

NC Medicaid	Community Alternatives Program for Disabled Adults (CAP/DA) Waiver approval period: 11/01/2024-10/31/2029	Standard Operating Procedure (SOP)	Health and Welfare
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SOP Owner	WRenia Bratts-Brown	SOP Co-Owner	Patricia Hill

Standard Operating Procedure

Where to find this information in the policy:

- 3K-2; Section 7.3 – 7.9 pages 53-62 and Section 7.11, page 62, <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

The federal citation that allows the 1915(c) Home and Community-based Services Waiver is: 42 CFR §441.302

1. Purpose

- To support the CAP participant's health and welfare.
- To make sure waiver services are used correctly.

2. Scope

Create a strong incident management system. This will help lower the number of incidents. This system will help improve the health and welfare of waiver participants by:

- finding and monitoring abuse, neglect and exploitation,
- individual planning for assumed risk,
- reducing the potential risk of unsafe living situations,
- individual planning for emergencies and disasters, and
- making sure providers meet the requirements to provide services.

3. Abbreviations

ADH	Adult Day Health
ADLs	Activities of Daily Living
APS	Adult Protective Services
ANE	Abuse, Neglect and Exploitation
CAP	Community Alternatives Program
CAP/DA	Community Alternative Program for Adults
CME	Case Management Entity
CM	Case Manager
CNR	Continued Need Review
COS	Change of Status
DAAS	Division of Aging and Adult Services
DHSR	Division of Health Services Regulation
DHHS	Department Health and Human Services
DSP	Direct Service Providers
DSS	Department of Social Services
e-CAP	electronic CAP business system
GS	Goods and Services

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HCBS	Home and Community-Based Service
HCB settings	Home and Community-Based settings
HIPAA	Health Insurance Portability and Accountability Act
HSW	Health, safety and well-being
IADLs	Instrumental Activities of Daily Living
IAE	Independent Assessment Entity
IRA	Individual Risk Agreement
LRP	Legally Responsible Person
MDT	Multidisciplinary Team
PAS	Personal Aid Services
PG	Performance Goal
PM	Performance Measures
PHI	Protected Health Information
POC	Plan of Care
QIS	Quality Improvement Strategy
QI	Quality Improvement
QA	Quality Assurance
QP	Qualified Provider
RCA	Root Cause Analysis
SMA	State Medicaid Agency
SOP	Standard Operating Procedure
SP	Service Plan
WQP	Willing and Qualified Provider

4. Definition of terms

Critical Incident – is when a CAP participant is at risk of or from:

- abuse that is:
 - Verbal (with words),
 - Physical (to the body),
 - Sexual,
 - Psychological (to the mind),
 - Emotional (to the emotional state).
- neglect or not being taken care of. This can be by self or others,
- exploitation or being taken advantage of:
 - This includes financial exploitation. Financial exploitation is being taken advantage of for money,
- misuse or unauthorized use of restrictive interventions or seclusion;
- physically falling down

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- a medication error which causes:
 - a phone call with poison control,
 - a visit to the Emergency Room (ER),
 - Injury.
- a visit to urgent care,
- a hospital stay whether planned or unplanned,
- death, including but not limited to:
 - a natural death,
 - an unexplained or unanticipated death,
 - death caused by abuse or neglect.
- approved services being missed on a regular basis,
- a living situation that seems unsafe.

Contact visit – The Case Manager (CM) must reach out to the beneficiary each month. This can be done by phone or other secure methods like Zoom, Facetime or Skype.

Critical Incident Management System – A system created by the State Medicaid Agency (SMA). It helps them address abuse, neglect and exploitation. Also, it guides responses to unsafe living situations and risks. The system aims to reduce the chances of future incidents.

Disenrollment – Is stopping the use of the CAP waiver services by choice or not.

Electronic Interaction – Is a face-to-face contact made through a video call. Software that can be used includes:

- Facetime;
- Skype;
- Microsoft Team;
- Zoom;
- Video chat; or
- Remote Patient Monitoring system.

Emergency & Disaster Plan - Is a document that states how services will be provided if the person scheduled to provide the service is not able to come. This includes thinking about when the primary caregiver is not available. It must also state how services will be provided if there is a disaster such as a hurricane or snowstorm.

Grievance - A complaint about how the state or a provider is doing their job. A complaint does not have to include a solution.

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Health and Welfare —Is the protection of a CAP participant from abuse, neglect or exploitation. Health and welfare may be referred to as:

- Health, safety, and welfare.
- Health, safety and well-being.

Individual Risk Agreement (IRA) - Is an add-on to the service plan. It allows a participant to make choices about their life and take responsibility for those choices. It is made with the participant or their LRP and the team. It outlines:

- a. The risks and benefits to the participant of a particular decision.
- b. How the participant will take responsibility if they choose to continue with a particular course of action.
- c. How the outcome will be tracked and who is responsible for it.

