INCIDENT MANAGEMENT
USING DATA TO IDENTIFY, MANAGE AND PREVENT ABUSE AND NEGLECT

August 27, 2019

PRESENTERS
Talitha Coggins
Kim Donica
Mike Smith
Steve Strom
Christy Wyatt
### WHAT WE WILL COVER TODAY

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Title</th>
<th>Institution</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talitha Coggins</td>
<td>Community Options Strategy Group</td>
<td>State of Connecticut, DSS</td>
<td>A Licensed Master Social Worker with 19 years of clinical experience including the past 5 years in quality management for the Community Options Strategy Group within DSS, Division of Health Services for the State. She is responsible for program integrity and overall management of the critical incident reporting system.</td>
</tr>
<tr>
<td>Kim Donica</td>
<td>Principal Mercer Government</td>
<td></td>
<td>Joined Mercer in July 2017 with over 30 years experience developing and implementing Medicaid programs and policies across LTSS. A social worker by training Kim understands the delicate balance between individuals’ dignity of risk and States obligations for health and welfare.</td>
</tr>
<tr>
<td>MIKE SMITH</td>
<td>Senior Director, LTSS</td>
<td>PA Health and Wellness</td>
<td>Mike has over 30 years of policy and operations experience at the Local, State and Federal level helping to support people with disabilities and older adults live full community lives. His keen insights into how data can help improve systems has resulted in process improvements across numerous programs.</td>
</tr>
<tr>
<td>Steve Strom</td>
<td>MFP Project Director</td>
<td>North Carolina Medicaid Money Follows the Person</td>
<td>Supporting individuals with disabilities in several roles including systems change manager for the North Carolina Council on Developmental Disabilities, executive director for The Arc of Wake County and parent to a 23-year-old son with Fragile X Syndrome, and currently as Project Director for the MFP Demonstration Project.</td>
</tr>
<tr>
<td>Christy Wyatt</td>
<td>MFP Asst Project Director</td>
<td>North Carolina Medicaid Money Follows the Person</td>
<td>Prior to joining the MFP Team in 2011 and serving as Assistant Director, she spent 7 years managing the Community Alternatives Program for Disabled Adults for Alleghany County. She has her certification in Case Management and has over 16 years of Medicaid experience.</td>
</tr>
</tbody>
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### PENNSYLVANIA’S EXPERIENCE

### NORTH CAROLINA’S JOURNEY

### CONNECTICUT’S ADVENTURE

### Q & A
Centene Overview

**WHO WE ARE**

Centene provides access to high-quality healthcare, innovative programs and a wide range of health solutions that help families and individuals get well, stay well, and be well.

**PURPOSE**

Transforming the health of the community, one person at a time

**WHAT WE DO**

32 states with government sponsored healthcare programs

Centene successfully provides high quality, whole health solutions for our diverse membership by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

<table>
<thead>
<tr>
<th>BRAND PILLARS</th>
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<tbody>
<tr>
<td>Focus on Individuals</td>
<td></td>
</tr>
<tr>
<td>Whole Health</td>
<td></td>
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<tr>
<td>Active Local Involvement</td>
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48,100 Employees

#51 FORTUNE 500 (2019)

#210 FORTUNE GLOBAL 500 LIST

14.7M Managed Care Members

~340 Product / Market Solutions

2 International Markets

*Updated July 2019*
PA Health and Wellness a Centene Long-Term Services Plan – National Footprint

Populations include: Older Adults, Persons with Physical Disabilities, HIV/AIDS, Intellectual & Developmental Disabilities, Brain Injury, Serious & Persistent Mental Illness

338,000 members in 13 states; Largest MLTSS health plan in the U.S.

Color Key: LTSS LTSS & MMP MMP

*Updated July 2019
Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

January 2018
Data Opportunities

Claims Data
- Easily available state/health plans
- Retrospective review
- Opportunity for improved trending and future risk mitigation

Utilization Management (UM) Data
- UM authorization available to plans
  - Inpatient authorization census
  - Discharges from facilities to nursing facility, home, etc.
- Data available daily
- Opportunity for daily action

Admissions/Discharge/Transfer (ADT) Notification
- Health information exchange (HIE) required
- Generated in almost real time
- Opportunity to engage quickly to support
The Future

ADT

Automated Incident Management Report

Automated Notification to Service Coordinator

Investigation Hospital, ED, or other (e.g., ambulance)

Mitigate Risk for Return Home

Follow-up

7-10 Minutes
NC Money Follows the Person
Critical Incident Management Reporting

August 2019
Today’s Agenda

MFP TEAM INTRODUCTION

TODAY’S FOCUS
Critical Incident Management

UPDATES AND NEXT STEPS
Quick Facts about the NC MFP Program

Introducing the MFP Team

2006: NC Applies to Become a MFP State

2009: Transition Services Begin

To Date, MFP has Supported Over 1,100 Transitions

Target Populations: I/DD, Senior, NC Citizens with Physical Disabilities
### NC MFP’s Benefits to the Individual

