Making Personal Growth and Dignity Possible

Adopting a New Approach to Risk

BlueCare Tennessee

Amerigroup RealSolutions in healthcare

"The Dignity of Risk"

- **A CONCEPT THAT ORIGINATED IN THE FIELD OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES...A LONG TIME AGO!**

Nearly A Half A Century Ago... Bob Perske Wrote

- "The normal taking of risks in life is necessary for normal human growth and development."

- "Denying people with intellectual and developmental disabilities exposure to normal risks has a damaging effect on both their sense of human dignity and their personal development."

Does No Risk Mean No Harm?

- The harm may seem invisible; but it is still there.

One of Perske's most repeated quotes:

"To deny any person with an intellectual or developmental disability his fair share of risk experiences is to further **cripple** him for **healthy** living. Individuals with intellectual and developmental disabilities may, can, will, and should respond to risk with full human dignity and courage."

Nearly A Half A Century Ago… Bob Perske Wrote

- "In addition, the removal of all risk diminishes people with intellectual and developmental disabilities in the eyes of others."

Why do we have so few stories of people with intellectual or developmental disabilities being courageous?

Is it because people are not courageous or because we have simply not let people be in situations where courage is required?

Going Too Far?

"The clever ways in which our service system has adopted **virtually total avoidance of risk** has been built into the lives of people with intellectual and developmental disabilities by limiting their interactions in the community, jobs, recreation, relationships with the opposite sex, etc."

The Council on Quality and Leadership

- Safety is a worthy goal, but we must be cautious that we are not dehumanizing in our quest. We need to consider the unintended consequences of our actions. Our quest for safety, often via overprotection, can be disrespectful to people, causing them to lose self-esteem and become frustrated and depressed.

- These feelings can lead people to rely on behavior to let us know how bad things have become. We respond by attempting to control the behavior, we make judgments that people are not ready for any more autonomy (risk) and we end up creating an ever-downward spiral **where the person experiences more harm from our interventions than they ever would have from taking the risk in the first place**.

Perske's Most Quoted Lines

"The world in which we live is not always safe, secure, and predictable. It does not always say "please" or "excuse me." Everyday there is a possibility of being thrown up against a situation where we may have to risk everything, even our lives. This is the *real* world."

A Challenging Balancing Act

- Duty of Care
- Fear of Liability
- Fear of Blame

- Dignity of Risk

Who are we really protecting when we don't let people take risks?

What are we really preventing when we don't let people take risks?

The Challenge in Perske's View

- We can say "We will protect you and comfort you and watch you like a hawk!" Or we can say, "You are a human being and so you have the right to live as other humans live, even to the point where we will not take all dangers of human life from you." *The "we" must be the entire system – not just providers.*

- How can appropriate and reasonable risk-taking be worked into the daily living experiences ?

Perske: Our Charge
(Still Relevant Today)

While we have worked overtime in past years to find clever ways of building the avoidance of risk into the lives of people with intellectual and developmental disabilities, now we must work equally hard to help find **the proper amount of normal risk** for every person we support.

Why? Because personal growth and dignity are two of the most important goals of the supports we provide...and neither happens without risk.

Normal Risks

- In community
- At work
- In relationships
- In housing/homes
- With money
- With valued possessions

A Common Sense Approach?

What supports would we put in place for ourselves or any of our good friends who want to do things that they may never have done before?

- We'd talk about those things.
- We'd research the best safety practices and decide if that makes sense in our situation.
- We'd try something for a short period of time or with other people who have more experience.
- Then we'd evaluate that experience and make new decisions about moving forward.

Two things we need to add to a common sense approach…

1. INFORM "THE TEAM" & GET THEIR BLESSING;

2. BE ABLE TO SHOW A PLAN WAS IN PLACE, TAKING THIS KIND OF RISK WAS PART OF THE PLAN, AND YOU TOOK PRUDENT STEPS TO MINIMIZE THE RISK

Risk Assessment & Mitigation Process

- What is the person's goal or desire?

- What risks do we see related to the specific goal or desire?

- How can we minimize each of these risks?

- Given the level of risk that remain (even when minimized), what is the most prudent way to support the person with their goal or desire?

- If we need to start small or slowly, what are the first steps?

If <u>nothing</u> ever goes wrong... what does that mean?

Occasionally things will go wrong. If they do ...

- Take a look at what happened and think about what you have learned.

- Do not over-react. *The rest of the system needs to do the same.*

- Do not write another policy that applies to everyone when something happens with one person.

- Be thoughtful. Ask people to think. Really think, not simply follow rules.

- Ask lots of questions and include everyone –the person you support, the direct support professionals involved, family, and others involved.

- Plan how to move forward using that learning while not abandoning the importance of continuing to support people to grow and live full lives.

Across the Pond…A Positive Approach to Risk

- Our focus on minimizing and eliminating risk creates a barrier to social inclusion and a barrier to an interesting and productive life.

- Every opportunity contains risks – and a life without risk is a life without opportunities, without quality, without change.