Level I Critical Incident – Are events that must be tracked. They include:

- Accidents or injuries that need more than first aid treatment.
- Scheduled hospital stays.
- Death by a natural cause.
- Failure to take medication as prescribed.
- A hospital stay for mental health treatment.
- An ER visit that does not end with a hospital stay

Level II Critical Incident – Serious events that must be tracked and investigated. They include:

- APS referrals (abuse, neglect, exploitation).
- Injuries without a known cause.
- Unexpected or unnatural death.
- Use of restraints and seclusions.
- Misuse of consumer-directed funds.
- Exploitation or the participant being taken advantage of.
- All falls.
- Traumatic injuries.
- The participant or someone who lives in the home physically attacks someone.
- Unplanned hospital stays.
- Errors in giving treatments or medications that result in a call to poison control, injury or hospitalization.

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- Missing persons.
- Homicides.
- Suicides.
- Pandemics.
- 3 IHA/PAS/nurse visits in a row that are missed.
- Media related events.

Monitoring – A way to see how things are going by gathering information. The information is organized and looked at as a whole. It is:

- Planned,
- Systematic, and
- Ongoing.

Ninety-day Service Plan- A service plan that is made to meet a short-term need. The need is emergent and is anticipated to be resolved within 90 days. Some reasons for a 90-day service plan include a short-term need for:

- Equipment, Modification, Technology,
- Ways to help an unsafe living environment, or
- Ways to address a behavioral malfunction.

Restraints - Devices or techniques that stop a participant from moving freely or accessing their body. They may be used for ease or as punishment. They can be physical, chemical, or by forced isolation. Forced isolation is also called seclusion.

Willing Qualified Provider – An organization that:

- Meets the requirements from NC Medicaid.
- Follows the requirements of NC Medicaid.
- Meets the minimum qualifications. These are listed in section 6.0 of the CAP Clinical Coverage Policy.
- Follows the rules listed in the CAP Clinical Coverage Policy.

Responsibilities - The SMA and HCBS providers will handle and try to prevent:

- The abuse of a participant.
- The neglect of a participant.
- The exploitation of a participant.

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- The unexplained death of a participant.
- A participant from living in an unsafe environment.

They do this by:

- Overseeing the participant monthly at regularly scheduled times
- Making sure that service providers are qualified.
- Documenting critical incidents.
- Creating and sharing an emergency and disaster plan for each participant.

Measure - Complete assessment of participants' health and welfare. This is done:

- Initially.
 - In person.
- Monthly.
 - By phone or other means.
- Quarterly or every 3 months.
 - By a mix of in person and electronic interaction.
- Annually or yearly.
 - In person.
- After a level II critical incident.
 - In person.

Procedure – To monitor the participants health and welfare. This should be done on a schedule and in a consistent way. It assesses the participants access to their community and services in their POC.

Monitoring participants is important to make sure they are safe. A schedule is used for monitoring and includes:

- An initial assessment.
 - This must be done in person.
- An annual assessment.
 - This must be done in person.
- Quarterly visits.
 - Some of which may be done by electronic interaction. See table 1.
- Monthly contact by the CM.
 - This may be done over the phone.
- Checking in during changes in the participant's life.

Table 1 below gives the minimum requirements for the monitoring schedule for the:

- Comprehensive Independent Assessment Entity (NCLIFTSS).

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- CME.
- Direct service providers (DSP).

Table 1 – Minimal Monitoring Requirements

Monitoring Periods	Monitoring Engagements	Provider Type	Participants	Approved form of Engagement
Initial - This monitoring contact is done during the first assessment workflow.	This is done face-to-face in the participant's home.	NCLIFTSS or when applicable the CME	The nurse assessor, When applicable, the social worker, The waiver applicant and their informal support system	Face-to-Face in the home
Monthly – This monitoring contact is made every month when there is not an MDT meeting.	At a minimum this is done by a phone call. It may also be done by a visit. Contact must be made with the participant and direct service providers that are listed on the POC.	CME	The case manager. The waiver participant. The direct service providers.	Telephone call or electronic exchanges, when agreed to.
Quarterly – These monitoring contacts are done 4 times a year working in collaboration with the MDT. They are done on a schedule of:	There must be a face-to-face visit each quarter. <ul style="list-style-type: none"> • Assessments must be done during an in-home visit. • The visit after an assessment must be a home visit. 	CME	The case manager. The waiver participant and their informal support system. The direct service providers.	2 visits must be in the home. 2 visits may be electronic meetings. If the meeting is on the electronic system, the participant chose or agreed to using 1 of the following methods:

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<ul style="list-style-type: none"> • Jan.-Mar. • Apr.-Jun. • Jul.-Sept. • Oct.-Dec. 	<ul style="list-style-type: none"> • 2 visits may be done by electronic interaction if there has not been a critical incident. <p>MDT meeting held 4 times per waiver participation year.</p>	CME DSP	<p>The case manager.</p> <p>The waiver participant and their informal support system.</p> <p>The direct service providers.</p>	<ul style="list-style-type: none"> • Facebook. • Skype. • Video Chat. • Remote Patient Monitoring System. <p>The MDT meeting may be done by Face-to-Face; webinar; conference; or other identified electronic engagement.</p>
Annual – This monitoring contact is done during the annual CNR.	This is done face-to-face in the participant's home.	CME	<p>The case manager.</p> <p>Waiver participant Informal support system.</p>	Face-to-Face in the home.

