

Critical Incident Response Protocol

Purpose

The purpose of the MFP Critical Incident Response process is to provide timely interventions to MFP participants, to lean into available resources to improve community placement outcomes, and to identify areas for quality improvement.

Critical Incident Response Protocol

The following protocol is suggested as a response to critical incidents occurring for those who are older adults and/or have physical limitations, and who are actively in their 365-days of participation in MFP.

Incident Discovery

Incidents may be discovered through direct contact with the participant, formal and informal caregivers, and/or waiver personnel, or through indirect notification such as eCAP documentation or Medicaid claims reporting.

The Transition Coordinator (TC) is responsible for initiating contact with the assigned case manager or identified person of the participant's active waiver upon transition under MFP and over the 365-day MFP participation period.

Incident Types

Level I Incidents

- ER Visit
- Hospital Admission
- Falls (not resulting in hospitalization or death)
- Failure to take medication as ordered
- Exposure to COVID-19 or COVID-19 Diagnosis

Level II Incidents

- Abuse: Any act or threat of physical violence, harassment, intimidation, or other threatening behaviors. Includes physical, sexual, and psychological assaults.

- Alleged or actual abuse by others
- Alleged or actual self-abuse by the participant
- Neglect: Failing to provide the participant with any services, care, goods, or treatment that is necessary to maintain health and safety and avoid physical harm, pain, mental anguish, or emotional distress.
 - Neglect by service provider(s)
 - Neglected by informal caregivers
 - Participant self-neglect
 - Participant left unattended when 24-hour care is required
 - Wandering/elopement by participant while in care of provider
 - Unsafe home environment
 - Unsafe interruption in services
 - Unsafe provision of services
- Exploitation: The act or process of taking advantage of the participant by another person or caregiver whether for monetary, personal, or other benefit, gain or profit. Includes undue influence or coercion.
 - Misappropriation of consumer-directed funds
 - Theft of participant's/informal caregivers' household possessions/money
 - Theft of medications or supplies
 - Other forms of exploitation, other than theft
- Failure/Defect in residence threatening participant's health and safety
- Vandalism to participant's residence or property
- Care equipment malfunction
- Falls resulting in hospitalization
- Choking or other problem with ingestion
- Traumatic injury
- Involvement in the criminal justice system leading to arrest, detainment, or incarceration

Incident Response Practices

Responding to critical incidents is specific to both the incident level and frequency.

Incident Response by Level and Timeframe

- All incidents require monthly workbook write-up in the incident tab.
- Level I incidents require an Incident Response Report if:
 - Incident occurs within 30 days of transition.
 - Two or more ER incidents (without hospital admission) within a 30-day period.
 - Two or more falls within a 30-day period.
 - Two or more hospitalizations within a 45-day period.
 - Two or more unrelated incidents within a 30-day period.
- All Level II incidents require an Incident Response Report and Incident Response Meeting.
- Loss/risk of loss of provider, informal supports, and/or housing requires an immediate Incident Response Report and Incident Response Meeting within 48-hours of notification.

Incident Response Meeting

Incident Response Meetings are held with the MFP Project Associate Director or designee. Individuals involved in transition coordination and care oversight/management (i.e., the MFP TC, field supervisor, Case Manager, participant guardian, and Provider) should be included in the meeting. Work with the MFP Transition Services Coordinator to schedule this meeting. The Incident Response Report should be prepared prior to the meeting. Be sure to indicate if the participant is at risk of exceeding 30 days in institutional care and the date the participant was re-institutionalized (hospital or other non-community setting).