

Centennial Care Critical Incident Reporting

Personal Care Services Training

2017

WELCOME

Incident Management Principles

- All adults and children receiving Centennial Care services should be able to enjoy a quality of life that is free of abuse, neglect, and exploitation.
- Staff must receive initial and ongoing training to be competent to respond to, report, and document incidents in a timely and accurate manner.
- Recipients, legal representatives, and guardians must be made aware of and have available incident reporting processes.
- Any individual who, in good faith, reports an incident or makes an allegation of abuse, neglect, or exploitation will be free from any form of retaliation.
- Quality starts with those who work most closely with persons receiving services.

Why Report Incidents?

- Reporting incidents allows providers, service delivery agencies and Managed Care Organizations (MCOs) to address concerns quickly for health and safety.
- Incidents are reported to improve service quality by identifying issues or areas of concern.
- An incident must be reported before it can be investigated.

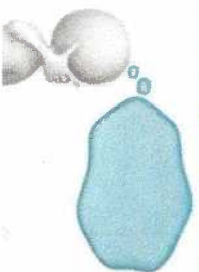
Health Insurance Portability and Accountability Act (HIPAA)

- Protecting the privacy of Members' personal health information is a core responsibility that NM Human Services Department (HSD) takes very seriously. HSD is committed to complying with all federal and state laws regarding the privacy and security of Members' protected health information (PHI) and electronic protected health information (ePHI) as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules and Security Rule.
- All end users of the Critical Incident Reporting website are required to comply with the federal and state information security and privacy regulations as directed through the HSD contract with the Managed Care Organizations (MCOs). The MCOs and their subcontractors, consultants, representatives, providers and agents must comply with all applicable statutes, rules and regulations regarding information security. HSD expects that agencies contracted as Centennial Care providers will comply with their contracts and state information security regulations as outlined in their contracts with the MCOs. New Mexico State employees accessing the CIR website will comply with federal and state information security regulations in accordance with the New Mexico State employee required HIPAA training.

Commonly Used Acronyms and Definitions

ANE:	Abuse, Neglect and Exploitation
APS:	Adult Protective Services
BHSD:	Behavioral Health Services Division
CIR:	Critical Incident Report
COE:	Category of Eligibility (Located in the Medicaid Portal and listed on the HSD Portal)
CPS:	Child Protective Services
ED:	Emergency Department
ER:	Emergency Room
HSD:	Human Services Department
MCO:	Managed Care Organization (i.e. BC/BS, Molina, Presbyterian, UHC)
NFLOC:	Nursing Facility Level of Care
QB:	Quality Bureau at HSD

Who Completes an Incident Report



Within 24 hours of knowledge of the occurrence:

- The Agency
- The Managed Care Organization (MCO)
- The Financial Management Agent (FMA)

APS Regulations

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Justia US Law : US Codes and Statutes : New Mexico Statutes : 2009 New Mexico Statutes : Chapter 27 - Public Assistance : Article 7 : 27-7-30 - Duty to report, penalty

2009 New Mexico Statutes
Chapter 27 - Public Assistance.
Article 7 - Adult Protective Services
Section 27-7-30 - Duty to report; penalty.

27-7-30. Duty to report, penalty

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

B. The report required in Subsection A of this section may be made orally or in writing. The report shall include the name, age and address of the adult, the name and address of any other person responsible for the adult's care, the nature and extent of the adult's condition, the basis of the reporter's knowledge and other relevant information.

C. Any person failing to report, or obstructing or impeding any investigation, as required by Subsection A of this section, is negligent or exploited shall immediately report that information to the department.

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

Statutes and Regulations



- Adult Protective Services (APS) - NMSA 1978, Section 27-7-30
<http://law.justia.com/codes/new-mexico/2009/chapter-27/article-7/section-27-7-30/>



- Children, Youth and Families Department (CYFD) –also known as Children Protective Services (CPS)
<https://law.justia.com/codes/new-mexico/2011/chapter32A/article4/section32A-4-3>



- HSD –Critical Incident Reporting
<http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx>



- Department of Health - 7.1.13 and 7.1.14 NMAC
<http://164.64.110.239/nmac/parts/title07/07.001.0013.htm>
<http://164.64.110.239/nmac/parts/title07/07.001.0014.htm>

CYFD/CPS Regulations

CYFD State of New Mexico
Children, Youth and Families Department

Reporting Abuse or Neglect

Reporting Abuse or Neglect: This section provides information on how to report suspected child abuse or neglect to the Children, Youth and Families Department (CYFD). It includes details on the reporting process, the roles of various professionals, and the consequences of failing to report.

Child Abuse & Neglect

Child Abuse & Neglect: This section defines child abuse and neglect, including physical abuse, sexual abuse, emotional abuse, and neglect. It also outlines the legal requirements for reporting such incidents.

Reporting Process

Reporting Process: This section describes the steps involved in reporting a suspected case of child abuse or neglect, from initial contact with CYFD to the investigation and potential legal action.

