Aetna Better Health

Critical Incident Training

HFS Guidelines

Agenda

- What is a Critical Incident?
- Abuse, Neglect & Exploitation
- Types of Critical Incidents
- What to do with a potential Critical Incident
- Mandatory Reporting
- IDPH/APS
- PQOC Referral
- FWA Referral
- Documentation in Dynamo
- Criteria for resolution (Follow up with IA)

Potential Risks for Failure to Comply

- ❑ Sanctions of up to $100,000 per event
- ❑ Suspension of new membership
- ❑ Potential loss of contract with the state

What is a Critical Incident?

Actual or alleged Abuse, Neglect, Exploitation, or any incident that has the potential to place an Enrollee, or an Enrollee's services, at risk, including those which do not rise to the level of Abuse, Neglect, or Exploitation; this includes events that may cause substantial or serious harm to the physical or mental health of a member or the safety of a member’s services.

What are Abuse, Neglect & Exploitation?

Abuse

The willful infliction of injury, unreasonable confinement, intimidation, verbal assaults, harassment, inappropriate or unwanted sexual behavior, or punishment with resulting physical harm, pain or mental anguish.

Neglect

Failure to notify a health care professional when needed; failure to provide or arrange necessary services to avoid physical or psychological harm, such as food, medications, shelter, and clothing; or failure to terminate the residency of a member whose needs can no longer be met, causing an avoidable decline in function. Neglect may be willful or passive (non-malicious).

Exploitation

The misuse or withholding of a person's resources (including funds or property) by another person, which causes a loss of money or property.

Examples of ANE

- A nurse hitting a member
- A member's daughter taking money out of her purse without permission
- A member who cannot bathe themselves and has not had a bath in over a week
- A member's grandson moving into her home and using her resources without asking
- A member who has been intimidated by their nursing aid
- A member who has had urinary incontinence issues being punished from attending nursing home outings because they might "have an accident"
- A member who is constantly running out of their medications because their daughter forgot to fill them
- A member's son sells her belongings and does not give her the proceeds

Type of Critical Incident Defined | Part 1

Critical Incident	Definition
Death	**Death of Enrollee**: Deaths related to a treatment error, medication or omission of medication, poor care, or there was a recent allegation of abuse, neglect or exploitation, or the Enrollee was receiving home health services at time of passing. Any death of an individual occurring: within 14 calendar days after discharge or transfer of the individual from a residential program or facility, within 24 hours after deflection from a residential program or facility, at an agency or facility or at any Department-funded site.
	Death of Other Parties: Events that result in significant event for Enrollee. For example, Enrollee's caregiver dies in the process of giving Enrollee bath, thereby leaving Enrollee stranded in home without care for several days.
Elopement of Enrollee at Risk	At risk Enrollee is missing or whereabouts are unknown for provision of services.
Lack of Contact with Enrollee at Risk	Failure to contact client as required by service/care plan, managed care contract or waiver requirement. Enrollee is missing or whereabouts are unknown for provision of services.
Medication Management	Medication error that resulted or could have resulted in a significant event for Enrollee.
Restraint, Seclusion or other Restrictive Intervention	Unauthorized **restraint** is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. **Seclusion** is defined as placing a person in a locked or barricaded area that prevents contact with others. **Confinement** means restraining or isolating, without legal authority, a person for reasons other than medical reasons ordered by a Physician.

Type of Critical Incident Defined | Part 2

Critical Incident	Definition
Legal/Criminal Activity	Involves State, Local or Municipal Law Enforcement - includes problematic possession or use of a weapon, arrest, property damage greater than $50, or other criminal activity.
Fraud	The knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.
Media Impact	Any inquiry or report/article from a media source concerning any aspect of an Enrollee's case shall be reported via an incident report.
Other	Any incident that has the potential to place an enrollee, or an enrollee's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation. Sexual Harassment, sexually problematic behavior, significant medical event, self-neglect .