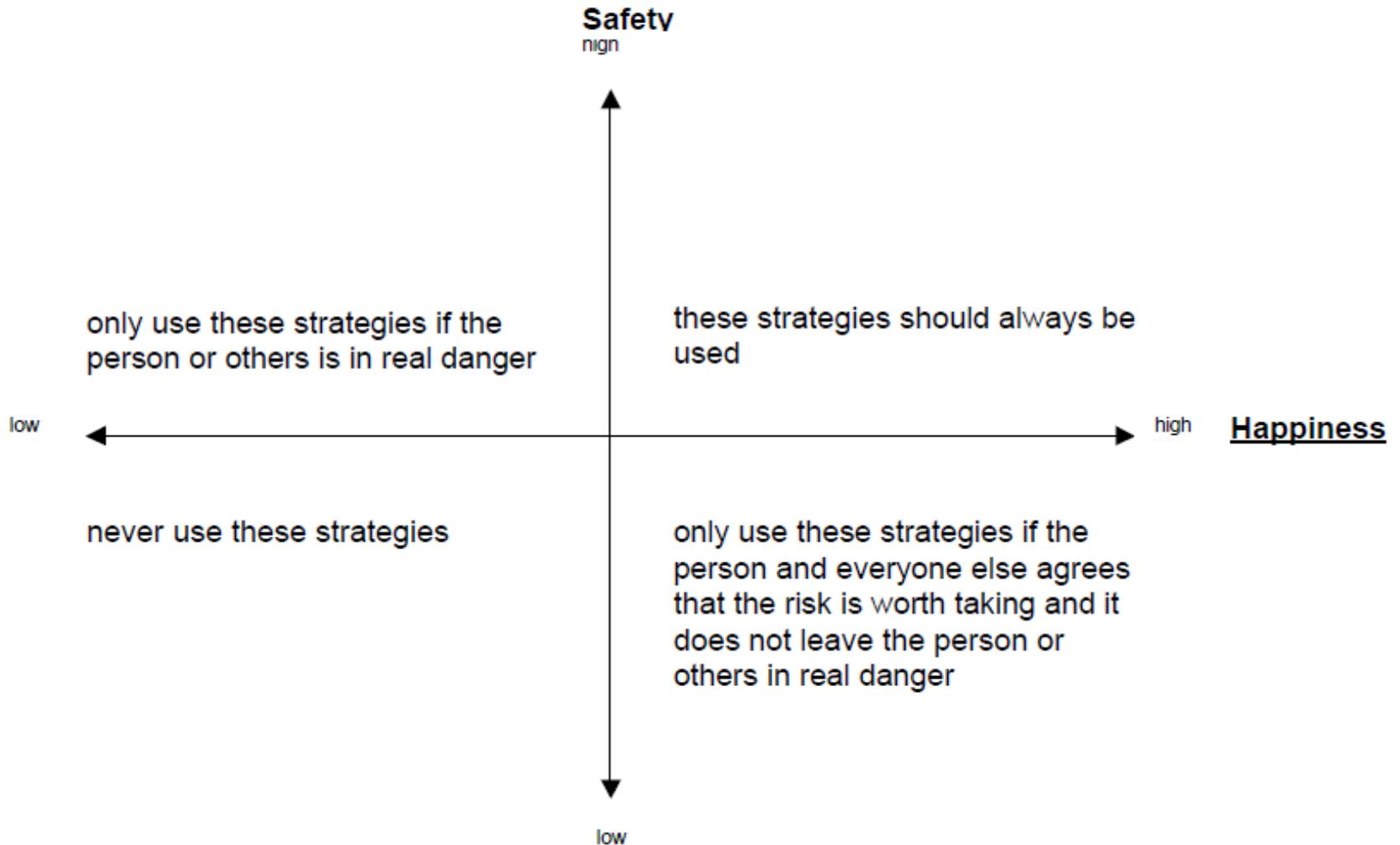- We must recognize that life and risk are inseparable.

Across the Pond…A Positive Approach to Risk

- *We propose an alternative person-centered risk process, built on person-centered thinking principles.*

- *We argue that, by beginning with a focus on who the person is, their gifts and skills, and offering a positive vision of success, it could be possible to avoid (our current) aversion to any form of risk which is embedded in our traditional approaches and attitudes.*

Across the Pond…A Positive Approach to Risk

- *The purpose of any Risk Assessment is as much about the happiness of the person as it is about their safety.*

- *Addressing issues of health & safety ("Important for") should never be done without equally consideration for being happy and fulfilled ("Important to").   –Michael Smull (2013)*

Risk Mitigation Strategies (Peter Kinsella, 2000)

Safety
high

only use these strategies if the person or others is in real danger

these strategies should always be used

low ←————————————————→ high **Happiness**

never use these strategies

only use these strategies if the person and everyone else agrees that the risk is worth taking and it does not leave the person or others in real danger

What is a Calculated Risk?

- A chance taken after careful estimation of the probable outcome

- Calculated means "planned with forethought"

- An "informed" risk

- We need to support individuals to take informed risks in order to improve the quality of their lives. (U.K. Government Commission)

Traditional Risk Assessments Won't Work

- Too objective – lose person-centered approach

- Make it about an expert assessment

- Focus on what is wrong

- Implicit purpose is to protect professionals and services from risk (no pun intended) of litigation, etc.

- A narrow "hazard approach" to risk will contribute to people's disempowerment.

Intelligent & Effective Risk Management

- The "Holy Grail" of support services

- Finding **an integrated balance** between:

  1. "Positive risk taking" based on the values of autonomy and independence; and

  2. A policy of protection for the person and the community based on minimizing harm.

(U.K. National Development Team)

Intelligent & Effective Risk Management

Essential Criteria

1. Involvement of individual and family/guardian in risk assessment (including consequences of <u>not</u> taking risk)

2. Positive and informed risk taking

3. Proportionality (more significant the risk, more time/people)

4. Defensible decision making

5. A learning culture

6. Tolerable risks

Reframing Critical Incidents

- An "incident" is an event or occurrence – not necessarily negative.

- Not all "reportable events" are necessarily "critical incidents"

- When does a "reportable event" become a "critical incident"?

- Dignity of Risk approach requires distinction.

Mandatory Reporting

- What if you were required to report the good things that happen "to" people?

- What if "tracked and trended" these things?

- Just because bad things aren't happening to people, doesn't mean good things are…

Closing Thoughts

- There can be such a thing as human dignity in risk, and there can be a dehumanizing indignity in safety!

- What really keeps people with disabilities safe?

- If some things aren't going wrong, or not going to plan, am I in living in utopia or not really living life at all?

Employment and Community First CHOICES (ECF CHOICES)

Critical Incidents

Training Objectives

At the conclusion of this training, participants will be able to identify:

- ❑ What is ECF CHOICES?
- ❑ Why Critical Incident Reporting is Important
- ❑ Non-Reportable incidents
- ❑ Reportable Medical/Behavioral Incidents
- ❑ Tier 2 ECF CHOICES Critical Incidents
- ❑ Tier 1 ECF CHOICES Critical Incidents
- ❑ Administrative Leave or Non-Direct Contact

ECF CHOICES CRITICAL INCIDENTS MANAGEMENT AND REPORTING (CIRM)

❑ Critical incident reporting and management (CIRM) is an important aspect of assuring health, safety and welfare in home and community based services (HCBS).