Professional Responsibilities

Professional Responsibilities: This section details the specific duties of various professionals, such as teachers, healthcare providers, and social workers, in identifying and reporting suspected cases of child abuse or neglect.

Consequences of Non-Reporting

Consequences of Non-Reporting: This section explains the legal and professional consequences for failing to report suspected child abuse or neglect, including potential criminal charges and disciplinary actions.

Reporting Abuse or Neglect

Every person who knows or has reasonable suspicion that a child is being abused or neglected in New Mexico must report the matter immediately to CYFD's Statewide Central Intake Child Abuse Hotline (1-855-333-SAFE [7233]) or #SAFE from a cell phone, or to law enforcement or the appropriate tribal identity. Specific professionals mentioned under the law as mandated reporters are: licensed physicians, residents or interns, law enforcement officers, judges presiding during a proceeding, nurses, schoolteachers, school officials, social workers, and members of the clergy who have information not privileged as a matter of law.

Community agencies providing Home and Community Based Services are required to report critical incidents to the State:

DEFINITION: A Critical Incident is an occurrence that represents actual or potential serious harm to the well being of a Member or others.

7.1.14.6 OBJECTIVE: This rule establishes standards for community-based service providers to institute and maintain an incident management system and employee and volunteer training programs for the reporting of abuse, neglect, exploitation, suspicious injuries, environmentally hazardous conditions and death.



What Types of Incidents are Reported?

All incidents involving:

- Abuse
- Neglect
- Exploitation
- Deaths (Expected and Unexpected)
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

In addition to filing a Critical Incident Report, providers must report incidents of Abuse, Neglect and Exploitation to:

- Adult Protective Service (APS): Telephone: (866) 654-3219 Fax: (505) 476-4913
- Child Protective Service (CPS): Telephone: (855) 333-7233 or Fax: (505) 841-6691

Abuse – Examples

- The Member is threatened with being homeless or placed in a nursing home.
- The Member is pushed or roughly handled while receiving care.
- The Member is sexually assaulted.
- The Member is made to do without food, water, or bathroom access as punishment.

Abuse – Definitions

- Is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- Abuse can be inflicted upon the member or inflicted by the member.
- Self Abuse is defined as the abuse of one's self or abilities.

Self Abuse – Examples

- The Member is doubling up on pain medication and will not see the doctor.
- The Member's alcohol consumption results in frequent Emergency Room (ER) visits.
- The Member threatens or attempts suicide.
- Includes cutting self, banging head repeatedly or stepping into traffic.

Abuse – Towards Others Examples

When the Member:

- Sexually harasses caregivers.
- Threatens caregivers or their families either verbally or physically.
- Consistently uses racial or ethnic slurs when talking to caregivers.

Neglect

Neglect means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Neglect – Examples

- Agency fails to provide services that have been authorized.
- Staff show up but do not do assigned tasks.
- Family or others who have promised support:
 - Do not pay the bills.
 - Do not purchase sufficient food and supplies .
 - Do not arrange or transport to needed medical care.
 - Do not provide support as agreed in the personalized service plan for the Member (staying overnight, preparing meals, etc.).

Self-Neglect – Examples

- Does not eat enough to stay well or “forgets” to eat.
- Refuses to bathe or change clothes.
- Forgets, refuses or abuses, prescription medications.
- No heat or electricity because bills are not paid.
- Shoplifts.
- Consistently refuses to allow services to be delivered.

Exploitation

The deliberate misplacement, misuse or wrongful temporary or permanent, use of a Member's belongings or money without the Member's consent.

Incidents of exploitation may also be reports of alleged fraud.

Exploitation – Examples

- Caregiver or others use Member's ATM/debit card for their own purchases or borrows money and does or does not pay it back.
- People move into the home uninvited and/or without paying for rent or utilities.
- Caregiver convinces Member to sign timesheet for hours not worked.
- Caregivers or others, are taking the Member's property or the Member's medications are frequently missing.
- Member is encouraged or pressured into providing sexual services with or without pay.

Fraud



- Fraud involves the misuse of Centennial Care funds.
- All cases of Fraud are “alleged” until investigated and proven otherwise.
- Any person who reports alleged Fraud in good faith, will be free from any form of retaliation.

Fraud – Examples

- The consumer and the caregiver agree to sign off on timesheets that do not represent time worked.
- The caregiver has the consumer sign timesheets ahead of time and turns them in including time not worked.
- Billing is submitted when consumer is out of town or in the hospital.
- Consumer is selling Centennial Care goods (Depends, DME or medications).
- Caregiver turns in timesheets for delivery of services to more than one consumer for the same time/date.

Fraud – How to Report

- Follow the Critical Incident reporting process for all cases of Abuse, Neglect and Exploitation.

- As mentioned before, select Yes for fraud “Does this incident involve alleged fraud?”.

Does this incident involve alleged fraud?

☐ Yes ☒ No

- Comply with any requests for information from the Member's MCO regarding the alleged fraud.
- The MCO will review, investigate and report the results of investigations to the state.