Physical Aggression, Suicidal Ideation/ Attempt

DHS Reporting Requirements

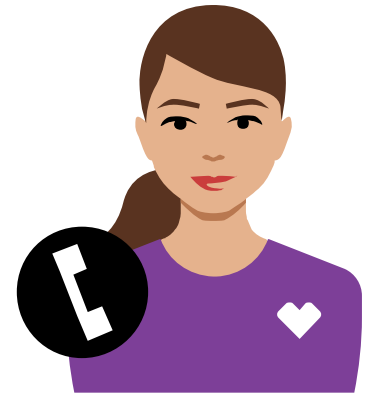
- Enrollee displays physically aggressive behavior
  - Enrollee uses physical violence that results in harm or injury to the provider.
  - Property damage by Enrollee of $50 or more to provider property.

- Suicide attempt by Enrollee : Enrollee attempts to take own life.
- Suicide ideation/threat by Enrollee : An act of intended violence or injurious behavior towards self, even if the end result does not result in injury.

Identifying a *potential* Critical Incident

- Potential Critical Incident may be identified through: discussions with providers/members/vendors, complaints/grievances, quality of care reviews, appeals, concurrent reviews, care coordination, review of public media information, etc.
- If a Critical Incident is reported by the Member's authorized representative or other party, HIPAA confidentiality policies are followed before disclosing any information.

When Does a *potential* Critical Incident Become a Critical Incident?



1. When the Critical Incident meets the definition and the criteria set forth by HFS, the Illinois Department on Aging, and the DHS Division of Rehabilitation Services.

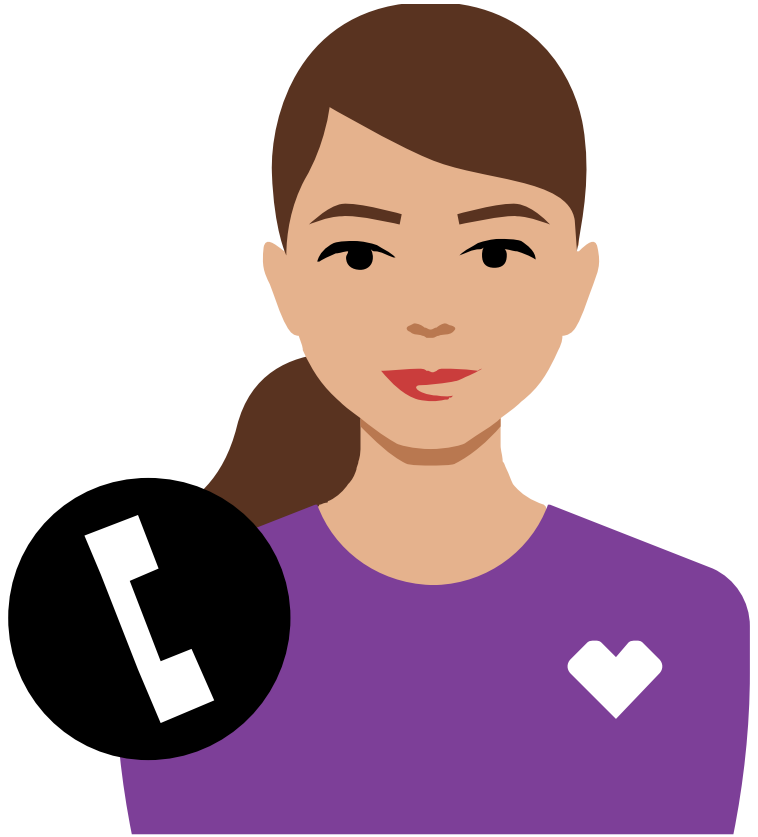
2. When the identified occurrence has been received, reviewed and confirmed with your Supervisor

3. Finally the identified Critical Incident is entered into the Critical Reporter Tracker where the Huddle led by CI Team Manager will review the CI and monitor the process for compliance; e.g. follow-up with the member, the reporting entity, resolution and closure of the case.

