MERCER GOVERNMENT HUMAN SERVICES CONSULTING

2019 NASUAD HCBS CONFERENCE

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

TALITHA COGGINS Community Options Strategy Group State of Connecticut, DSS	**KIM DONICA** Principal Mercer Government	**MIKE SMITH** Senior Director, LTSS PA Health and Wellness	**STEVE STROM** MFP Project Director North Carolina Medicaid Money Follows the Person	**Christy Wyatt** MFP Asst Project Director North Carolina Medicaid Money Follows the Person
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	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	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	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	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

PENNSYLVANIA'S EXPERIENCE | **NORTH CAROLINA'S JOURNEY** | **CONNECTICUT'S ADVENTURE** | **Q & A**

Centene Overview

pa health & wellness™

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

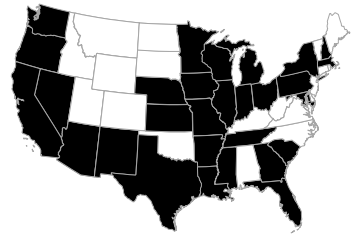
Transforming the health of the community, one person at a time

48,100	#51	#210
EMPLOYEES	FORTUNE 500 *(2019)*	FORTUNE GLOBAL 500 LIST

BRAND PILLARS

Focus on Individuals + Whole Health + Active Local Involvement

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

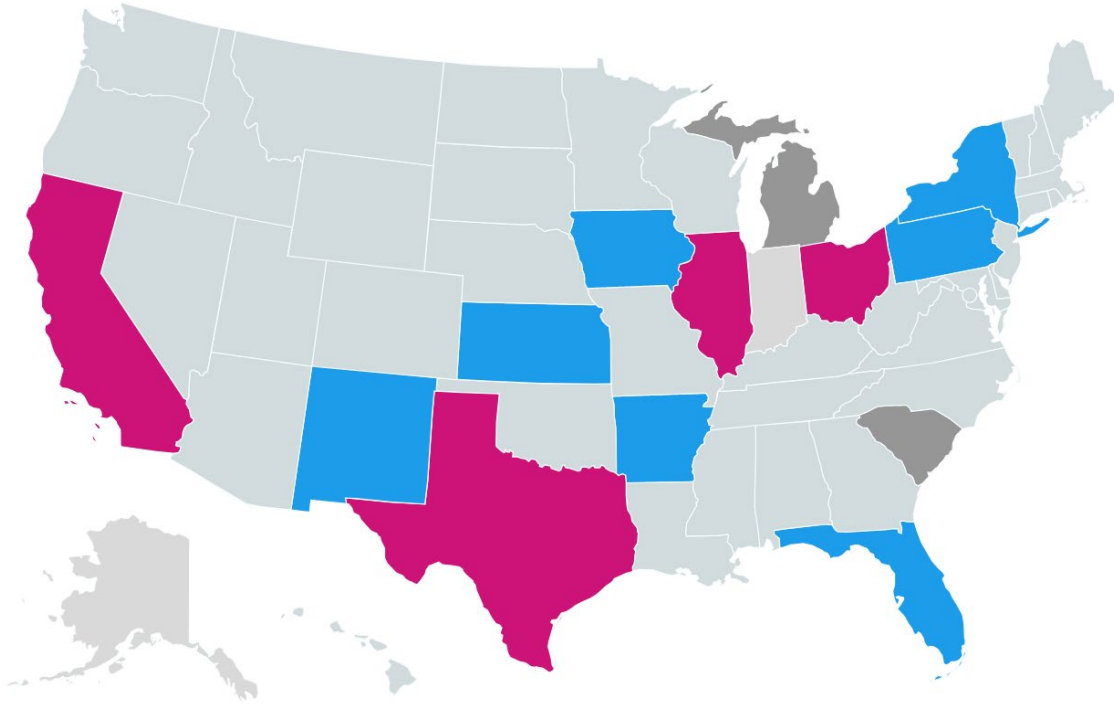
14.7M	Managed Care Members	~340	Product / Market Solutions

