiary with her ADL's.
6. A housing and care contingency plan needs to be put into place if proper staffing and equipment are not available at the beneficiary's residence. The beneficiary alone is now a health, safety and wellbeing risk and an alternative nursing facility, family member or other accommodations need to be made.

- What could have decreased the chances of this incident from occurring

There are 5 contributing factors that led to the current incident.

1. An immediate referral and assessment by an occupational therapist following the PCP concerns.
2. Immediate installation of assistive technology across the entire home which includes the trapeze bar.
3. An increase in staff hours to assist the beneficiary and ensure she is using equipment properly.
4. Increase in monitoring to properly support the health, safety and wellbeing of the beneficiary
5. A housing and care contingency plan needs to be put into place if proper staffing and equipment are not available at the beneficiary's residence. The beneficiary alone is now a health, safety and wellbeing risk and an alternative nursing facility, family member or other accommodations need to be made.

- What services, support systems, mechanism will be put in place to mitigate future incidents

Procurement of previously requested transfer equipment. Change in caregiver scheduling or relocation of beneficiary to a living situation that better meets their caregiving needs (IE. Early morning availability). Increase in staffing hours to assist with ADL's and transfers, a home modification for a 2nd fire escape in the home, Increased monitoring by the case manager to evaluate the beneficiary's health safety and wellbeing is still met in the current environment with the POC. Procurement of previously requested transfer equipment. Change in caregiver scheduling or relocation of beneficiary to a living situation that better meets their caregiving needs (IE. Early morning availability). It should also be noted the beneficiary is showing signs of clinical depression and resources for mental health care, such as individual and group therapy may also be needed.

- Was there a grievance on file related to this critical incident? If yes,
  - What potential contributing factors emerged from the grievances?
  - Was there timely follow up from the grievances?

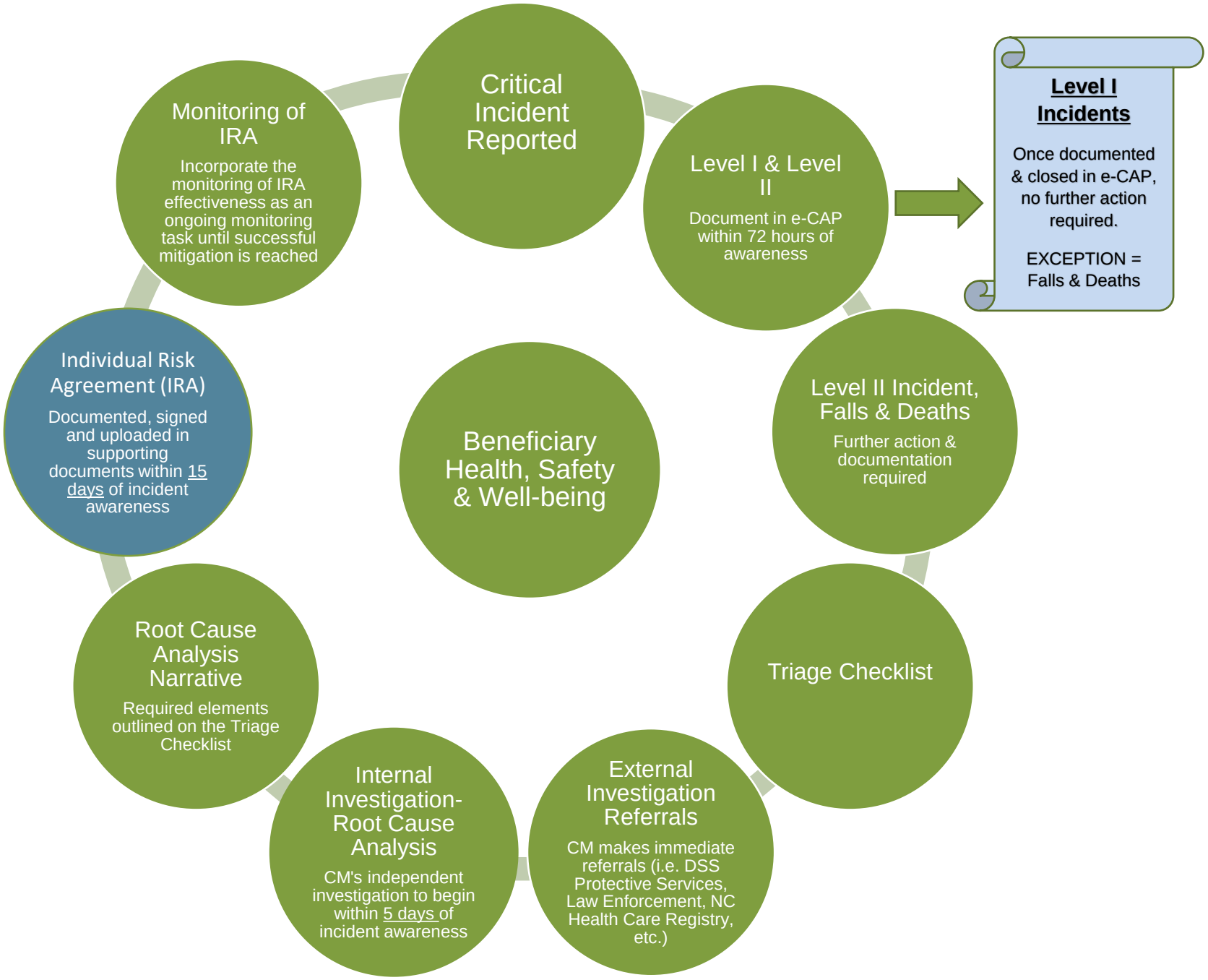
  No grievances have been filed for or by this beneficiary.
- Write where the Individual Risk Agreement (IRA) can be found in the beneficiary's record.