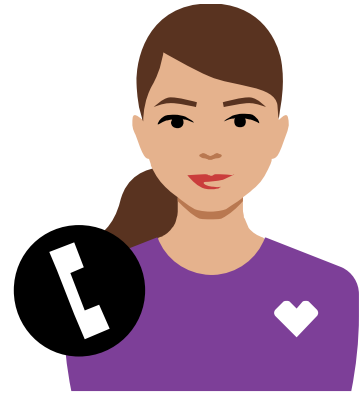
When and how to report CI internally

Critical Incidents should be documented on SharePoint within 1 business day from the time the event is identified by the plan, or the next business day.

https://teams.sp16.aetna.com/sites/IlliniCare/Quality/Lists/Critical%20Incident%20and%20Significant%20Event%20Reporter/Main%20View.aspx



Mandatory Reporting to the State/ Investigating Authorities (IA)



If the event qualifies as a Critical Incident, notify the appropriate state agency/investigating authority within 1 business day from the time the incident is identified, as appropriate.

Referral Entity	Signals – When to Report to an Investigating Authority
Adult Protective Services 866-800-1409	To report suspected abuse, neglect, or financial exploitation of a member age 60 or older or a member with disabilities age 18-59
IDPH - NF Complaint Hotline 800-252-4343	To report suspected abuse, neglect, or financial exploitation of members living in nursing facilities (NF).
HFS - SLF Complaint Hotline 217-782-0545	To report suspected abuse, neglect, or financial exploitation of members living in skilled living facilities (SLF).
DHS Office of the Inspector General 800-368-1463	To report suspected abuse, neglect, financial exploitation or death of members with a disability who reside in or receive mental health/developmental disability services from DHS-operated or DHS-funded agencies.
Child Abuse Hotline 800-252-2873	If you suspect that a child has been harmed or is at risk of being harmed by abuse or neglect.

APS Reporting

To report suspected abuse, exploitation or neglect of an older person, call the statewide, 24-hour Adult Protective Services Hotline:1-866-800-1409, 1-888-206-1327 (TTY).

https://www2.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse.aspx

APS Notice of Investigation

APS Report of Substantiation

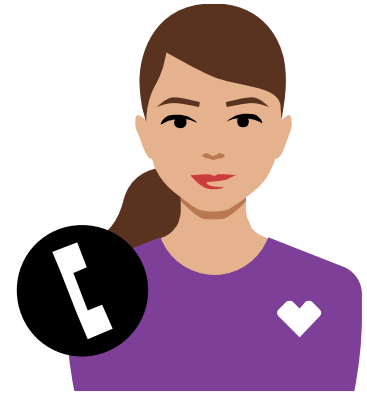
If we are notified by an external agency (such as APS) about an event involving our members, we are still obligated to file a CI Report, albeit the State agency is the one who notified *us*.

IDPH Reporting

Acrobat Document

IDPH email: dph.ccr@illinois.gov
Follow up: Kristina.Blissett@illinois.gov

Reporting - Mandatory APS Reporting to MCO



- APS notifies at HCBS@aetna.com when Abuse, Neglect, or Exploitation (ANE) of a current client receiving service through Aetna Better Health of Illinois is substantiated, unable to substantiate, or no ANE substantiated.
- Medical Management monitors APS Portal for incoming APS notifications of ANE
- If your member was involved in an APS case, you must report back to the APS agency that handled the investigation explaining the action you have taken as a result of the findings.
- You should provide that information **within five (5) calendar days** of receiving the report.
- You should make at least **3 attempts to follow up with the State/IA within 45 days of reporting** the case, and you will need to document these attempts on the same day that they occur.