❑ Critical Incident reporting and management (CIRM) in Employment and Community First CHOICES has been designed in partnership with TennCare, MCOs, Department of Intellectual and Developmental Disabilities (DIDD), and with input from HCBS providers.

❑ There are important differences between the CIRM system for ECF CHOICES and the Protection from Harm system in place for current HCBS providers.

❑ Person-centered planning in ECF CHOICES is intended to identify and mitigate risk of harm, while not placing unnecessary restrictions on the freedom or choices of people receiving services.

ECF CHOICES (CIRM)

An effective CIRM system:

❑ Defines the events and circumstances that are serious in nature and must be reported to the state (reportable incidents);

❑ Assures that persons supported (and people who support them as appropriate) must be informed about their rights and protections, including how they can safely report an incident;

❑ Assures that providers, their staff, Support Coordinators and others are well informed of their responsibilities to identify and report critical incidents;

❑ Specifies the timeframes within which such incidents must be reported, to whom, and the reporting process;

❑ Explains how the individual (or family or legal representative as appropriate), providers and others are informed of the results;

❑ Tracks reports of abuse, neglect and exploitation (i.e., misappropriation) as well as other reportable incidents; and,

❑ Trends data to evaluate the nature, frequency and circumstances of reported cases and determine how to prevent or reduce similar occurrences in the future.

ECF CHOICES CRITICAL INCIDENTS-Continued

Critical Incidents in the ECF CHOICES program are divided into the following Tiers:

❑ Non-Reportable Incidents

❑ Reportable Medical/Behavioral

❑ Tier 2 ECF CHOICES Critical Incidents

❑ Tier 1 ECF CHOICES Critical Incidents

What is ECF CHOICES?

❑ New TennCare waiver program, operated by AmeriGroup and BlueCare, effective 07/01/2016 for members with intellectual or developmental disabilities (I/DD).

❑ Will provide support services to assist members with intellectual or developmental disabilities in obtaining employment and living in the community.

❑ Amerigroup and BlueCare are working together with TennCare to implement the program and ensure proper handling of quality assurance, management of critical incidents and intake of membership.

❑ TennCare and the MCOs will partner with TN DIDD to help track and trend incidents so that the state can get a cross-MCO, cross-program picture of critical incidents.

What is ECF CHOICES?

❑ TennCare is contracting with DIDD to assist with certain processes, including critical incidents.

❑ The DIDD infrastructure for tracking and trending critical incidents and a team of trained investigators who are equipped to assist with Tier 1 incidents will be utilized.

❑ AmeriGroup and BlueCare will be responsible for working with providers to address any issues and follow-up pertaining to critical incidents

What is ECF CHOICES-Continued

❑ Three benefit groups based on the services needed by each group.

  ▪ Essential Family Supports-(Group 4)

  ▪ Essential Supports and Independent Living-(Group 5)

  ▪ Comprehensive Supports for Employment and Community Living-(Group 6)

Non-Reportable Incidents

Non-Reportable Incidents

❑ Non-Reportable Incidents do not rise to the level of a "critical incident", but require providers to document, address the incident and track and trend due to the potential to impact the member's safety and quality of support.

❑ Non-Reportable Incidents are not reported to the MCO or DIDD except in cases when a provider review determines the incident rises to a level of a Tier 1, Tier 2 or a Medical/Behavioral Reportable Incident.

▪ Providers would then need to report Tier 1 and Tier 2 CI to MCO and DIDD and Medical/Behavioral Reportable Incidents to the MCO.

❑ As part of the MCO's ongoing quality monitoring efforts, the MCOs will review non-reportable incidents.

Non-Reportable Incidents-Continued

Non-Reportable Incidents include the following:

❑ Minor injury not identified above and not requiring medical treatment beyond first-aid by a lay person and not associated with abuse or neglect.

❑ Staff misconduct that falls outside the definition of Tier 1 or Tier 2 Critical Incidents or Reportable Medical and Behavioral Incidents and does not result in serious injury or probable risk of serious injury.

Non-Reportable Incidents -Continued

❑ Allegations of disrespectful or inappropriate communication, e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) or any other acts that do not meet the definition of emotional or psychological abuse and which are not directed to or within eyesight or audible range of the person supported.

❑ Failure to provide goods or services which do not result in injury or probable risk of serious harm (i.e., does not meet neglect threshold)

Reportable Medical and Behavioral Incidents

Reportable Medical and Behavioral Incidents

These incidents are not at the same level as Tier 1 or Tier 2 and do not require a formal review or investigation, but should be reviewed by the provider supervisory/clinical staff to determine and complete any appropriate follow-up.

Such follow-up may include:

❑ Follow-up with member's Primary Care Practitioner or Behavioral Health provider.

❑ Follow-up with member's Support Coordinator regarding any adjustments to their PCSP.

❑ Education or training with provider's staff.

Reportable Medical or Behavioral Incidents-Continued

Reportable Medical Incidents are defined as follows:

- ❑ Deaths (other than those that are unexpected/unexplained).
- ❑ ER Visits.
- ❑ Any inpatient observation or admission (acute care, Long Term Acute Care, or Skilled Nursing Facility/Nursing Facility) .
- ❑ Use of CPR or an automated external defibrillator (AED).
- ❑ Choking episode requiring physical intervention (e.g.., use of abdominal thrust or Heimlich maneuver).

Reportable Medical and Behavioral Incidents- Continued

❑ Fall with injury (including minor or serious).

❑ Insect or animal bite requiring treatment by a medical professional.

❑ Stage II and above pressure ulcer.

❑ Staph infection.

❑ Fecal impaction.

❑ Severe dehydration requiring medical attention.

❑ Seizure progressing to status epilepticus.

❑ Pneumonia.

❑ Severe allergic reaction requiring medical attention.

❑ Victim of natural disaster (natural disasters affecting multiple individuals do not require multiple individual reports).

Reportable Medical and Behavioral Continued

Reportable Behavioral Health Incidents are defined as follows:

- ❑ Criminal conduct or incarceration.
- ❑ Engagement of law enforcement.
- ❑ Sexual aggression.
- ❑ Physical aggression.
- ❑ Injury to another person as a result of a behavioral incident of a person supported.
- ❑ Suicide attempt.
- ❑ Self-injurious behavior.
- ❑ Property destruction greater than $100.
- ❑ Swallow inedible/harmful matter.
- ❑ Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by PCSP (all take-downs and prone restraints are prohibited).