The IRA can be found as a digital version in e-CAP's "Beneficiary Individual Risk Agreement", as a digital file on e-CAP's "Supporting Documents" and the original is stored as a paper copy in the CME's files.

When No Risks to Mitigate

- **If a completed RCA results in the identification of no risks to mitigate an Individual Risk Agreement (IRA) is not required.**

- **In this circumstance:**
  - **Document the RCA results in the CIR**
  - **Document no IRA due to no risk factors per RCA**
  - **Continue to monitor the health, safety and wellbeing of the waiver beneficiary.**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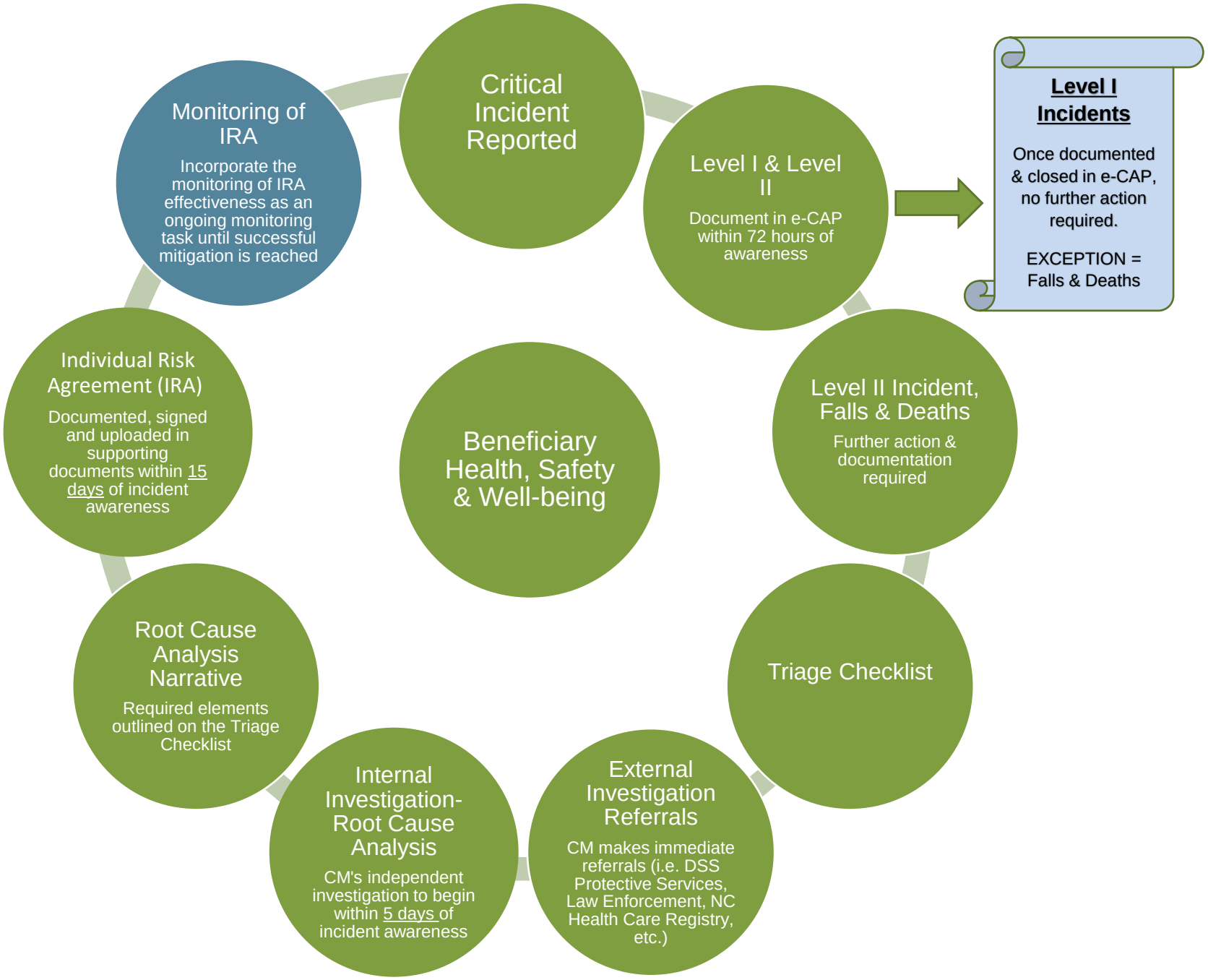
Third Section: IRA