Follow up with APS :

1. Follow up with APS within 5 Calendar Days of Receipt of ROS
2. Updated Care Plan to be sent to APS within 5 Calendar days
3. Case Consultation w/ APS should be completed within 20 Calendar days

Unable to reach Process

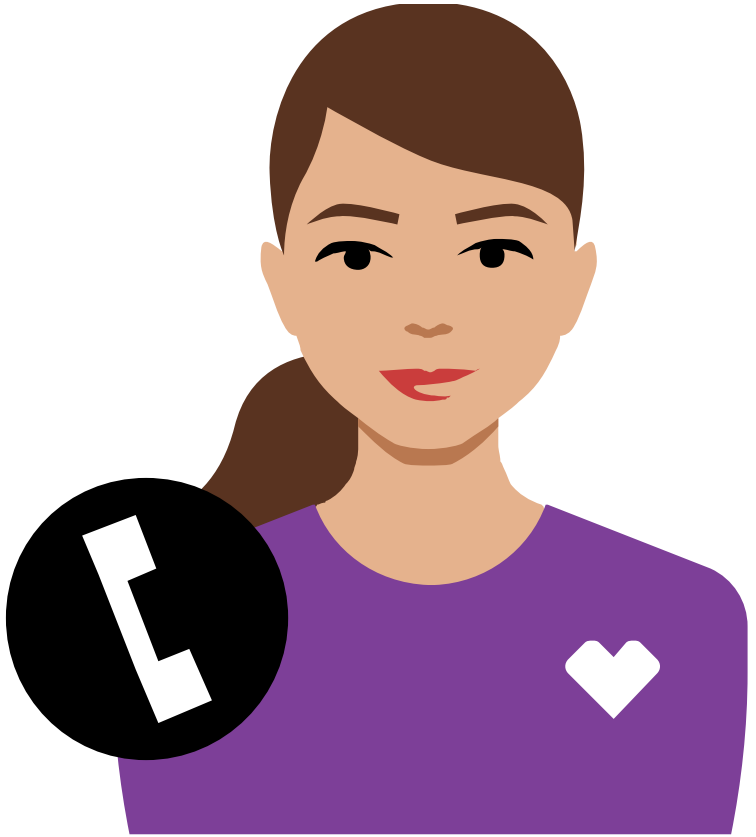
If member is not reachable:

If a participant is unable to be contacted, the Care Coordinator shall make 3 outreach attempts at 3 different times on 3 different days within a 1-month period for each of month through the 3 months at minimum.

After 90 days, if the participant continues to be unable to contact, the Care Coordinator shall reach out to the APSCW to inform APS the participant has not been contacted, document accordingly in the MCO's care coordination system, and follow the HCBS waiver policy if the waiver is active. If the waiver is not active, the MCO shall follow their required procedures for closing out of a case.

When to refer a Critical Incident to Quality

- Event meets the health plan definition of a Quality of Care (QOC) incident
    - Any alleged act or behavior that occurs during the provision of, or as a result of services provided that may be detrimental to the quality or safety of patient care, is not compliant with clinical evidence-based practice standards or that signals a potential sentinel event.
- A request to investigate a practitioner/provider for concerns **other than** QOC should be routed to Grievance & Appeals (G&A) and follow the G&A policies/procedures
- All QOC events, regardless of origin, are to be reported to the QI Department **within 1 business day** from the time the event is identified.



PQOC Referral

For Critical Incidents that are identified as a potential Quality of Care (QOC) incident, the assigned Care Manager will refer the case to Quality for further investigation in accordance with Aetna Better Health of Illinois potential QOC incident process.