Below you will see 2 examples. These examples show what a contact schedule could be. The first example starts with an initial assessment. Please remember that a face-to-face contact must be made after the initial assessment. The second example starts with an annual review.

Example 1: The initial assessment was completed in May. May is in the Apr.-Jun. quarterly monitoring pattern. A home visit is required to make the service plan.

- 1st required quarterly contact:
 - Must be an in-person home visit.
 - Done during the quarterly monitoring pattern for Jul.-Sept.
- 2nd required quarterly contact:
 - May be an electronic interaction if there has not been a critical incident.

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- Done during the quarterly monitoring pattern for Oct. -Dec.
- 3rd required quarterly contact:
 - May be an electronic interaction if there has not been a critical incident
 - Done during the quarterly monitoring pattern Jan. - Mar.
- 4th required quarterly contact:
 - Must be an in-person home visit.
 - Must be completed in May to complete the required annual reassessment (CNR).

Example 2: The annual reassessment was completed in September. This is in the Jul. - Sept. quarterly monitoring pattern.

- 1st required quarterly contact
 - Must be an in-person home visit.
 - Must be done in September to complete the CNR.
 - Done during the quarterly monitoring pattern for Jul. - Sept.
- 2nd required quarterly contact:
 - Must be an in-person home visit.
 - Done during the quarterly monitoring pattern for Oct.- Dec.
- 3rd required quarterly contact:
 - May be completed by electronic interaction if there has not been a critical incident.
 - Done during the quarterly monitoring pattern of Jan. - Mar.
- 4th required quarterly contact:
 - May be electronic interaction if there has not been a critical incident.
 - Done during the quarterly monitoring period of Apr. - Jun.
- The reassessment (CNR) is due in Sept. The next quarterly contact must be a home visit during the quarterly monitoring pattern for Jul.-Sept.

The SMA must make sure all services are performed by qualified providers (QP). Providers must be qualified before they begin to provide services and throughout the time they provide services. Qualifications include having:

- All required licensing.
- All required certifications.
- The ability to meet all other standards.
 - “Other standards” can include but are not limited to:
 - Taking all required training.
 - Being part of quarterly MDT meetings.
 - Acknowledging service authorizations.

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- Making sure that employees pass a background check.
- Following all HSW requirements.

Note: There are more requirements for providing case management, financial management, and coordinated caregiving.

For more information see the SOP for WQP at the following link:

<https://medicaid.ncdhhs.gov/capda-willing-and-qualified-provider-standard-providers-wqp-sop/download?attachment>

The SMA is required to protect the health and welfare of CAP participants. The SMA does this by being alert to abuse, neglect, exploitation and unsafe living environments in which corrective plan is created to keep the CAP participant or applicant safe. The corrective plan is called a mitigation plan.

Table 3 below outlines how the SMA determines if a CAP participant or applicant has the safeguards needed for their health and welfare. All table categories require the same level of safety. The categories are:

- Physical/whole person,
- Environmental, and
- Behavioral.

Table 3 below provides enrollment decisions when health and welfare concerns are identified:

Table 3 – Health and Welfare Assurances

HSW Assurances Physical/Whole Person	Mitigation Plan	Eligible to Enroll in or maintain enrollment in the Waiver
The person applying (applicant) to CAP is not able to plan and perform a safety plan when they are alone. This may be due to difficulties in thinking or moving. This is true with or without a Personal Emergency Response System.	Choose a form of 24-hour oversight. This may be a person or an electronic monitoring system.	Yes, if there is a written agreement with the informal caregiver about how the participant will be protected. This could be: <ul style="list-style-type: none"> • 24-hour oversight by a person. • 24-hour oversight by an electronic monitoring system.