II. Required: Individual Risk Agreement (IRA)	

• The IRA should be a coordinated effort with the beneficiary and significant others as deemed appropriate by the beneficiary.
 	
• As the CAP Assessment is the foundation for the Plan of Care, the Root Cause Analysis, including the Risk Assessment, is the foundation for the Action Plan.
 	
• The IRA should contain sections where specific risks associated with the incident can be documented along with the mitigation strategies to prevent future risks.
  ◦ When an incident is directly tied to a previous incident, same contributing factors and outcome, it may be appropriate to update a previous IRA.
 	
• The IRA should also include how The CAP Program will monitor the effectiveness of the action plan.
 	
• Other Tasks associated with the Action Plan phase may include any of the following:
  ◦ change of status assessment,
  ◦ plan of care revision,
  ◦ revision to person-centered goals
  ◦ revision to emergency and disaster plan
  ◦ intensified case management activity to provide more direct monitoring, linking to other resources and follow-up with recommended action plans.
 	
• Once the collaborated plan is finalized & documented using the Individual Risk Agreement functionality in e-CAP, the beneficiary must be notified of the Action Plan with the recommended mitigation strategies based on the completed investigation. The finalized Action Plan/IRA must be sent to the beneficiary for signature. The signed Action Plan/IRA must be uploaded in e-CAP within 15 days of the incident report date/date of awareness.	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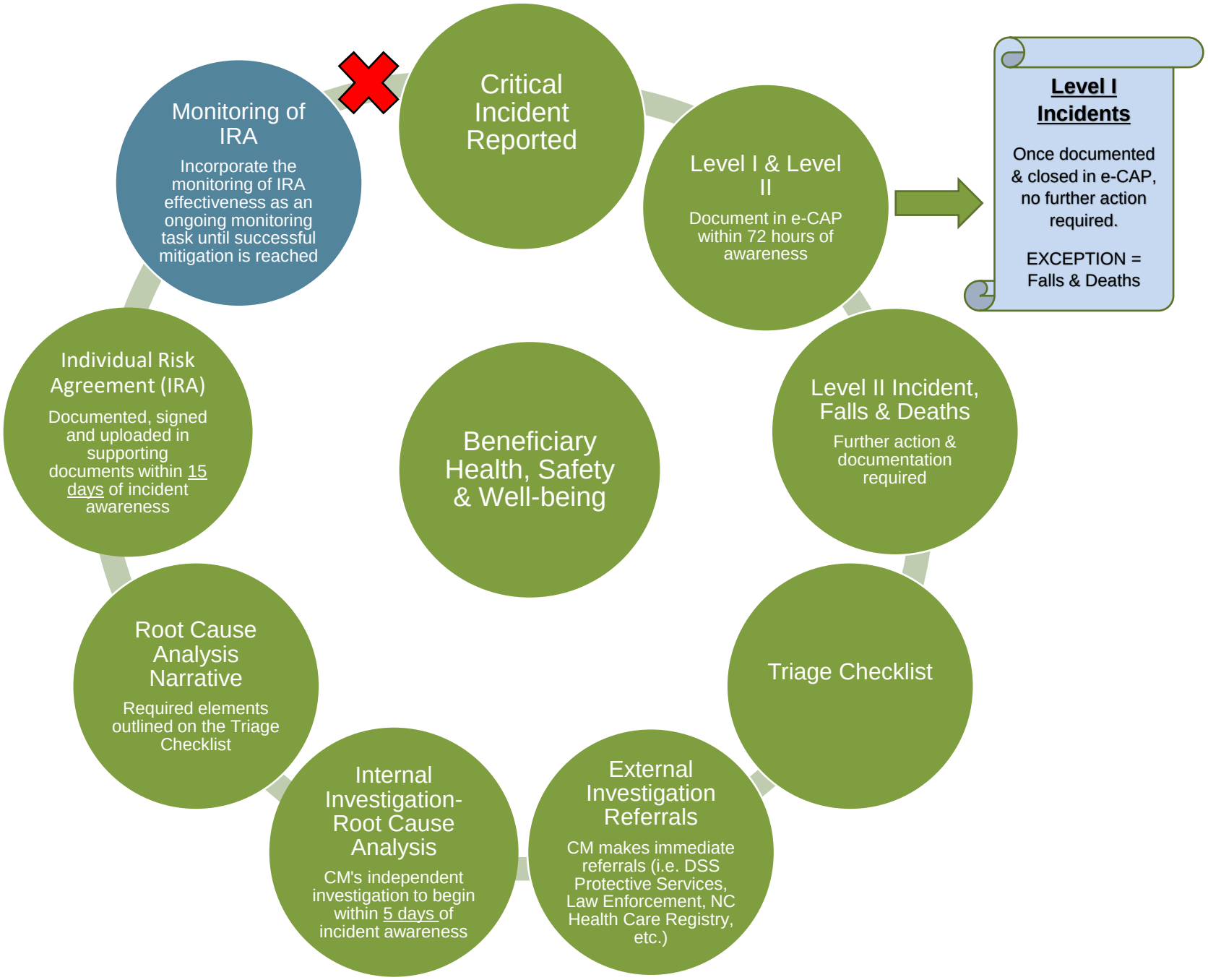
Fourth Section: Monitoring

III. Required: Monitor effectiveness of Individual Risk Agreement (IRA)	Completed
During Regular Monitoring contacts, follow-up should occur to assure the beneficiary is receiving necessary services & supports as identified in the action plan and that the plan to mitigate risks documented in the Individual Risk Agreement is proving effective. ▫ As the CM continues their monitoring of the Risk Agreement: ▪ When it appears that contributing factors have been effectively mitigated, the case manager should document this progress. ▪ When it appears that contributing factors and risks associated with the incident have not been effectively mitigated, explore other strategies with the beneficiary and the MDT to mitigate the risk to assure the health, safety and well-being of the beneficiary & update the IRA with new strategies.	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NC Medicaid Monitoring

- **Critical Incidents are monitored for trends**
  - **Monitoring enables system level solutions to quality issues**
- **Monitoring is done through:**
  - **e-CAP critical incident reports**
  - **Claims**
  - **Medicaid Fraud Control Unit**
  - **Other state agencies such as Protective Services, as allowed by law.**