http://aetnet.aetna.com/nps/_nncs_rhcm/investigation_form/investigation_form.htm

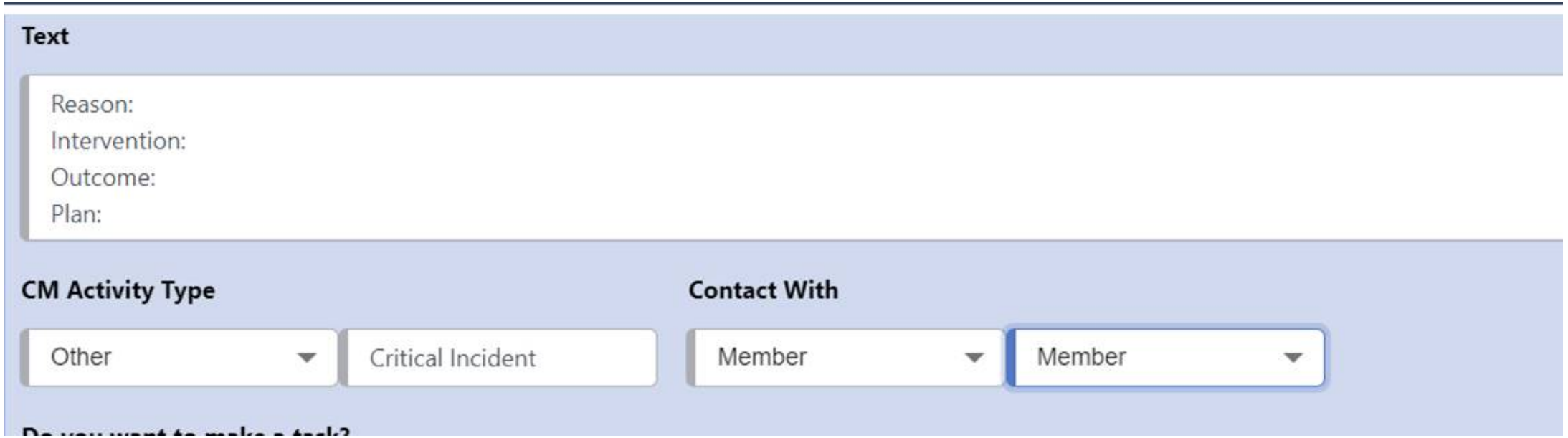
When to refer a Critical Incident to Compliance

- ***The incident meets the definition of Fraud, Waste and/or Abuse (FWA)***
    - **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. 42 CFR § 455.2
    - **Waste:** Includes practices that, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. 42 CFR § 455.2
    - **Abuse**: Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment. 42 CFR § 455.2
- All suspected FWA activities, regardless of origin, are to be reported to Compliance immediately using the FWA Referral Form on SharePoint

FWA Referral

Integration Resource Guide		
Fraud, Waste, and Abuse Referrals	Suspected member, provider and/or pharmacy fraud should be reported to the Special Investigations Unit (SIU) using the Fraud Referral Form.	https://www.aetnabetterhealth.com/illinois-medicaid/medicaid-fraud-abuse.html
	This form is available on AetNet. Just click on Essential Links, then look for the box titled “Fraud Referral Form”.	https://aetnao365.sharepoint.com/sites/AetnaSIUPortal/Fraud-Referral/default.aspx

Dynamo Documentation: CM Activity Tracker



ILTCM Linked Documents : Attach IDPH/APS reports in member's file in Dynamo

Process Overview

Staff identifies a CI incident & Reports findings to their Manager.

CM documents CI event on SharePoint

CI Managers receives an Email Alert *

CM across "All Plans" will address the Next Steps:

"Note" The process is the same for members residing in Long Term Care facilities

CM Action Items:

1. Establish member's imminent needs to ensure immediate safety.
2. Notify Reporting Entity within 1 business day
3. Notify Compliance of all FWA Complaints
4. Notify Quality of PQOC (via QOC referral)
5. Document CI in Dynamo / CI SharePoint within 1 business day
6. Update Care plan to reflect prioritized actions taken for member safety
7. Follow up with Member & Reporting Entity (Investigating Authority) until CI is resolved
8. Document of resolution and date into Dynamo / CI SharePoint Site

Case Does not Meet HFS Criteria

Valid CI based on HFS Criteria

Assigned CM to follow up, and document actions taken toward resolution into Dynamo/ CI SharePoint Site proceed to **close** the case

* Team Leader will notify the CI Huddle Managers via email when the case is **resolved**

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Process Overview

*CI Alert activates CI Huddle Managers who monitor compliance with CI process:

Manager Huddle monitors the CI Event for Compliance with HFS guidelines:

- Documentation of Follow up with the Member, & Reporting Entities and Case Closure.
- Identified gaps within the CI process and forward findings via email to the CM/Supervisors for follow up/completion.
- Managers Huddle findings will be documented on CI closure on the SharePoint Site

Criteria for CI Resolution

1. Follow up with the member until resolution is achieved (At least 3 case management follow ups needed to close the case from the time the incident is discovered to the time it is resolved).