Reportable Medical/Behavioral Incidents –Continued

❑ Behavioral crisis requiring PRN (as needed) psychotropic medication.

❑ Behavioral crisis requiring crisis intervention (i.e., call).

❑ Behavioral crisis requiring in-home stabilization (System of Support participants only).

❑ Behavioral crisis requiring out-of-home therapeutic respite.

❑ Psychiatric admission (or observation), including in acute care hospital.

Please note: Reporting and review of the incident is secondary to any medical attention required by the member. The incident, medical attention, and any follow-up shall be documented in the person's record.

Categorizing ECF CHOICES Critical Incidents
Tier 2

Tier 2 ECF CHOICES Critical Incidents

❑ Person whose whereabouts are unknown and which will likely place him/her in a dangerous situation for self or others. This is reportable if the whereabouts of the member are unknown for 60 minutes or more if the absence is unusual unless a shorter time of absence is specified in the Person Center Support Plan (PCSP) or Behavioral Support Plan (BSP), or the absence is a known risk as specified in the person's PCSP or the BSP.

   Note: Does <u>not</u> mean that the persons supported should not have freedom to come and go without staff supervision, except when such restrictions are necessary. If such restrictions are necessary, these must be documented in the PCSP.

❑ Minor vehicle accident not resulting in injury.

❑ Victim of fire.

Tier 2 ECF CHOICES Critical Incidents-Continued

❑ Medication variance resulting in the need for observation, which may include the need to seek practitioner care or advice, but does **not** require face-to-face medical treatment, including physician services, emergency assistance or transfer to an acute inpatient facility for stabilization.

▪ Variance Involving:

o Wrong Drug

o Wrong Dose

o Wrong Person

o Wrong Time

o Wrong Rate

o Wrong Preparation

o Wrong route of administration

o Medication Omission

❑ Unsafe Environment (Cleanliness/Hazardous).

Tier 2 ECF CHOICES Critical Incidents-Continued

❑ Allegations of disrespectful or inappropriate communication, e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) or any other acts that do not meet the definition of emotional or psychological abuse but which are directed to or within eyesight or audible range of the person supported.

Tier 2 ECF CHOICES Critical Incidents-Continued

❑ Use of manual restraint, mechanical restraint and/or protective equipment that has been approved for use in the person's PCSP or BSP, but used incorrectly or other than as intended. Incidents determined to be outside of an approved PCSP or BSP or intentionally inappropriate or intentionally in violation of guidelines specified in the person's PCSP or BSP will be referred to DIDD for Tier 1 investigation.

❑ The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money valued at less than $500, i.e., less than the threshold for misappropriation.

Tier 2 ECF CHOICES
Critical Incident Examples

Examples of Tier 2 ECF CHOICES Critical Incidents

❑ The worker reports their member with Alzheimer's disease has disappeared for 30 minutes and cannot be found. The member's PCP has indicated that the member has a history of wandering, therefore a 20 minute rule was implemented in the member's PCSP to report this incident earlier than the 60 minute Tier 2 rule.

❑ The member reports the worker had a fender bender while taking him/her to the grocery store.

❑ The worker reports to you, the provider, the member's home is infested with bed bugs and trash is piled to the ceiling in almost every room.

Examples of Tier 2 ECF CHOICES Critical Incidents - Continued

❑ The member was supposed to receive one dose of Atenolol in the morning, but was given two doses by mistake. The member's primary care provider was notified via phone, but the member did not have to see the doctor or receive any other medical assistance in person.

❑ Member has straps on footrest of wheelchair strictly to be used for transportation safety. Staff left footrest straps on all day to prevent person from kicking resulting in inappropriate use of restraints.

Categorizing ECF CHOICES Critical Incidents
Tier 1

Tier 1 ECF CHOICES Critical Incidents

Tier 1 Critical Incidents shall include the following when related to a person supported by ECF CHOICES services:

❑ Allegations or suspicion of abuse (physical, sexual, and emotional/psychological), neglect or exploitation resulting in physical harm, pain or mental anguish.

- Abuse, neglect, and exploitation shall be defined as in TCA 33-2-402 and implemented as specified in TennCare protocol.

- All allegations of suspicion of physical or sexual abuse must be reported regardless of whether serious injury has occurred. Sexual abuse includes sexual battery by an authority figure as defined in TCA-39-13-527.

Tier 1 ECF CHOICES Critical Incidents-Continued

❑ Serious Injury including Serious Injury of unknown cause

  o Serious Injury is any injury requiring medical attention beyond first aid by a lay person, including (but not limited to):

  ▪ Fractures

  ▪ Dislocations

  ▪ Concussions

  ▪ Cuts or lacerations requiring sutures, staples, or dermabond

  ▪ Torn ligaments (i.e., a severe sprain) or torn muscles or tendons (i.e., a severe strain) requiring surgical repair

  ▪ 2nd and 3rd degree burns

  ▪ Loss of consciousness

Tier 1 ECF CHOICES Critical Incidents - Continued

❑ All unexplained or unexpected deaths (including suicide).

❑ A suspicious injury (where abuse or neglect is suspected or does not coincide with explanation of how injury was sustained).

❑ Vehicle accident while transporting person resulting in injury; serious traffic violation with significant risk of harm (e.g., reckless, careless or imprudent driving; driving under the influence, speeding in excess of 15 miles per hour over the speed limit).

Tier 1 ECF CHOICES Critical Incidents -Continued

❑ Medication error resulting in the need for face-to-face medical treatment based on injury or probably risk of harm including physician services, emergency assistance or transfer to an acute care facility for stabilization.

- Errors involving:
  o Medication omission
  o Wrong drug
  o Wrong dose
  o Wrong person
  o Wrong rate
  o Wrong preparation
  o Wrong route of administration

❑ Theft for more than $500.00 (Class E Felony).

Tier 1 ECF CHOICES Critical Incident Examples

Examples of Tier 1 ECF CHOICES Critical Incidents

❑ A member reports to the provider the worker has stolen $650.00 from her purse.

❑ The worker goes to the restroom and returns to find the member unresponsive with no pulse after being fully alert and well a few moments before.

❑ The member falls and breaks their hip.