2 International Markets

8/22/2019

*Updated July 2019

PA Health and Wellness a Centene Long-Term Services Plan – National Footprint



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

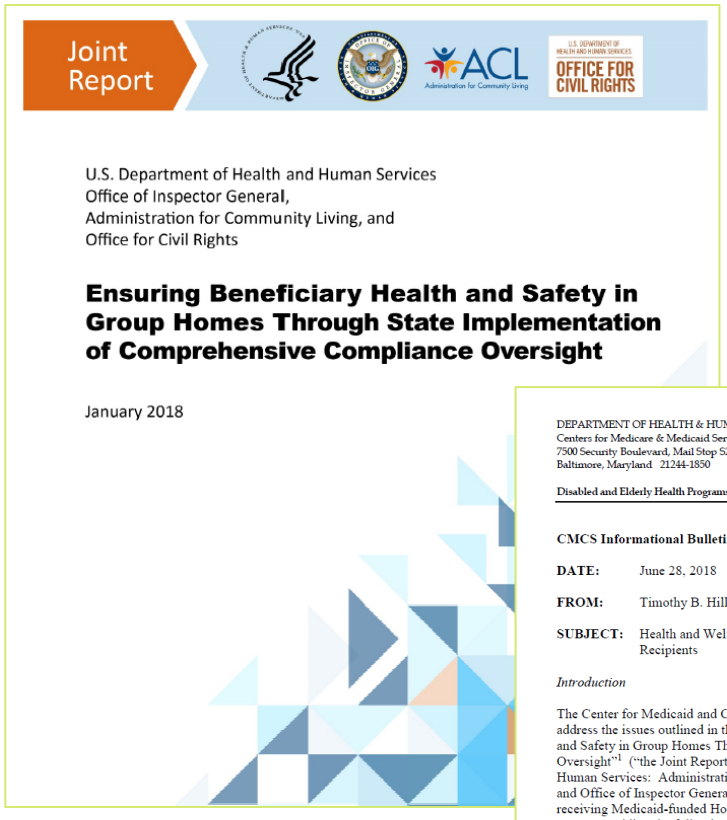
Populations include: *Older Adults, Persons with Physical Disabilities, HIV/AIDS, Intellectual & Developmental Disabilities, Brain Injury, Serious & Persistent Mental Illness*

Color Key:
LTSS
LTSS & MMP
MMP

8/22/2019

*Updated July 2019

Federal Landscape

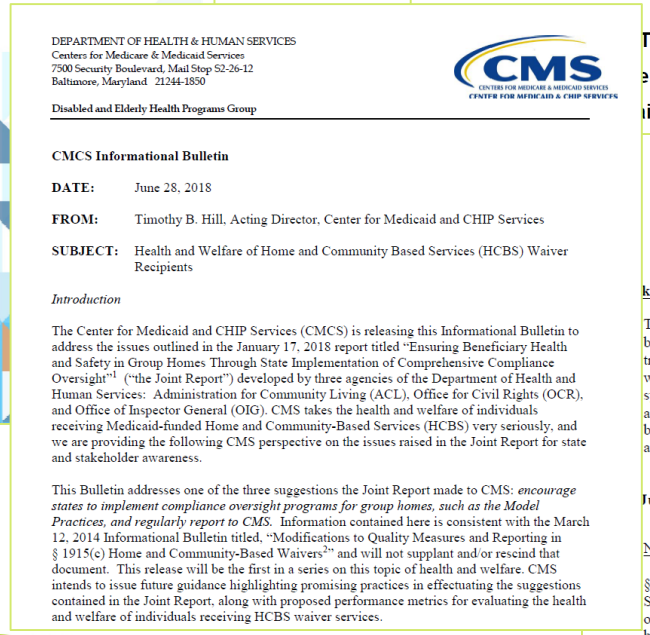


Joint Report

U.S. Department of Health and Human Services
Office of Inspector General,
Administration for Community Living, and
Office for Civil Rights

Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

January 2018



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Disabled and Elderly Health Programs Group

CMCS Informational Bulletin

DATE: June 28, 2018

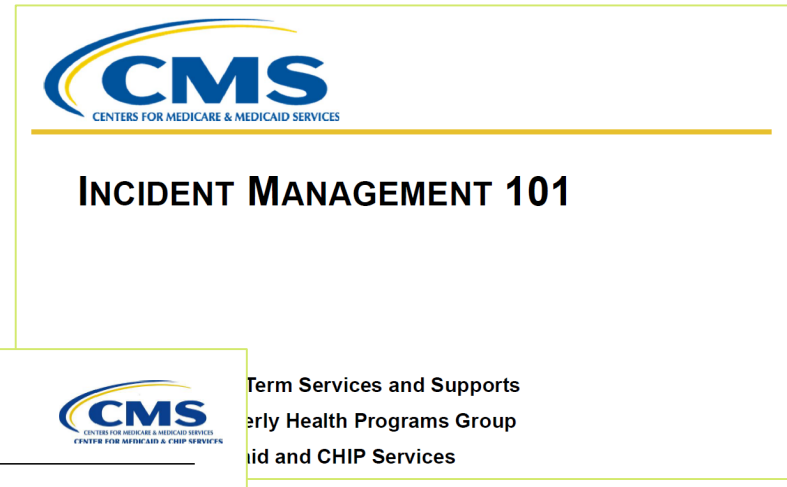
FROM: Timothy B. Hill, Acting Director, Center for Medicaid and CHIP Services

SUBJECT: Health and Welfare of Home and Community Based Services (HCBS) Waiver Recipients

Introduction

The Center for Medicaid and CHIP Services (CMCS) is releasing this Informational Bulletin to address the issues outlined in the January 17, 2018 report titled "Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight"[1] ("the Joint Report") developed by three agencies of the Department of Health and Human Services: Administration for Community Living (ACL), Office for Civil Rights (OCR), and Office of Inspector General (OIG). CMS takes the health and welfare of individuals receiving Medicaid-funded Home and Community-Based Services (HCBS) very seriously, and we are providing the following CMS perspective on the issues raised in the Joint Report for state and stakeholder awareness.

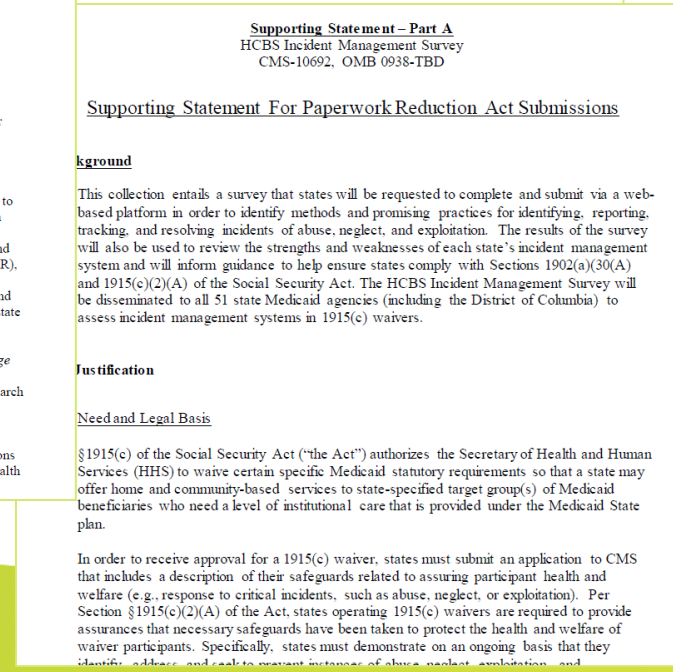
This Bulletin addresses one of the three suggestions the Joint Report made to CMS: *encourage states to implement compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS.* Information contained here is consistent with the March 12, 2014 Informational Bulletin titled, "Modifications to Quality Measures and Reporting in § 1915(c) Home and Community-Based Waivers[2]" and will not supplant and/or rescind that document. This release will be the first in a series on this topic of health and welfare. CMS intends to issue future guidance highlighting promising practices in effectuating the suggestions contained in the Joint Report, along with proposed performance metrics for evaluating the health and welfare of individuals receiving HCBS waiver services.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