<table>
<thead>
<tr>
<th>CAP/Innovations Slot, TBI Waiver or PACE Participation</th>
<th>Demonstration Service: Start up Funding to Assist in Transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project pays for first year, becomes regular waiver slot</td>
<td>Broadly construed: furniture, ramps, services (like therapeutic consultation, staff training, etc.)</td>
</tr>
<tr>
<td>NO change to waiver services – just more support through MFP for the transition time</td>
<td>Covers pre-transition training and consultation not currently covered by waiver</td>
</tr>
</tbody>
</table>

- Additional Case Management for CAP DA participants
- Transition Coordination Support
- Priority Access to Housing Subsidies
NC MFP Transition Coordination Partners

Person has Intellectual Disability

LME-MCO responsible and may designate identified, trained care coordinator or Olmstead coordinator as the MFP Transition Coordinator

Aging and Physical Disability

Trained Transition Partners – Case Management Entity, Area Agency on Aging, Division of Vocational Rehabilitation/Independent Living (DVR-IL) Transition Coordinators partner with person, support team, facility discharge planner to coordinate the transition process
Critical Incident Management Requirement

- PHP requirements under NC Medicaid Managed Care related to incident management stem from federal QAPI requirements in the Medicaid Managed Care Final Rule, specifically 42 CFR §438.330(b)(5)(ii), which reads:
  - (5) For MCOs, PIHPs, or PAHPs providing long-term services and supports:
    - ...(ii) Participate in efforts by the State to prevent, detect, and remediate critical incidents (consistent with assuring beneficiary health and welfare per §§ 441.302 and 441.730(a) of this chapter) that are based, at a minimum, on the requirements on the State for home and community-based waiver programs per § 441.302(h) of this chapter.

- These requirements were reflected in the Department’s initial RFP and are reflected in the Quality Management section of NC’s Revised and Restated Request for Proposal #: 30-190029-DHB (pg. 163).
  - “The [PHP’s] Quality Management and Improvement Program Plan shall include the following
  - Elements.... h) Mechanisms for participation in efforts by the Department to prevent, detect, and remediate critical incidents including those required for home and community-based waiver programs.
What is an Incident

• What is an Incident? An “incident,” as defined in 10A NCAC 27G .0103(b)(32), is “any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.”

• Providers are required to report any adverse event that is not consistent with the routine operation of a facility or service or the routine care of a consumer.
Evolved since 2009

Originally relied on transition coordinator self-reporting

Good for first 90 days but beyond that the challenge was closely following beneficiaries over 365 days as the program grew

Started to rely on the Systems available for our waiver providers where critical incidents were entered by case managers, care coordinators, and service providers.
Limitations - eCAP

- eCap System has a wide variation in reporting
- Quality of documentation varied
- Several places to record the incident within eCap requiring extensive perusing of patient record
Limitations - IRIS

• Reporting system is more robust than eCap
• Incidents reporting in IRIS focused on behavior related incidents and reports of abuse, neglect and exploitation
• IRIS date did not include ED visits or hospitalizations
Bridging the Knowledge Gap

- Replace self-report whenever possible
- Found a wealth of info in our claims system on ER visits/ED utilization and hospitalizations
- The medical records coordinator reviewed beneficiary level claims
- Procedures became more refined with the Business Information input and technical assistance
Claims Data Usage

• CPT Codes are useful for discovering ER visits/ED utilization.
• Revenue Codes are useful for hospitalization dates/billing.
• Not all hospitalizations are the result of a critical incident. When using claims data, NC determined that hospitalizations which occurred within 3 days of ER visits/ED utilization are assumed to be a result of a critical incident.
Current Procedural Terminology (CPT) codes “are used to describe tests, surgeries, evaluations, and any other medical procedure performed by a healthcare provider on a patient.” CPT codes are a reliable way to capture emergency department/emergency room billing.

- 99285 - New or Established Patient Emergency Department Services
- 99284 - New or Established Patient Emergency Department Services
- 99283 - New or Established Patient Emergency Department Services
- 99282 - New or Established Patient Emergency Department Services
- 99281 - New or Established Patient Emergency Department Services
- 99291 - Critical Care Services
- 99292 - Critical Care Services

Revenue Codes are descriptions and dollar amounts charged for facility services/usage provided to a patient. These are useful for finding hospitalization data.