❑ While transporting the member to an appointment, the worker is involved in a vehicle crash. The worker is charged with DUI.

❑ The member is taken to the Emergency Room due to being given a double dose of heart medication.

ECF CHOICES INCIDENT REPORTING

Reportable Medical and Behavioral Incidents

❑ **DIDD, the MCO and the Provider** will be responsible for Tracking and Trending Tier 2 Critical Incidents.

❑ Provider will submit written ECF CHOICES Critical Incident Report Form via email to the MCO within two business days.

❑ Investigation is not required, but the MCO will review the incident report form and provide follow-up to the provider as necessary.

❑ **The MCO and the provider will be responsible for tracking and trending all reportable medical and behavioral incidents in attempt to reduce or prevent similar occurrences in the future.**

Tier 2 ECF CHOICES Critical Incident Reporting

❑ The ECF CHOICES Provider is responsible for the **investigation of all Tier 2 critical incidents**.

❑ ECF CHOICES provider should submit completed, typed ECF CHOICES Critical Incident Report Form (CIRF) via email to both DIDD and the MCO by close of the **next business day after the incident occurred.**

❑ The ECF CHOICES Critical Incident Report Form is located at the following link:

- BlueCare @ http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html
- Amerigroup @ https://providers.amerigroup.com/pages/tn-2012.aspx

Tier 2 ECF CHOICES Critical Incident Reporting-continued

❑ The MCO is responsible for reviewing all Tier 2 Critical Incidents reports to determine they are completed correctly and that the critical incident meets Tier 2 criteria.

❑ Upon review of the provider's report, the MCO will determine any additional follow-up that is needed by the provider, such as education of the provider's staff. This follow-up may include requesting missing information or clarifying information on the CIRF.

❑ The provider has **14 calendar days from the date of written notification** of the Tier 2 critical incident to submit the provider investigation form to the MCO.

Tier 2 ECF CHOICES Critical Incident MCO Responsibilities

❑ The MCO will review the investigation report and by no more than the **30th calendar day** following written notification of Tier 2 Critical Incident, shall advise the provider if the investigation is accepted or if the MCO will conduct additional review.

❑ If at any time during the Tier 2 Critical Incident review, the information obtained by the MCO supports a Tier 1 (rather than Tier 2) Critical Incident:

- The MCO will notify DIDD **immediatel**y.

- The MCO will amend the ECF CHOICES Critical Incident Form and send any supporting documentation to DIDD.

- The MCO will notify the provider **via email (fax if email is not available)** with amended ECF CHOICES Critical Incident Form by the **close of next business day**.

- DIDD timelines for completing the investigation will begin the day DIDD receives the amended ECF CHOICES Critical Incident Form and supporting documentation.

Tier 1 ECF CHOICES Critical Incident Reporting

❑ All Tier 1 ECF CHOICES Critical Incidents occurring during the provision of ECF CHOICES services or discovered by an ECF CHOICES provider/staff **will be reported to the Department of Intellectual and Development Disabilities (DIDD) via telephone immediately, but no longer than 4 hours of witnessing or discovery of the incident**.

❑ DIDD's contact number for reporting Tier 1 Critical Incidents by region:

   o West Tennessee 888-632-4490

   o Middle Tennessee 888-633-1313

   o East Tennessee 800-579-0023

Tier 1 ECF CHOICES Critical Incident Reporting-Continued

❑ The provider's Incident Manager Coordinator must submit a **typed** Critical Incident Report Form (CIRF) to DIDD and the MCO by close of the next business day counting from the date of verbal notification.

- ▪ DIDD via email @ ECF.CIRF@tn.gov or fax if email is not available to 1-877-551-5591

- ▪ BlueCare @ ECFCriticalIncident@bcbst.com

  or by fax @ 1-855-472-0156 if email is not available

- ▪ Amerigroup via email @ tn02-qualitymanagement@anthem.com

  or fax @ 877-423-9976 if email is not available.

Tier 1 ECF CHOICES Critical Incident Reporting-Continued

❑ DIDD is the entity responsible for investigating all Tier 1 Critical Incidents. DIDD's investigation will include:

■ Notifying provider of DIDD's intent to investigate.

■ Providing instructions to provider for removing staff, if applicable.

■ Communicating with the provider to obtain any additional information needed to support a Tier 1 Critical Incident.

■ Notifying the MCO of DIDD's decision of whether or not to investigate.

Tier 1 ECF CHOICES Critical Incident Reporting-Continued

❑ DIDD will complete its investigation within 30 calendar days of notification of the incident.

❑ DIDD provides their CIRM investigation report to the MCO and the provider.

❑ MCO will follow-up with provider immediately after the receipt of the DIDD CIRM investigation report to ensure report recommendations are addressed appropriately.

❑ DIDD will simultaneously submit CIRM investigation report and notification of a referral to the Abuse Registry Referral Committee if substantiated.

❑ All Tier 1 Critical Incidents investigations will be reviewed by the MCO for potential quality of care issues. Subsequent action will be taken by the MCO per established policy.

❑ DIDD, the MCO and the provider will be responsible for tracking and trending Tier 1 critical incidents.

Tier 1 ECF CHOICES Critical Incident Reporting-Continued

If DIDD determines that the critical incident is not Tier 1:

- ❑ DIDD will amend the ECF CHOICES Critical Incident Report Form and send to the provider and the MCO by close of the next business day.

- ❑ DIDD will send any supporting documentation to the MCO.

- ❑ The MCO will follow established processes for Tier 2 Critical Incidents.

- ❑ The MCO timelines will begin the day the MCO and the provider receive the amended ECF CHOICES Critical Incident Report Form and supporting documentation.

- ❑ The provider will be responsible for starting their own investigation.

Adult and Child Protective Services

Critical incidents involving abuse, neglect or financial exploitation are to be reported to Adult Protective Services (APS) or Child Protective Services (CPS) as appropriate within 24 hours of discovery pursuant to Contractor Risk Agreement Section 2.9.6.11.17. Please remember the 24 hour timeframe is not calculated by business day(s). This time frame is calculated by actual clock hours.