INCIDENT MANAGEMENT 101

Term Services and Supports
erly Health Programs Group
id and CHIP Services



Supporting Statement – Part A
HCBS Incident Management Survey
CMS-10692, OMB 0938-TBD

Supporting Statement For Paperwork Reduction Act Submissions

kground

This collection entails a survey that states will be requested to complete and submit via a web-based platform in order to identify methods and promising practices for identifying, reporting, tracking, and resolving incidents of abuse, neglect, and exploitation. The results of the survey will also be used to review the strengths and weaknesses of each state's incident management system and will inform guidance to help ensure states comply with Sections 1902(a)(30(A) and 1915(c)(2)(A) of the Social Security Act. The HCBS Incident Management Survey will be disseminated to all 51 state Medicaid agencies (including the District of Columbia) to assess incident management systems in 1915(c) waivers.

Justification

Need and Legal Basis

§1915(c) of the Social Security Act ("the Act") authorizes the Secretary of Health and Human Services (HHS) to waive certain specific Medicaid statutory requirements so that a state may offer home and community-based services to state-specified target group(s) of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid State plan.

In order to receive approval for a 1915(c) waiver, states must submit an application to CMS that includes a description of their safeguards related to assuring participant health and welfare (e.g., response to critical incidents, such as abuse, neglect, or exploitation). Per Section §1915(c)(2)(A) of the Act, states operating 1915(c) waivers are required to provide assurances that necessary safeguards have been taken to protect the health and welfare of waiver participants. Specifically, states must demonstrate on an ongoing basis that they

Data Opportunities

pa health & wellness

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

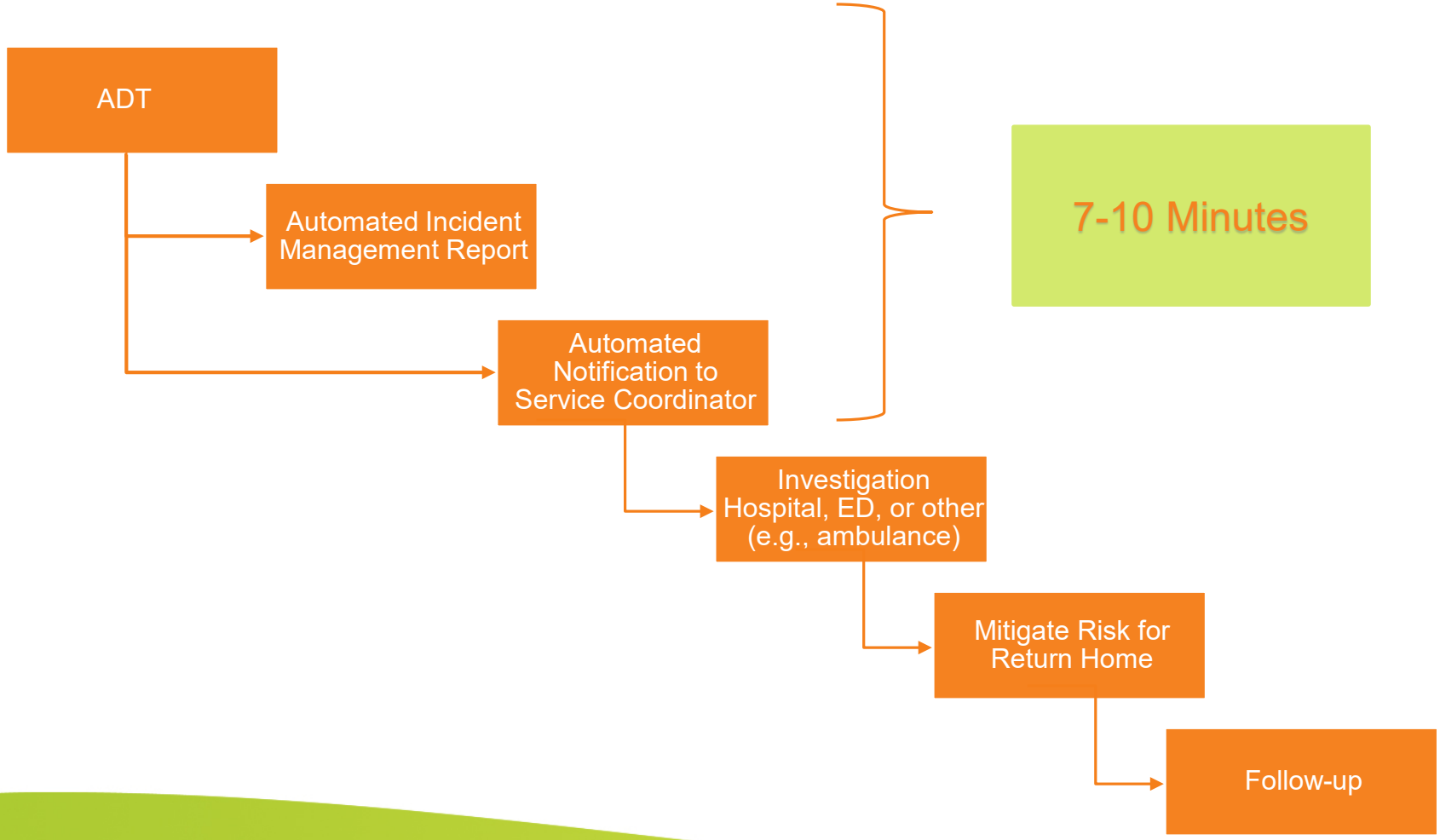
Admissions/Discharge/ Transfer (ADT) Notification