- 010X and 011X - All Inclusive Rate
- 012X Room and Board - Semi-Private Two Bed (Medical or General)
- 013X Room and Board - Semi-Private - Three and Four Beds
- 015X Room and Board – Ward (Medical or General)
- 020X Intensive Care

Laura can we talk about the difference between revenue codes and HCPC codes here?
Results of Claims-Based Reporting

NC MFP ER Visit and Hospitalization Incident Counts by Year

- ER Visit Incidents
- Hospitalization Incidents
Results of Claims-Based Reporting

NC MFP Number of Beneficiaries Who Experienced ER Visit(s) or Hospitalization(s) by Year

- Beneficiaries who experienced ≥ 1 ER visit during calendar year
- Beneficiaries who experienced ≥ 1 Hospitalization during calendar year
What happens when you find something that’s not reported by TCs.

• Scheduled conference calls with identified TC for beneficiary
• Review findings, staff future preventative measures, and link to community resources as appropriate
• Follow up with monthly case staffing reviews.
Monthly case conferencing

• TCs turn in workbooks (excel spreadsheet); MFP staff reviews for dates and content

MFP AD staffs monthly with each TC per region:

➢ Review dates
➢ Case information
➢ Critical incidents and
➢ “Stuck” cases
Scalability

• How can other state programs use what NC has learned?
• Oversight
• Follow-up
Phase 1 Region 2 & 4 Counties
November 1, 2019

Region 2
Alleghany
Ashe
Davidson
Davie
Forsyth
Guilford
Randolph
Rockingham
Stokes
Surry
Watauga
Wilkes
Yadkin

Region 4
Alamance
Caswell
Chatham
Durham
Franklin
Granville
Johnston
Nash
Orange
Person
Vance
Wake
Warren
Wilson
Phase 2 – Regions 1, 3, 5, 6
February 1, 2020

Region 1
- Avery
- Buncombe
- Burke
- Caldwell
- Cherokee
- Clay
- Graham
- Haywood
- Henderson
- Jackson
- Macon
- Madison
- McDowell
- Mitchell
- Polk
- Rutherford
- Swain
- Transylvania
- Yancey

Region 3
- Alexander
- Anson
- Cabarrus
- Catawba
- Cleveland
- Gaston
- Iredell
- Lincoln
- Mecklenburg
- Rowan
- Stanly
- Union

Region 5
- Bladen
- Brunswick
- Columbus
- Cumberland
- Harnett
- Hoke
- Lee
- Montgomery
- Moore
- New Hanover
- Pender
- Richmond
- Robeson
- Sampson
- Scotland

Region 6
- Beaufort
- Bertie
- Camden
- Carteret
- Chowan
- Craven
- Currituck
- Dare
- Duplin
- Edgecombe
- Gates
- Greene
- Halifax
- Hertford
- Hyde
- Jones
- Lenoir
- Martin
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Perquimans
- Pitt
- Tyrrell
- Washington
- Wayne
Health Plan Contact Information

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellCare</td>
<td><a href="http://www.WellCare.com/nc">www.WellCare.com/nc</a></td>
<td>1-866-799-5318</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711)</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td><a href="http://www.UHCCommunityPlan.com/NC.html">www.UHCCommunityPlan.com/NC.html</a></td>
<td>1-800-349-1855</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711)</td>
</tr>
<tr>
<td>Healthy Blue</td>
<td><a href="http://www.HealthyBlueNC.com">www.HealthyBlueNC.com</a></td>
<td>1-844-594-5070</td>
</tr>
<tr>
<td></td>
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<td>(TTY: 711)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 1-866-209-6421)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711 or 1-833-552-2962)</td>
</tr>
</tbody>
</table>

Carolina Complete Health will be available in Phase 2 starting on October 14, 2019. It will only be offered to people who live in these counties: Alexander, Anson, Bladen, Brunswick, Cabarrus, Catawba, Cleveland, Columbus, Cumberland, Gaston, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union.
NC’s Critical Incident Management Design

Where We Are Today

- Current 1915 (c) waiver incident management
- Incident Reporting and Improvement System (IRIS)
- Service-specific federal requirements and state licensure requirements.
- e-Cap System for those receiving State services

Interim

- PHPs align with current, applicable NC practices.
- Implement PHP practices (as reflected in PHP Quality Management and Improvement plan and DHHS’ intended direction).
- Interim reporting process.