APS Contact Information

❑ Phone: 1-888-277-8366

❑ Fax: 1-866-294-3961

Child Protective Services Information

❑ 1-877-237-0004

Extension/Extenuating Circumstances

❑ The provider may request one 7 day extension to the MCO based on extenuating circumstances beyond their control. The extension request is **due no later than two (2) business days** prior to the original due date. Examples of extenuating circumstances are:

  ▪ Pending autopsy.

  ▪ Pending police report.

  ▪ Pending APS report.

❑ The extension may be requested utilizing the section for extensions on the Provider Investigation Report Form. Please attach all supporting documentation as applicable.

❑ The MCO will respond via email or fax to the provider advising if the extension request is approved or denied.

❑ If an extension is obtained the provider shall complete its investigation and submit to the MCO **no later than 21 calendar days of written notification** of the Tier 2 Critical Incident if the extension is granted.

Administrative Leave or Non-Direct Contact

Administrative Leave or Non-Direct Contact

Providers must **immediately** remove any employee or volunteer implicated in **allegations of physical or sexual abuse** from providing direct support to all ECF CHOICES members until DIDD completes their investigation.

- ❑ The employee or volunteer may be placed on administrative leave or in another position that does not involve direct contact with or supervisory responsibility for a person supported.

- ❑ Providers, not alleged perpetrators, may request exceptions. Providers will contact DIDD via the Regional Hotline numbers to verbally request the exception. Then, the provider will complete the information related to the exception using the Exception Request Form. To request a copy of the template form, please contact DIDD.Investigation@tn.gov .

- ❑ Exception requests are reviewed by the DIDD Director of Investigations.

Administrative Leave Process-Continued

Providers may request exceptions to Administrative Leave **only if:**

- Evidence must be supplied giving consent from the legal representative or the alleged victim to allow the worker to continue care.

- There is not any presumed risk that the alleged perpetrator will come into unsupervised contact with the other persons being supported.

- Other conditions, such as increased supervision and unannounced visits to the home by provider management are put into place.

❑ Provider's staff will not discuss the case with anyone else other than DIDD or police.

Administrative Leave Process-Continued

❑ The DIDD investigator shall notify the provider that the person may return to work or volunteer status, as applicable, as soon as possible if determined *before* the investigation report is completed.

❑ Providers will use their own discretion to determine if an employee or volunteer should be removed for all other Tier 1 critical incident categories other than alleged physical and sexual abuse and Tier 2 critical incidents.

Administrative Leave Process-continued

❑ Once the worker or volunteer is removed, the worker or volunteer may not be reinstated, unless one of the following has occurred:

- An exception is granted.
- DIDD investigator determines the report to be frivolous, false or not substantiated.
- The provider's investigation and corrective actions are completed.

❑ Providers will take proper steps to ensure the protection and safety of the victim and other persons supported during the investigation process.

Consumer Direction

❑ Critical Incident Reporting and Management will follow the same process with minor variances as described below:

- ▪ Fiscal Employer Agent is required to report critical incidents to DIDD and the MCOs per the established processes for Tier 1, Tier 2, Reportable and Non-Reportable Incidents.

- ▪ The member/representative must decide whether to place a worker on administrative leave during an investigation .

- ▪ Member's ECF CHOICES Support Coordinator will review Tier 2 incidents to determine potential further actions needed.

Provider Responsibilities

Per the Contractor Risk Agreement, providers will designate a staff member as an Incident Management Coordinator (IMC) who shall be trained on critical incident processes by the MCO. The IMC functions include:

- Functioning as the provider's lead for critical incidents,
- Tracking and analyzing critical incidents,
- Serving as the MCO's main point of contact for critical incidents.

Per the Contractor Risk Agreement, providers will develop policies and procedures for managing, tracking and trending the following ECF CHOICES Incidents in order to prevent similar occurrences:

- ❑ Tier 1 Critical Incidents
- ❑ Tier 2 Critical Incidents
- ❑ Reportable Medical or Behavioral Incidents
- ❑ Non-reportable incidents

Provider Responsibilities Continued

Tracking and Trending ECF CHOICES Incidents

Tracking and trending will involve the following:

❑ Evaluating critical incidents to determine how to prevent or reduce similar incidents in the future.

❑ Evaluating the types of incident to identify common trends, such as the member, type or same worker, which would warrant education or counseling of staff.

Managing ECF CHOICES Incidents

❑ The ECF CHOICES Provider will develop policies and procedures for administrative leave or Non-Direct Contact.

Please note: ECF CHOICES providers are required to immediately remove an employee or volunteer implicated in Tier 1 allegations of physical or sexual abuse from providing direct support to all ECF CHOICES members until DIDD has completed their investigation. Please refer to the administrative leave section of this presentation.

Reporting Forms

❑ ECF CHOICES Critical Incident Report Form (CIRF).

❑ ECF CHOICES Tier 2 Critical Incident Provider Investigation Report Form (PIRF).

❑ The above forms are located at the following websites:
- BlueCare
  o http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Forms.html
  o Provider Administration Manual located @ http://bluecare.bcbst.com/forms/Provider%20Information/BCT_PAM.pdf
- Amerigroup: https://providers.amerigroup.com/pages/tn-2012.aspx

Contact Information

❑ **BlueCare Email:** ECFCriticalIncident@bcbst.com

❑ **BlueCare Fax:** 1-855-472-0156 (Only if email is not available.)

❑ **Amerigroup Email:** tn02-qualitymanagement@anthem.com

❑ **Amerigroup Fax Number:** 1-877-423-9976 (Only if email is not available

❑ **APS Contact**

- ▪ Phone: 1-888-277-8366

- ▪ Fax: 1-866-294-3961

❑ **Child Protective Services**

- ▪ Phone: 1-877-237-0004

Contact Information-Continued

❑ **DIDD Email:** ECF.CIRF@tn.gov

❑ **DIDD Fax:** 1-877-551-5591 (Only if email is not available.)