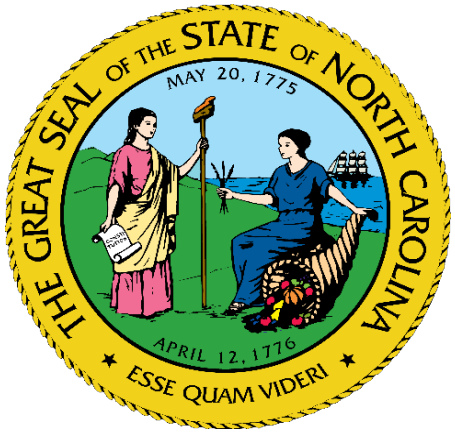
- Health information exchange (HIE) required
- Generated in almost real time
- Opportunity to engage quickly to support

Current


Data
Admissions and Discharge Data Analysis
Notification of Service Coordination (SC) Regarding Admission
SC Starts Critical Incident Entry
Investigation
Outreach to Facility/ Participant
Person and Interdisciplinary Team Develop Risk Mitigation Strategy
Discharge
InterRAI Assessment Person Centered Service Plan and Follow-along
Risk Mitigation and Remediation
Trending and analysis

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

CAP/Innovations Slot, TBI Waiver or PACE Participation

Project pays for first year, becomes regular waiver slot

NO change to waiver services – just more support through MFP for the transition time

Demonstration Service: Start up Funding to Assist in Transitions

Broadly construed: furniture, ramps, services (like therapeutic consultation, staff training, etc.)

Covers pre-transition training and consultation not currently covered by waiver

Additional Case Management *for CAP DA participants*

Transition Coordination Support

Priority Access to Housing Subsidies

NC MFP Transition Coordination Partners

MFP APPROVED PARTICIPANT

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.