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The CAP participant or applicant needs 24-hour hands on care because of medical or functional needs. They do not have a caregiver to provide them with care or make sure their health, safety, and well-being are met.	Find a caregiver through coordinated caregiving. Or Get an electronic monitoring system. It must be able to quickly call for help.	Yes, if 1 of the following has been done: <ul style="list-style-type: none"> A caregiver has been found. An electronic monitoring system has been installed in the participant's home. No if: <ul style="list-style-type: none"> There is no caregiver in place. There is no electronic monitoring system in place.
The participant or applicant is living and chooses to stay where there is the existence of or a high risk of: <ul style="list-style-type: none"> Abuse, Neglect, or Exploitation. An active APS assessment or care plan. The LRP refusing to work with APS. 	Applicant: No. A mitigation plan is not appropriate. CAP is not able to protect their health, safety, and well-being.	No.
	Participant: No. A mitigation plan is not appropriate even with an IRA. DSS has confirmed abuse, neglect, or exploitation, and: <ul style="list-style-type: none"> The participant or LRP will not: <ul style="list-style-type: none"> Follow the protection plan. Connect with referrals or resources. 	No. start disenrollment within 30 business days of the confirmed APS ruling.
HSW Assurances Environmental	Mitigation Plan	Eligible to Enroll or Maintain Enrollment in the Waiver
A heating or cooling system that makes a medical condition worse. This causes multiple: <ul style="list-style-type: none"> Emergency room visits. Hospital stays. 	Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:	Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.

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	<ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • Disenrollment may be recommended.
	<p>Participant: Update the person-centered service plan. Clearly show what the concerns are and how the participant will be protected from them. Make sure the POC lists the services that will be used to reduce the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>An MDT evaluation is required within 90 days of the SP update. This is to see if there are still HSW concerns.</p> <p>If there are still concerns but they may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue to watch closely until HSW is achieved. <p>If the concerns cannot be resolved:</p> <ul style="list-style-type: none"> • A recommendation for disenrollment may be made during the next MDT or CNR.

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<p>There is no refrigerator that can keep food, medication, or supplies cool.</p>	<p>Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • Disenrollment may be recommended.
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	<ul style="list-style-type: none"> Medicaid State Plan service(s). 	made during the next MDT or CNR.
<p>There is an issue with plumbing, water supply, or disposal of garbage or infectious material. This makes the medical condition worse. This causes:</p> <ul style="list-style-type: none"> Emergency Room visits. Hospital stays. 	<p>Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:</p> <ul style="list-style-type: none"> GS, Case management linkage, Equipment, Modification, and Technology, Community integration, Coordinated caregiving, or Medicaid State Plan service(s). 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> Continue the 90-day SP for another 90 days. The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> Disenrollment may be recommended.
	<p>Participant: Update the person-centered service plan. Clearly show what the concerns are and how the participant will be protected from them. Make sure the POC lists the services that will be used to reduce the concerns. Examples of services are:</p> <ul style="list-style-type: none"> GS, Case management linkage, Equipment, Modification, and Technology, 	<p>An MDT evaluation is required within 90 days of the SP update. This is to see if there are still HSW concerns.</p> <p>If there are still concerns but they may be resolved in another 90 days:</p> <ul style="list-style-type: none"> Continue to watch closely until HSW is achieved. <p>If the concerns cannot be resolved:</p>

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	<ul style="list-style-type: none"> Community integration, Coordinated caregiving, or Medicaid State Plan service(s). 	<ul style="list-style-type: none"> A recommendation for disenrollment may be made during the next MDT or CNR.
Electrical wiring is a fire hazard.	<p>Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:</p> <ul style="list-style-type: none"> GS, Case management linkage, Equipment, Modification, and Technology, Community integration, Coordinated caregiving, or Medicaid State Plan service(s). 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> Continue the 90-day SP for another 90 days. The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> Disenrollment may be recommended.
	<p>Participant: Update the person-centered service plan. Clearly show what the concerns are and how the participant will be protected from them. Make sure the POC lists the services that will be used to reduce the concerns. Examples of services are:</p> <ul style="list-style-type: none"> GS, 	<p>An MDT evaluation is required within 90 days of the SP update. This is to see if there are still HSW concerns.</p> <p>If there are still concerns but they may be resolved in another 90 days:</p> <ul style="list-style-type: none"> Continue to watch closely until HSW is achieved.

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	<ul style="list-style-type: none"> • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>If the concerns cannot be resolved:</p> <ul style="list-style-type: none"> • A recommendation for disenrollment may be made during the next MDT or CNR.
<p>There is no heating or cooking appliance. Because of this the participant cannot keep the healthy diet needed for their medical condition.</p>	<p>Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • Disenrollment may be recommended.
	<p>Participant: Update the person-centered service plan. Clearly show what the concerns are and how the participant will be protected from them. Make sure the POC lists the</p>	<p>An MDT evaluation is required within 90 days of the SP update. This is to see if there are still HSW concerns.</p>