2. Care plan should be updated. Member/POA/Guardian should be aware of care plan updates. If unable to do so, please document why?

3. ANE education should be provided to members with critical incidents involving abuse, neglect exploitation.

4. For Critical Incidents wherein potential Fraud, Waste, and/or Abuse activities are identified, the assigned Care Manager will refer the case to Compliance for further review and investigation in accordance with Fraud, Waste and Abuse Plan.

5. For Critical Incidents that are identified as a Potential Quality of Care (PQOC) Incident, the assigned Care Manager will refer the case to Quality Management for further investigation in accordance with Aetna Better Health of Illinois' PQOC Incident Process.

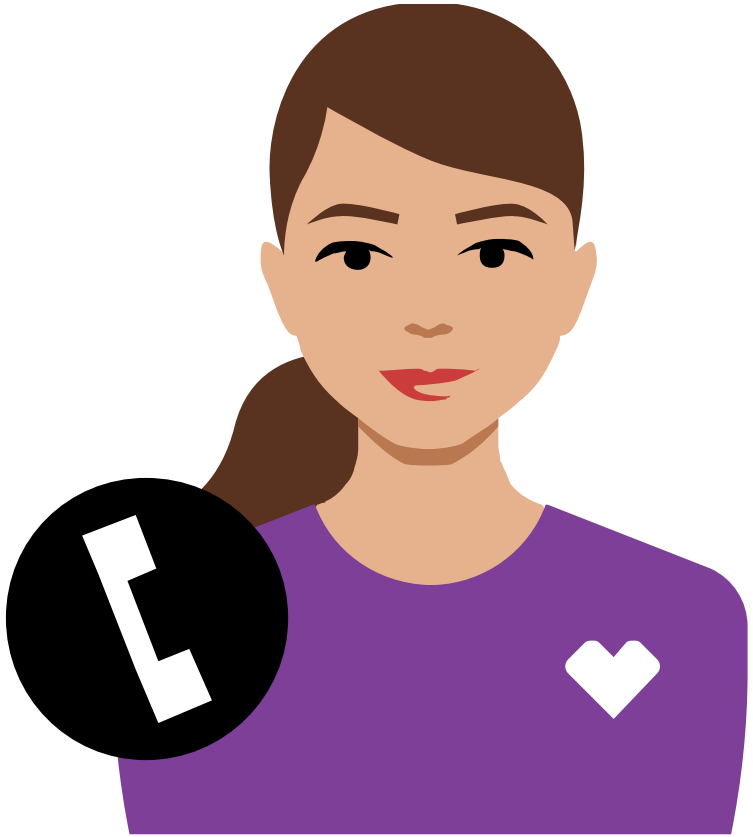
6. Unable to locate members; Complete minimum of 3 outreach attempts if the member cannot be contacted. Send an attempt to contact letter.

7. Follow up with any State agency notified/Investigating Authority (IA) of the incident. Documentation of any recommendations made by the said agency are implemented; or complete minimum of 3 outreach attempts if State agency/Investigating Authority (IA) is not responding.

8. Documentation of all follow-up in SharePoint and Dynamo_CM activity tracking

Errors Identified: The Health, Safety, and Welfare(HSW) Critical Incident (CI) Monitoring Audit Errors Identified:

- Critical incidents not reported to the appropriate Investigating Authorities (IA)
- Critical incidents lacked follow up with the investigating authority after the initial critical incident was reported.
- Critical incidents lacked clear documentation of steps taken to resolve the incident
- Inconsistencies found with closure dates within the CI reporter and Dynamo
- Care plans missing updates when a change of condition and/or a need is identified.



Critical Incident Tracker

Critical Incident Tracker

Thank you