Reporting on MFP Beneficiaries

Evolved since 2009

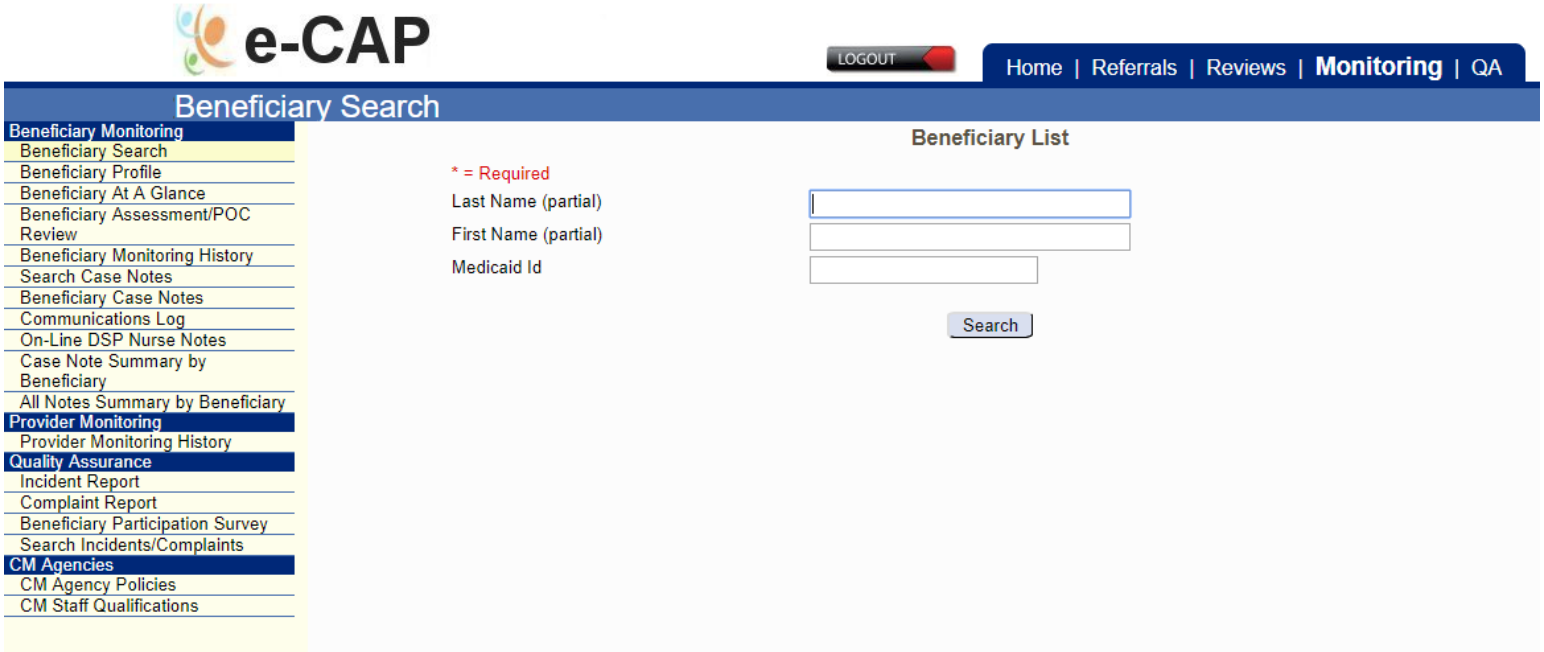
Originally relied on transition coordinator self-reporting

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.