FREQUENTLY ASKED QUESTIONS

- Q: Can the submitted incident reports be amended?
  A: Yes, reports can be amended. This is a new feature from the past.
- Q: Does the e-CAP system determine the CIR level?
  A: Algorithms are built into the e-CAP system to source the level type based on what the critical incident reporter enters.
- Q: Are all falls level II or just falls resulting in an ER or hospitalization?
  A: Yes, all falls are now a Level II critical incident.
- Q: Is an IRA needed for every CIR or only when applicable?
  A: Only when applicable based on the consensus of the multidisciplinary team review.
- Q: It was stated that the Root Cause Analysis would be required to save the CIR. So, does this means an IRA would need to be performed every single time?
  A: No, an IRA is not needed for every incident. An IRA mitigates risk by allowing the waiver beneficiary/representative to assume risks as identified.

FREQUENTLY ASKED QUESTIONS

- Q: Is a home visit required for each incident?
  A: The need for a home visit is based on the risk level of the incident.

- Q: How should a CIR be documented when the waiver beneficiary is hospitalized for more than 15 days for level II unplanned hospital admissions?
  A: A critical incident should be completed upon the awareness of the hospitalization. Based on the severity of the hospitalization, a visit can be scheduled shortly after the discharge to update/amend the critical incident to align with the risk mitigation strategies.
- Q: If the incident report is closed within 72 hours, must the RCA be completed within 15 days?
  A: An RCA is required for all level II incidents. If one is required, it must be completed within 15 days.
- Q: Where will the FAQs be located?
  A: FAQs will be located in the Knowledge Exchange in e-CAP and on the CAP/C and CAP/DA webpages on NC Medicaid's website.

FREQUENTLY ASKED QUESTIONS

- Q: How do we handle falls for children since they can be related to typical development? What if they are not injured by the fall?
  A: Falls for children are different, especially those that result from minor trips due to play or initially learning to walk or maintain balance. However, falls that result from disability or illness should be documented to assist with identifying trends for preventative measures and risk mitigation.
- Q: If an RCA requires an IRA, how would that work with a death?
  A: An IRA is not needed for CIRs with death. The triage checklists will provide support around completing the RCA for natural and unnatural death.
- Q: Do all level II CIs need a follow-up home visit? So, do staffing concerns/missed shifts need a follow-up home visit?
  A: No. Missed shifts should be addressed with the provider(s), and mitigation plans should be identified during the MDT meetings. If missed shifts are reoccurring, the waiver beneficiary should be counseled about other available provider agencies.

FREQUENTLY ASKED QUESTIONS

- Q: When a Wavier service is not being provided, for example, unstaffed hours by an agency, who is responsible for the CIR, the DSP aide agency, or the CME?
  A: The CME.
- Q: The CAP population is prone to experience many incidents listed as Level I or II. Must an incident report be completed for each incident occurrence?
  A: Incidents that fall within the outlined categories need to be documented to ensure that every effort is taken to assist with the HSW of the waiver beneficiary.
- Q: How do we handle instances when waiver beneficiaries disagree with risk mitigation strategies?
  A: Document all risk mitigation strategies identified and declined by the waiver beneficiary.
- Q: What do you do when the Beneficiary refuses to sign an IRA?
  A: Document the refusal.

- **For additional questions please email the following: Medicaid.capda@dhhs.nc.gov or Medicaid.capc@dhhs.nc.gov**

Resources

- **Triage checklists and FAQ document can be found on the knowledge exchange in e-cap.**
- **CAP Policies:**
  - **CAP/DA: Community Alternatives Program for Disabled Adults, 3K-2; Section 7.3 – 7.8.4 pages 55-60, Section 7.11, page 63-64, and Section 7.15, page 68**
    https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies
  - **CAP/C: Community Alternatives Program for Children, 3K-2; Section 7.10 – 7.13 pages 44-47, and Section 7.17, page 50,**
    https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies
- **Medicaid critical incident systems training:**
  https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html#health