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	<p>services that will be used to reduce the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>If there are still concerns but they may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue to watch closely until HSW is achieved. <p>If the concerns cannot be resolved:</p> <ul style="list-style-type: none"> • A recommendation for disenrollment may be made during the next MDT or CNR.
<p>There is a health hazard because of:</p> <ul style="list-style-type: none"> • A pest infestation. • The hoarding of animals. • Animal waste. 	<p>Applicant: Create a 90-day SP. It should include services that help resolve the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • Disenrollment may be recommended.
	<p>Participant: Update the person-centered service plan. Clearly show what the concerns are and</p>	<p>An MDT evaluation is required within 90 days of the SP update. This is to</p>

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	<p>how the participant will be protected from them. Make sure the POC lists the services that will be used to reduce the concerns. Examples of services are:</p> <ul style="list-style-type: none"> • GS, • Case management linkage, • Equipment, Modification, and Technology, • Community integration, • Coordinated caregiving, or • Medicaid State Plan service(s). 	<p>see if there are still HSW concerns.</p> <p>If there are still concerns but they may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue to watch closely until HSW is achieved. <p>If the concerns cannot be resolved:</p> <ul style="list-style-type: none"> • A recommendation for disenrollment may be made during the next MDT or CNR.
HSW Assurances Behavioral	Mitigation Plan	Eligible to Enroll or Maintain Enrollment in the Waiver
<p>There is reason to think the participant's home may be dangerous to the participant, paid providers, or CM staff. The reasons include:</p> <ul style="list-style-type: none"> • Physical or health threats because of illegal activity in or on the property of the home. • The participant, their family, or someone who lives in the home has behavior that is: <ul style="list-style-type: none"> ○ Threatening. ○ Physically abusive. ○ Verbally abusive. 	<p>Applicant: Create a 90-day person-centered SP. The plan must clearly state how the participants, paid providers, and CM staff will be kept safe.</p> <p>Have an evaluation after 90 days to check for HSW. If the following happened during the 90 days, disenrollment may be recommended:</p> <ul style="list-style-type: none"> • Any abusive behavior was done 2 or more times. • A behavior met the definition of a level 2 critical incident. 	<p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p> <p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The SP and 90-day SP can be continued once. <p>If concerns cannot be resolved:</p>

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		<ul style="list-style-type: none"> Disenrollment may be recommended.
	<p>Participant: Meet with the MDT to update the person-centered SP.</p> <p>Clearly state how the participant, paid providers, and CM staff will be kept safe.</p> <p>An IRA may be made to get everyone in the family or house on board and involved.</p> <p>An evaluation must be done after 90 days to check for HSW. If the following happened during the 90 days disenrollment may be recommended:</p> <ul style="list-style-type: none"> Any abusive behavior was done 2 or more times. A behavior met the definition of a level 2 critical incident 	<p>Yes. The MDT must closely monitor the SP for continued HSW concerns.</p> <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> Continue to monitor closely until HSW is reached. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> A recommendation may be made for disenrollment during the next MDT or CNR.
	<p>There are behaviors like those that:</p> <ul style="list-style-type: none"> Are intrusive or oppositional. Are attempts at suicide. Cause injury to self. Cause injury to others. 	<p>Applicant: Create a 90-day person-centered SP that clearly states how the participants, paid providers, and CM staff will be kept safe.</p> <p>Yes. There must be an evaluation 30 days before the 90-day plan ends. This is to see if there are still HSW concerns.</p>

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<ul style="list-style-type: none"> • Are verbally abusive or aggressive. • Are sexually inappropriate. <ul style="list-style-type: none"> ◦ This includes speech and action. • Damage the environment. • Are repeated failures to follow the agreed on: <ul style="list-style-type: none"> ◦ Service plans. ◦ Written directives. ◦ Spoken directives. 	<p>Have an evaluation after 90 days to check for HSW. If the following happened during the 90 days disenrollment may be recommended:</p> <ul style="list-style-type: none"> • Any abusive behavior was done 2 or more times. • A behavior met the definition of a level 2 critical incident 	<p>If concerns have been resolved:</p> <ul style="list-style-type: none"> • Continue the SP for 9 months. <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue the 90-day SP for another 90 days. • The 90-day SP can be continued once. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • Disenrollment may be recommended.
	<p>Participant: Meet with the MDT to update the person-centered SP.</p> <p>Clearly state how the participant, paid providers, and CM staff will be kept safe.</p> <p>An IRA may be made to get everyone in the family or house on board and involved.</p> <p>An evaluation must be done after 90 days to check for HSW. If the following happened during the 90 days disenrollment may be recommended:</p>	<p>Yes. The MDT must closely monitor the SP for continued HSW concerns.</p> <p>If concerns continue but may be resolved in another 90 days:</p> <ul style="list-style-type: none"> • Continue to monitor closely until HSW is reached. <p>If concerns cannot be resolved:</p> <ul style="list-style-type: none"> • A recommendation may be made for disenrollment during the next MDT or CNR.