❑ **DIDD Regional Phone Numbers** for reporting Tier 1 Critical Incidents and requesting exceptions to administrative leave:

- West Tennessee 1-888-632-4490

- Middle Tennessee 1-888-633-1313

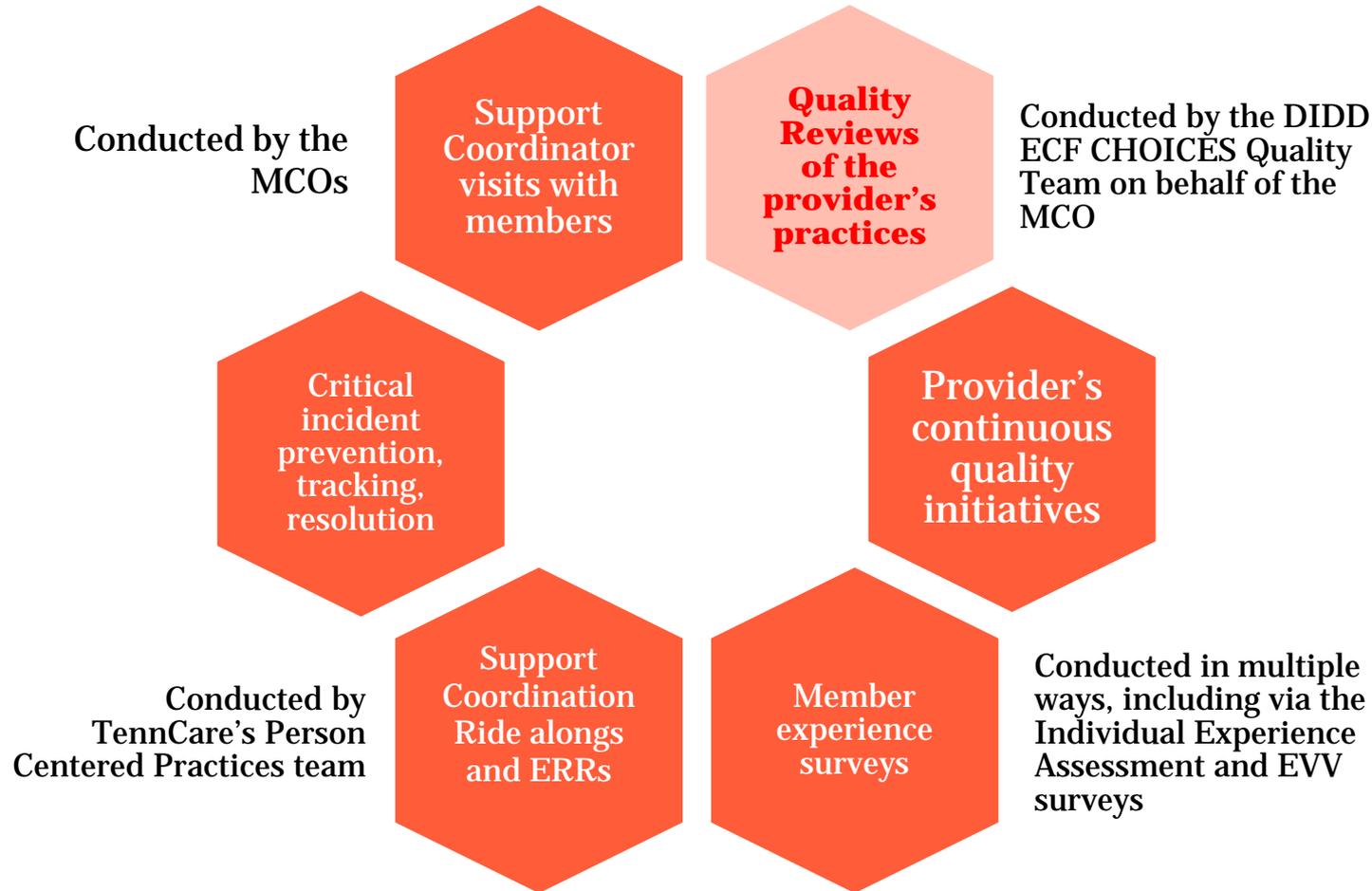- East Tennessee 1-800-579-0023

Questions

Quality Monitoring Reviews in the ECF CHOICES program

Lauren Pearcy, TennCare

Lisa Mills

Quality Monitoring reviews are one part of a broader, ongoing quality improvement process

Conducted by the MCOs

Support Coordinator visits with members

Quality Reviews of the provider's practices

Conducted by the DIDD ECF CHOICES Quality Team on behalf of the MCO

Critical incident prevention, tracking, resolution

Provider's continuous quality initiatives

Conducted by TennCare's Person Centered Practices team

Support Coordination Ride alongs and ERRs

Member experience surveys

Conducted in multiple ways, including via the Individual Experience Assessment and EVV surveys

What to expect as a new ECF CHOICES provider

- Each MCO will be reviewing certain aspects of compliance with contractual requirements (policies, licensure, etc.) during "credentialing" and annual "re-credentialing".

- TennCare and the MCOs will monitor critical incidents across the state. MCOs require and support providers to address issues and preventing future incidents.

- TennCare's Person Centered Practices team will conduct ride-alongs with Support Coordinators during member contacts, as well as review person centered support plans, to ensure quality service planning and implementation.

What to expect as a new ECF CHOICES provider

- All members enrolled in ECF CHOICES will provide ongoing feedback about their services in multiple ways that will inform the overall quality assessment of the program:
  - Communication with Support Coordinators
  - Feedback submitted via surveys, member advisory groups, complaint processes, etc.
- **The most important measure of quality is the experience of the person receiving services and the outcomes achieved with the support provided.**

The Quality Monitoring Review by DIDD staff

- Additionally, for providers of the services listed below, an annual quality monitoring review will be conducted by the DIDD ECF CHOICES Quality Team:
  - Employment services (with the exception of Benefits Counseling)
  - Community Integration Support Services
  - Independent Living Skills Training
  - Personal Assistance
  - Respite
  - Community Living Supports (CLS) and Community Living Supports Family Model (CLS-FM)
  - Transportation (agency provided; not consumer directed)

The Quality Monitoring Review by the DIDD ECF CHOICES Quality Team.

- Providers of those services (listed on previous slide) will receive training specific to the quality monitoring review process conducted by DIDD.

- The reviews typically take place on site at the provider's agency, and include a comprehensive look at the provider's policies and practices (including interviews with staff and members).

- The results of the review will be provided to the MCOs, who will assess the results and work with providers to recognize best practices and to continuously improve quality.