Deaths

The HSD Portal website offers the following choices when filing a Critical Incident to report a Death:

- Natural or Expected
- Unexpected
 - Homicide
 - Suicide

Deaths – Definitions

- Natural or Expected Death is a death caused by a long-term illness, a chronic medical condition, or other natural/expected conditions such as advanced age.
- Unexpected Death is a death caused by an accident or an unknown or unanticipated cause.
- Homicide is a death caused by the killing of one person by another person.
- Suicide is a death caused by intentionally killing oneself.

Deaths – Natural or Expected Examples

- Member's death is attributed to their terminal condition.
- Member is of advanced age (90+), and the cause of death is related to disease process.
- Death occurred in a facility while Member was in treatment for disease/condition.
- Member is under Hospice care at the time of death.

Deaths – More on Hospice

Things to Remember:

- If the Member is on Hospice care the agency will follow the Hospice plan of care and will not file neglect for refusing food, medications etc.
- If a Member dies while in Hospice care, and the death is related to the Hospice diagnosis, the death is considered natural/expected.

Deaths – Unexpected Examples

- Accident
- Death unlikely to be attributed to diagnosis/condition.
- The caregiver enters the home and finds the Member dead on the floor or in bed.

Deaths –

What to Report to APS

- Deaths that are suspected of being related to abuse or neglect must be reported immediately to APS.
- Deaths that are the result of natural causes and/or are expected do not need to be reported to APS.

Emergency Services



- Emergency Services refers to the provision of medical care to a member that was not planned or anticipated.
- Emergency Services in general are services that would not routinely be provided by a Primary Care physician.
- Emergency Services are provided in times of crisis and/or in an urgent manner.
- Specify if ER or EMS services such as 911, Law Enforcement and Fire Department are utilized.

Emergency Services – Reportable Examples

- 911 is called.
- The Member gets sick and the caregiver takes them to the ER.
- The Member goes to the ER and then leaves before being seen or treated by medical staff.
- The ER releases the Member without providing any treatment.

Mention or answer these 5 questions in the narrative:

1. Did they present through the ER and not a planned event?
2. What did they present for (Dx)?
3. At what ER (Pres, UNMH, etc.)?
4. Who took them (family, EMT, etc.)?
5. And were they admitted?

Law Enforcement

Law Enforcement intervention is defined as:



- The arrest or detention of a person by a law enforcement agency.
- Involvement of law enforcement in an incident or event.
- Placement of a person in a correctional facility.

Emergency Services – Non-Reportable Examples

- The Member is admitted to the hospital for a scheduled treatment or observation.
- An ambulance is used for transportation for either a scheduled physician visit or to the hospital for a scheduled procedure.
- An “unplanned event” or “taken by ambulance” is not sufficient information to assume use of emergency services.

Law Enforcement - Examples

Involvement of Law Enforcement is reportable only if it prevents the Member from receiving services or directly affects the Member's health and safety.

- Police are called to the Member's home.
- The Member is arrested and/or incarcerated, picked up for a bench warrant or for a parole violation.
- The police are called to do a “well check”.
- The Member is detained in Protective Custody.
- The Member is transported by police to a hospital or mental health facility, voluntarily or involuntarily.

Law Enforcement (continued)

Law Enforcement involvement for a caregiver is NOT a reportable incident.

However, it may be a reportable incident if:

- The caregiver has harmed or robbed the member.
- The caregiver being detained or incarcerated results in services not being delivered.
- The caregiver is also the natural support and is not available to provide health and safety supports.
- It seriously impacts the delivery of services to the member.

Environmental Hazard

Environmental Hazard is defined as an unsafe condition that Creates an immediate threat to life or health of a Member.



Environmental Hazards - Reportable Examples

- Lack of repairs that create hazards:
 - Roofs that leak or broken windows & doors.
- Utilities previously in place have been "shut off."
- Hoarding, foul smells, piles of garbage, or clutter that impedes normal movement to bathrooms or exits.
- Animals that are out of control in the home and are threatening services or creating more waste than can be cleaned timely.

Environmental Hazards - Reportable Examples (continued)

- A fire or flood has created a hazard in the home.
- Blatant illegal drug use or visible evidence of the manufacture or sale of drugs.
- Guns that are not secured and/or are brandished by the Member or others in the home.
- Family members or others in the home threaten, frighten or harm caregivers or others who are providing services.



Environmental Hazards - Non-Reportable Examples

- The home is heated with wood and has a functioning stove and ventilation.
- The home does not have running water and the home has systems to provide safe potable water for use.
- Clutter is contained and does not impede function of the home or safe passage of the individual and caregiver.



Missing

Elopement – Occurs when someone leaves without permission or alerting others, or runs away from a facility.

Missing – Used when the Member's absence is unaccounted for or cannot be explained for more than 24 hrs. – Lost.

Wandering – Used for those recipients who leave without intent to stay gone. May be lost or unaware of their surroundings.

(Note: This is not the same as unable to contact Member.)