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	<ul style="list-style-type: none"> Any abusive behavior was done 2 or more times. A behavior met the definition of a level 2 critical incident 	
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SMA's are required to be alert to and follow-up on critical events. These are incidents that bring harm or create potential for harm to a waiver participant. Managing these incidents is important to protect the health and welfare of participants. This includes finding ways to reduce the risk that incidents will happen again.

Table 4 below shows:

- A description of incidents that need to be reported.
- The type or level of each incident.
- The minimal reporting requirements.
- The timeline for follow-up.

Table 4 – Critical Incident Types

Incident	Type of incident	Reporting requirement	Completion Timeframe
An accident or injury that needs medical care beyond first aid. A scheduled hospital stay. <ul style="list-style-type: none"> For example: a planned surgery. 	Level I.	Complete an electronic critical incident form located in e-CAP.	The report must be made within 72 hours of learning about the incident.
An ER visit that does not end with a hospital stay.	Level I.	Complete an electronic critical incident form located in e-CAP.	The report must be made within 72 hours of learning about the incident.
A hospital stay for mental health treatment.	Level I.	Complete an electronic critical incident form located in e-CAP.	The report must be made within 72 hours of learning about the incident.

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A death that happened by natural causes.	Level I.	<p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p>	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> Upload all documents to e-CAP.
Not taking medicine as it was prescribed.	Level I.	Complete an electronic critical incident form located in e-CAP.	The report must be made within 72 hours of learning about the incident.
A referral to APS for abuse, neglect, or exploitation.	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> APS. The police. The health care registry. Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> Complete the risk agreement.

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			<ul style="list-style-type: none"> • Upload all documents to e-CAP.
<p>An injury where the source is not known.</p> <p>A death that was not expected or happened by unnatural causes.</p>	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement. • Upload all documents to e-CAP.
The use of restraints and seclusions.	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement.

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			<ul style="list-style-type: none"> • Upload all documents to e-CAP.
Documented misuse of CD funds or other forms of exploitation.	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • Program integrity. • APS. • The police. • The health care registry. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement. • Upload all documents to e-CAP.
<p>All falls.</p> <p>A traumatic injury.</p>	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program Integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement.

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			<ul style="list-style-type: none"> • Upload all documents to e-CAP.
Unplanned hospital stays.	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement. • Upload all documents to e-CAP.
<p>An error in providing a treatment or medication. This error results in:</p> <ul style="list-style-type: none"> • A phone call to poison control. • An Injury. • A hospital stay. 	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement.

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			<ul style="list-style-type: none"> • Upload all documents to e-CAP.
<p>The participant is part of any of the following:</p> <ul style="list-style-type: none"> • Murder. • Suicide. • Missing persons • 3 IHA visits in a row that are missed. • A media-related event. 	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>If it is applicable, make a report to the following agencies:</p> <ul style="list-style-type: none"> • APS. • The police. • The health care registry. • Program integrity. 	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement. • Upload all documents to e-CAP.
The participant physically attacks someone.	Level II.	<p>Tell NC DHB by email or phone.</p> <p>Complete an electronic critical incident form located in e-CAP.</p> <p>Complete an RCA.</p> <p>Report to Law Enforcement. This is required.</p> <p>If it is applicable make a report to APS.</p>	<p>Within 72 hours of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the critical incident form in e-CAP. <p>Within 5 days of learning about the incident:</p> <ul style="list-style-type: none"> • Start the RCA. <p>Within 15 days of learning about the incident:</p> <ul style="list-style-type: none"> • Complete the risk agreement.

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			<ul style="list-style-type: none"> • Upload all documents to e-CAP.
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An investigation is required when critical incidents happen. The investigation is called a Root Cause Analysis (RCA). The goal of the RCA is to find out what may have caused an incident and reduce the chances of it happening again.

The RCA is done in e-CAP. Some parts of the RCA are filled automatically, others require information such as:

- The incident type.
- The participant's care providers.
- The participant's characteristics.
- The results of the investigation,
- Dates related to the RCA being started and completed.
- Guidance on the next steps.

Operational Steps for completing the Root Cause Analysis:

Step 1: Once the level II critical incident report has been completed in e-CAP:

- Review it. Be sure it is accurate and able to be understood by someone who is not involved.
- Look for similar critical incidents that have happened in the past.
- Note the number of similar incidents found.

Step 2: Contact the reporter to discuss the details of the incident. This can be done by phone or in-person. Ask for the following feedback:

- What may have led to this incident?
- What could have decreased the chances of this incident happening?
- What services, support systems, or mechanisms could be put in place to reduce future incidents?

Step 3: Review the POC and create a list of current risk factors indicated in e-CAP. Then answer the following questions:

- Are any of these risk factors related to this incident?
- Could any of these risk factors contribute to this incident?

Step 4: Review all the participant's past critical incidents and case history to find any trends.