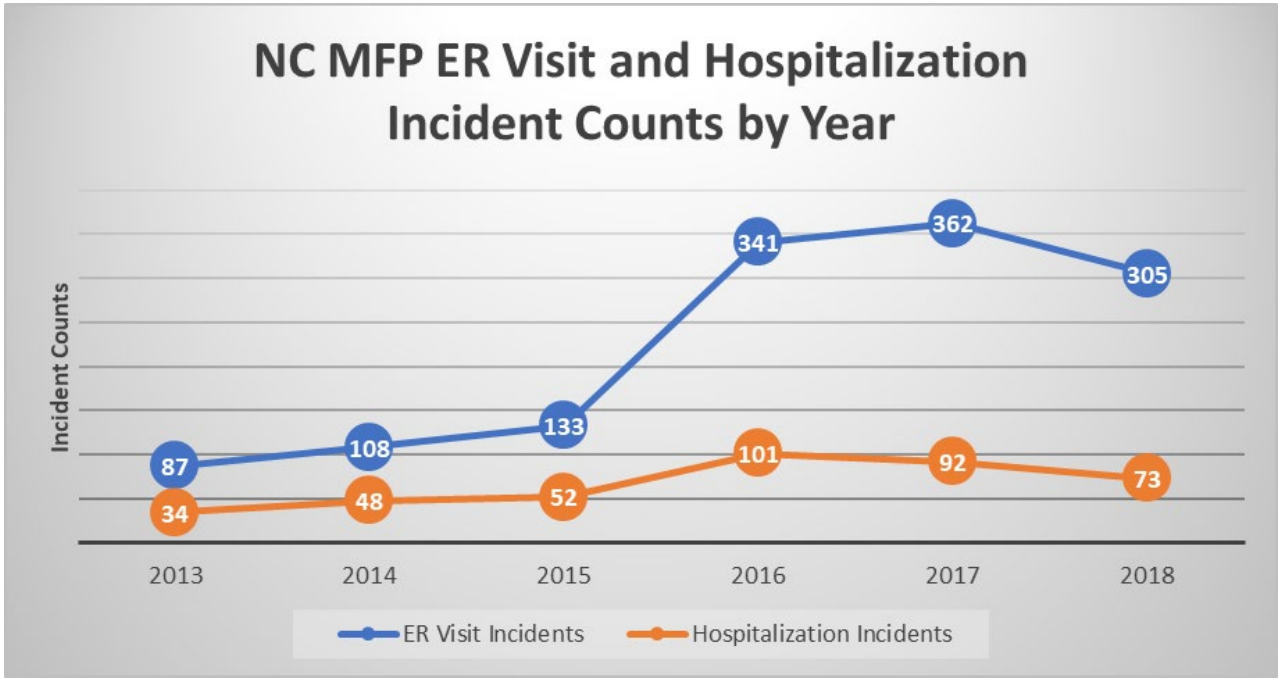
Self-report; turning in workbooks, etc. Laura what can I add here to help you?

Understanding codes

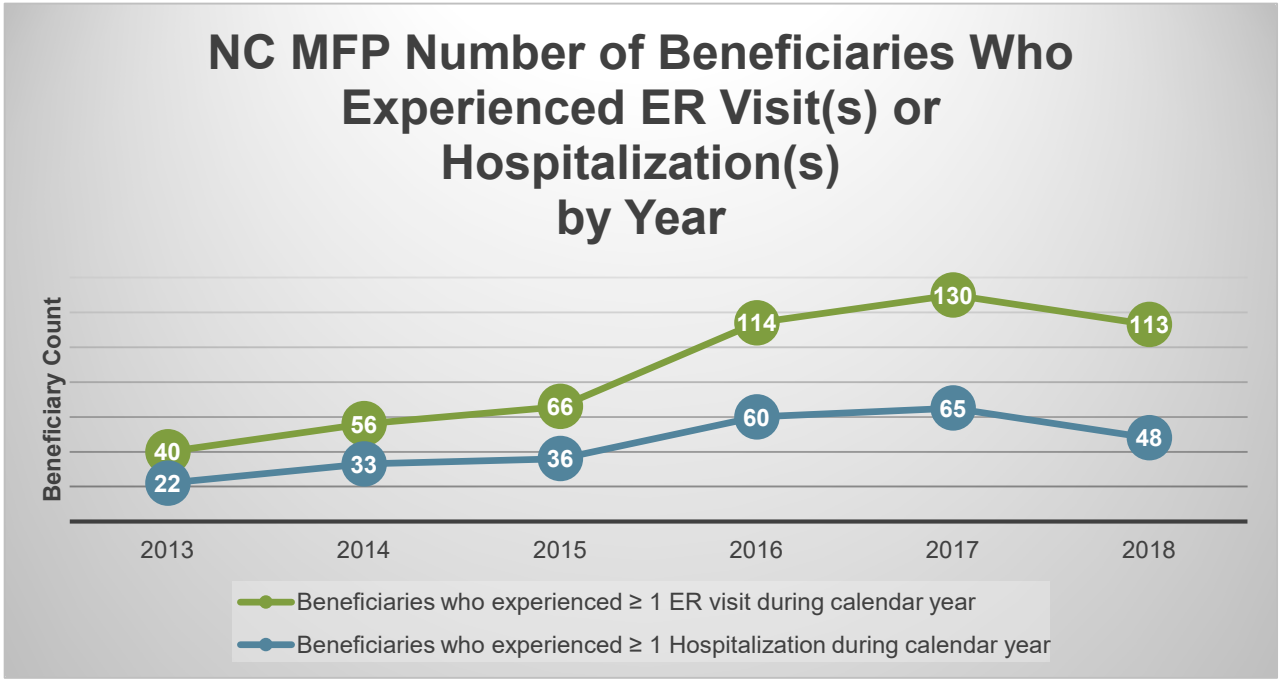
- Current Procedural Terminology (CPT) codes "are used to describe tests, surgeries, evaluations, and any other medical procedure performed by a healthcare provider on a patient." CPT codes are a reliable way to capture emergency department/emergency room billing.
  - 99285 - New or Established Patient 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