Where We Want to Go

- Strategic planning for long range, comprehensive incident management program.
- Implement comprehensive Incident Management strategy consistent with NCQA LTSS requirements.
USING DATA TO IDENTIFY AND PREVENT ABUSE AND NEGLECT

Talitha Coggins, LMSW
State of Connecticut
Community Options Strategy Group
Home and Community-Based Services and Money Follows the Person (MFP) at a Glance

MFP Critical Incident Reporting Process

MFP Internal Review Process

Incorporating CareEnhance Clinical Management Software - MFP Waiver Admissions Data

Case Illustration

Looking to the Future
Home and Community-Based Services in Connecticut …

State of Connecticut
Governor Ned Lamont

Department of Developmental Services
- Intellectual Disability Home and Community-Based Services Waivers

Department of Social Services
- Administration of Medicaid

Division of Health Services

Community Options Operations Team
- Acquired Brain Injury Waiver

Community Options Strategy Group
- Personal Care Assistance Waiver
- Katie Beckett Waiver

Department of Mental Health and Addiction Services
- Mental Health Waiver

Department of Public Health
- Licensing and Regulatory Oversight for Medical Services

CT Homecare Program for Elders
Money Follows the Person at a Glance ...

- Use of federal funds to review and assess long-term services and supports (LTSS)
- Assist individuals in transitioning from institutional settings back to community-based living
- Eliminate barriers and assure continued access to services once transition is complete
- Focus areas include:
  - Workforce Development
  - Housing Development
  - Quality Management
  - Long-term Services and Supports Gap Analysis
In 2006, critical incident reporting was paper based and each program had its own process and definition of critical incident.

For one year, program managers met to agree on common definitions and establish which incidents should be collected across the systems.

In 2007, the new universal critical incident system was launched as part of MFP.
The MFP Critical Incident Reporting Process

- Critical Incident Reporting:
  - Demographics
  - Incident type
  - Incident details
The MFP Critical Incident Reporting Process Cont’d

- Critical Incident Reporting:
  - Reporting Requirements
  - Resolutions
  - Documentation
# The MFP Critical Incident Internal Review Process

<table>
<thead>
<tr>
<th>Internal Review Process:</th>
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<tbody>
<tr>
<td>▪ Reviewed within 24 hours</td>
</tr>
<tr>
<td>▪ Clinical Review</td>
</tr>
<tr>
<td>▪ Case Disposition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to start an Internal Review on the Critical Incident report?</td>
</tr>
<tr>
<td>Yes ✔</td>
</tr>
<tr>
<td>Corrective Action is Indicated:</td>
</tr>
<tr>
<td>- Select One -</td>
</tr>
<tr>
<td>Corrective Action was Completed:</td>
</tr>
<tr>
<td>- Select One -</td>
</tr>
<tr>
<td>Further information needed for corrective action or to close case:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recommendations for Waiver or System's Change. In the agency's internal review of this event, are there any recommendations offered to improve the quality of care for other waiver participants or changes in policy/procedure? If so, summarize the recommendations or changes and the plans for implementation.</td>
</tr>
<tr>
<td>Yes (describe below)</td>
</tr>
<tr>
<td>Who Completed Review:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Date Completed:</td>
</tr>
<tr>
<td>Additions or Corrections to the Internal Review Section Add Additional Information</td>
</tr>
</tbody>
</table>
Incorporating Waiver Admission Data...

CareEnhance Clinical Management Software - MFP Waiver Admissions Data

CCMS Data + MFP Review Process = Outcomes

Internal system of ASO
Electronic Weekly Feed
Continuous Review

Incident Submission

Process Improvement
Prevent Abuse/Neglect
Key Data Points:

- ICD 10 Codes
- Admission Date
- Admissions Frequency
- Discharge Status
Utilizing the Data for Improved Outcomes

- Why is this Important?

- Improve processes, quality of care and services in the community.
- Identification and prevention of Abuse and Neglect
- Improved Communication and Closing the Gap
- Education and Training
62 year old woman, admitted into hospital with cellulitis of lower left limb. Discharged to home without services. Three previous emergency room visits. Diagnosis: cellulitis and anxiety. Active on PCA waiver.
62 year old woman, admitted into hospital with cellulitis of lower left limb. Discharged to home without services. Three previous emergency room visits within 45 days. Diagnosis: cellulitis and anxiety. Active on PCA waiver.
62 year old woman, admitted into hospital with cellulitis of lower left limb. Discharged to home without services. Three previous emergency room visits within 45 days. Diagnosis: cellulitis and anxiety. Active on PCA waiver.

In this case a corresponding critical incident was not found.
62 year old woman, admitted into hospital with cellulitis of lower left limb. Discharged to home without services. Three previous emergency room visits within 45 days. Diagnosis: cellulitis and anxiety. Active on PCA waiver.
Looking to The Future...

- Comprehensive Transition Checklist
- Falls Preventive Education
- Wound Prevention Education
- Abuse and Neglect Preventive Education
“As you discover what strength you can draw from your community in this world from which it stands apart, look outward as well as inward. Build bridges instead of walls.” (Chief Justice Sonia Sotomayor)
Your Panel of Specialists

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Connecticut

Kim Donica  
Mercer

Mike Smith  
Pennsylvania

Steve Strom  
North Carolina

Christy Wyatt  
North Carolina

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