- Find the contributing factors that led to the current incident.
- Note if there are any similar contributing factors from past incidents.

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- Note the number of past incidents.
- Note the number of incidents with similar contributing factors.

Step 5: 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 a timely follow-up on the grievances?

Step 6: Contact people or agencies who know about the participant's health care needs or information important to the incident. Ask the following:

- The CAP participant's care needs.
- Any concerns they have directly related to the incident.
- Any general concerns they have for the participant's health and welfare.
- What may have led up to this incident.
- What could have decreased the chances of this incident happening.
- What services, support systems, or mechanisms will be put in place to reduce future incidents.

Step 7: Make a home visit to the participant. Other people whom they choose should be present. Perform a risk assessment to ensure health and welfare. Check for the need of a POC revision or COS assessment.

- Before the home visit:
 - Review the current POC.
 - Note the current risk factors with current reduction strategies in e-CAP.
 - Print a copy of the e-CAP Individual Risk Agreement.
- During the home visit review the current risk factors from e-CAP.
 - Determine if any are related to or contributed to the incident. If yes:
 - Create a goal with the participant to address the risk.
- During the risk assessment part of the home visit, use the IRA to guide the conversation. Take notes on:
 - Risks.
 - Reduction strategies.
- Review the POC goals and services to see if a POC Revision is needed.
- Review Emergency and Disaster Plan to see if it needs to be updated.
- Perform a Risk Assessment to determine the following:
 - What led up to this incident?
 - What could have decreased the chances of this incident happening?
 - What services, support systems, mechanisms could be put in place to decrease future incidents?

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- Use the IRA to document the final individual risk agreement.
- **If a participant is hospitalized or in a facility for rehab:**
 - Make a note of it on the incident report.
 - Continue with the RCA:
 - Speak with providers and informal support who know of the incident.
 - Do all RCA steps outlined above.
 - Document all information.
 - Stay within the stated timelines.
 - Document the information gathered. This should be done in the Root Cause Analysis narrative section of the incident report.
 - Use the Root Cause Analysis Narrative section of the e-CAP incident report to document all of the information gathered.
- **When the participant is discharged home:**
 - Do the risk assessment interview with the participant.
 - Finalize the IRA.
 - Have the participant sign the IRA.
 - Upload the signed IRA to supporting documents in e-CAP.
- **If a participant is admitted for 15 or more days:**
 - Complete the RCA and IRA.
 - This needs to be done within 15 days of learning about the incident.
 - When the participant returns home, monitor the IRA to see if it is effective.
 - If the IRA is not effective, update it and continue to monitor.
 - The updated IRA must be:
 - Signed by the participant.
 - Uploaded into supporting documents in e-CAP.

Step 8: Write a narrative of the investigation including:

- What was learned about the incident.
- Recommendations on how to reduce the chances of the incident happening again.
- What the case manager has done. Such as:
 - A change of status assessment.
 - A POC revision.
 - An update of person-centered goals.
 - An update of the emergency and disaster plan.
 - The updated plan must be uploaded to e-CAP.
 - An increase in direct monitoring by the case manager.

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- A connection to other resources.
- The recommended risk agreement.
- **If no risks are found when the RCA is finished:**
 - An Individual Risk Agreement (IRA) is not required.
 - When this happens:
 - Document the RCA findings in the CIR.
 - Document that there is no IRA because the RCA found no risks.
 - Continue to monitor the health, safety and well-being of the participant.

Elements that must be included in a Root Cause Analysis Narrative:

- The date of the incident.
- The date the Root Cause analysis was started. This must be within 5 days of the knowing about the incident.
- The date the Root Cause analysis was completed with a plan in place to reduce future risk. This must be within 15 days of knowing about the incident.
- The date that contact was made with the participant or the LRP to perform the Risk Assessment.
- A list of everyone that was interviewed during the Root Cause Analysis.
- The number of previous incidents.
- The number of similar incidents.
- The number of incidents with similar contributing factors.
- A list of risk factors that are in e-CAP.
- The date that the POC services and goals were reviewed with the participant and others chosen by the participant.
 - Document if any edits were made or if just a review.
- The date that you reviewed the Emergency and Disaster Plan.
 - Document if any edits were made or just a review.
- A summary of the investigation results. Base this on all input received during the RCA Investigation. The summary should include:
 - What potentially led up to this incident?
 - What could have decreased the chances of this incident occurring?
 - What services, support systems, or mechanisms will be put in place to reduce future incidents?
- Was there a grievance on file related to this critical incident? If yes:
 - What potential contributing factors emerged from the grievance(s)?
 - Were the grievances followed up on in a timely manner?

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		Implementation Date	11/01/2024
Pages	34	Revision/Update Date	11/15/2024
		Revision/Update Date	3/19/2025
SOP Owner	WRenia Bratts-Brown	SOP Co-Owner	Patricia Hill

- Where the IRA can be found in the participant's record.