Two types of reviews by DIDD ECF/CHOICES Quality Team: initial and annual

Initial "Consultative" Review

- When the provider begins providing services to at least one person, the MCO(s) contracted with that provider will notify the DIDD ECF/CHOICES Quality Team.

- The DIDD ECF/CHOICES Quality Team will schedule an initial, "consultative review" within 3-6 months.

- The results will be relayed to the MCOs.

Annual Review

- All providers of the services reviewed by the DIDD ECF CHOICES Quality Team will receive annual reviews, on behalf of the MCO(s)
- The results will be shared with the MCOs, who will work with the providers to act upon any compliance or quality issues.

Providers are accountable to the MCOs

- Providers are not accountable to DIDD, they are accountable to the MCO(s) they are contracted with for the ECF CHOICES program.

- The DIDD ECF CHOICES Quality Team will use a tool developed by TennCare specifically for the ECF CHOICES program.

- The DIDD ECF CHOICES Quality Team will be dedicated to the ECF CHOICES program.

What will the quality monitoring review entail?

Key tenants:
- Quality is not the same thing as compliance.
- "Compliance" reflects minimum standards that every provider must meet.
- The ECF CHOICES quality review tool will include indicators that assess compliance with minimum contractual requirements, as well as indicators that are considered best practice - above and beyond compliance.
- The tool will put emphasis on outcomes and the person's experience.
- The tool will not duplicate compliance efforts, such as licensure reviews (as applicable).

The tool will include 8 areas of review, which cover aspects of quality like:

1. Access and Orientation to services (how the provider facilitates those processes)
2. Person Centered Support Plan Implementation and Support Delivery
3. Choice and Decision Making
4. Opportunities for Integrated Work
5. Relationships and Community Membership
6. Rights, Respect, Dignity
7. Health (how the provider supports the person to maintain the best possible health and wellness)
8. Safety, Security and Quality of Life (recognizing the dignity of risk and stressing the importance of effective risk planning)

What happens after the review?

The MCOs will take into account the results of the survey as one part of the broader picture of quality for providers. If providers do not meet minimum compliance and/or the provider does not demonstrate evidence of performing above compliance, then the MCO will address those issues with the provider.

Employment and Community First Provider Readiness

Gearing up for July 1ˢᵗ

Develop Polices and Procedures

Sign and Submit Contract

Hiring and Training Staff

Policies and Procedures

- Policies and procedures are designed to influence and determine all major decisions and actions, and all activities take place within the boundaries set by them.

- Policies are clear, simple statements of how your organization intends to conduct its services, actions or business. They provide a set of guiding principles to help with decision making.

- Procedures describe how each policy will be put into action by your organization. Each procedure should outline who will be responsible for carrying out the policy, what steps they will need to take and which documents or forms they will use.

Employee Records

- ECF CHOICES providers are required to conduct, in accordance with Federal and State law and rule and TENNCARE policy, criminal background checks, which shall include the following:

  1. *Check of Tennessee Abuse Registry*
  2. *Tennessee Felony Offender Registry*
  3. *National and Tennessee Sexual Offender Registry*
  4. *List of Excluded Individuals/Entities (LEIE)*
  5. *SAM's (EPLS)*
  6. *ICOTS*

Staff Training Requirements

- Providers must have a process in place to provide and document initial and ongoing education to its employees who will provide services to ECF CHOICES members that includes, at a minimum:

  - Orientation to the population that the staff will support (e.g., elderly, adults with physical disabilities, individuals with I/DD)

  - Disability awareness and cultural competency training, including:

Staff Training Requirements, cont'd

- Person-first language
- Etiquette when meeting and supporting a person with a disability
- Working with individuals who use alternative forms of communication, or who may rely on assistive devices for communication or who may need auxiliary aids or services in order to effectively communicate

- An Introduction to behavioral health including:

Staff Training Requirements, cont'd

- – Behavior support challenges individuals with I/DD or other cognitive limitations may face

- – Understanding behavior as communication

- – Potential causes of behavior (including physiological or environmental factors)

- – Person-centered supports for individuals with challenging behaviors (including positive behavior supports)

Staff Training Requirements, cont'd

- The DSP's responsibility in promoting healthy lifestyle choices and in supporting self-management of chronic health conditions

- Ethics and confidentiality training including HIPPA and HI-TECH

- Abuse and neglect prevention, identification and reporting

- Critical incident management and reporting

- Documentation of service delivery

- Use of EVV system

Staff Training Requirements, cont'd

- Delivering person-centered services and supports, including:

  - Federal HCBS setting requirements and the importance of the member's experience
  - Supporting community integration and participation in the delivery of home and community based services
  - Facilitating individual choice and control
  - Working with family members and/or conservators, while respecting individual choice

HCBS Settings Rule - Requirements

The Home and Community-Based setting:

- Is integrated in and supports access to the greater community

- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services

HCBS Settings Rule - Requirements

- Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting

Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources

Billing Processes

- It is extremely important to develop clear billing processes to ensure elimination of waste, fraud and abuse.
  - Create a separate billing manual with specific, step-by-step processes
  - Clearly identify who will perform the billing for services provided
  - Reconcile monthly and designate a member of management to review and sign off on monthly

Additional MCO Training

- CLS webinar
- On-site training with MCO provider relations to include:
  - Non-EVV billing requirements
  - Getting set up to bill and receive payments
  - Authorizations
- EVV Training
- Critical Incident Reporting

EVV Training Dates and Locations

- **East (June 7th through June 9th)**
- **Middle (June 21st through June 23rd)**
- **West (June 21st through June 23rd)**

EVV Training Dates and Locations

Technical Institute

9123 Executive Park Dr.

Knoxville, TN

Technical Institute

5600 Brainerd Rd.

Chattanooga, TN

New Horizons

4775 American Way
Memphis, TN

New Horizons

22 Athens Way

Nashville, TN

What's Next??

- Applications with all applicable documents are going through the final credentialing process

- ECF Contract between MCO's and provider
  - Amerigroup and BlueCare are not sending at the same time due to different internal processes
  - Review, sign and return contract within designated time frame (ASAP)

- Once your contract has been returned and executed you will contacted and provided with the necessary information to bill for services/supports rendered

What's Next??

- Additional education, training and templates will be provided by the MCO'S

- Review of documents identified as missing or in need of revision during initial site visit

And finally.....