Individual Risk Agreement

- An IRA is created by the participant's team. The participant chooses people in their support network who they think are important to help to reduce their identified risks.
- The RCA and the risk assessment serve as the base for the safety plan.
- The IRA documents:
 - The risks that are related to the risks or recent incident.
 - The participant's understanding of the danger of the risk
 - What happens if the risk continues without a safety plan.
 - Things that are put in place to reduce the risk.
 - How the action plan will be monitored.
 - What happens if the safety plan does not work.
- Updating an old IRA may be appropriate if:
 - The incident is directly related to a past incident.
 - The incidents have the same contributing factors.
 - The incidents have the same outcome.
- Other tasks to be done during the action plan phase may include:
 - A change of status assessment.
 - A plan of care revision.
 - A revision of person-centered goals.
 - A revision of the emergency and disaster plan.
 - Increased case management activity to:
 - Provide more direct monitoring.
 - Link to other resources.
 - Follow-up with recommended action plans.
- After the plan has been agreed to:
 - It is documented in the Individual Risk Agreement functionality of e-CAP.
 - The participant must be notified of the action plan and risk reduction strategies.
 - The participant must sign the action plan or IRA.
 - The signed action plan or IRA must be uploaded to e-CAP. This must be done within 15 days of learning about the incident.

Monitoring the Individual Risk Agreement

After an IRA is created there should be regular follow-up. This makes sure that the supports and services listed in the IRA are working.

SOP: Health and Welfare

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- While monitoring the IRA the case managers should:
 - Document progress when factors that add to risk have been reduced.
 - Find other ways to reduce risk when the strategies are not working. This is done by:
 - Meeting with the MDT to talk about options.
 - Updating the IRA with the newly agreed strategies.

Emergency and Disaster Plan

The participant or his or her primary caregiver makes the emergency and disaster plan. The CME makes sure that a comprehensive emergency and disaster plan is created when first enrolling in CAP and updated at least quarterly. This allows emergency personnel or hired workers to manage an emergency when the primary caregiver is not available. The plan outlines:

- The participant's emergency contact.
- The participant's physician.
- The participant's pharmacy.
- Additional important information.

This allows emergency personnel or hired workers to manage an emergency when the primary caregiver is not available. It should include:

- Family,
- Friends,
- Neighbors,
- Community volunteers, and
- Licensed home care agencies.

The emergency plan (backup plan) is also used for times when:

- The unpaid informal support system is unavailable.
- The formally arranged support system is unavailable during regularly scheduled work hours. These supports can include:
 - In-home aides.
 - Coordinated caregivers.
 - Personal care assistants.

The disaster plan outlines the plan for the waiver participant and his or her family when a weather event, fire or other natural disaster occurs by detailing:

- What are the current healthcare needs of the waiver participant and family members?
- How will waiver participant caregivers be cared for if service is not provided?
- What are identified resources in the community to assist with disaster/emergency?

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- Identification of a safe area/place for the waiver participant and family if the home environment/community is not safe.
- Plan to obtain prescriptions and other essential medical supplies.
- Plan to obtain food and other essential home maintenance items.
- Plan to manage “family’s routine day” changes due to school closures and telework mandates.
- Contact made with their contact information.
- Who carries out the necessary steps/actions for safe/routine living?

A copy of the emergency and disaster plan must be provided for the participant to post in a prominent location in their residence and shared with in-home and pertinent providers.

When a State of Emergency (SOE) or Public Health Emergency (PHE) are declared the SME uses the Care Management Plan through e-CAP. NC Medicaid implements wellness check and a check-off list that is also managed in e-CAP. The wellness check includes:

- The participant’s name.
- If contact was made (Yes/No).
- The date the contact was made.

The CME can do this check by:

- Phone call.
- Home visit.
- Using a provider agency who performs home visits to check on the participant’s well-being and safety.

Table 5 shows the timeline of when the Emergency and Disaster Plan is to be created and updated.

Table 5 – Emergency and Disaster Plan

Emergency & Disaster Plan Type	Due Date	Action Plan
Initial	Within 30 calendars days of an approved SP.	Services are paused if the plan is not uploaded in e-CAP on calendar day 31. Due Process rights are granted.
CNR	Within 30 calendars days of an approved SP.	Services are paused if the plan is not uploaded in e-CAP on calendar day 31.

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		Due Process rights are granted.
Quarterly Update	March – update to ensure planning for tornado season and summer months.	Best practice
Quarterly Update	June - update to ensure planning for hurricane season.	Best practice
Quarterly Update	September - update to ensure planning for winter months.	Best practice
Quarterly Update	December – update to ensure planning for winter storms.	Best practice
After a Level II Critical Incident	Review and make any needed changes. Must be done within 15 days of learning about the incident.	Best Practice