Results of Claims-Based Reporting



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:

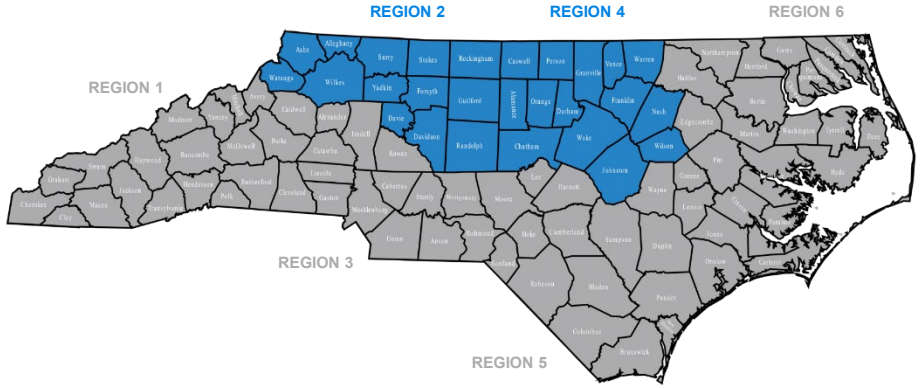
- Review dates
- Case information
- Critical incidents and
- “Stuck” cases

Scalability

- How can other state programs use what NC has learned?
- Oversight
- Follow-up

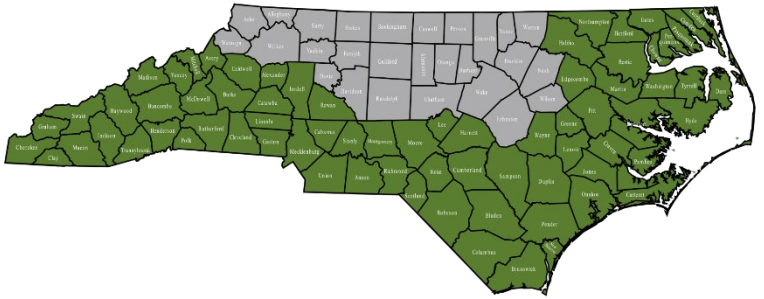
Phase 1 Region 2 & 4 Counties
November 1, 2019

Region 2	Region 4
Alleghany	Alamance
Ashe	Caswell
Davidson	Chatham
Davie	Durham
Forsyth	Franklin
Guilford	Granville
Randolph	Johnston
Rockingham	Nash
Stokes	Orange
Surry	Person
Watauga	Vance
Wilkes	Wake
Yadkin	Warren
	Wilson



Phase 2 – Regions 1,3,5,6
February 1, 2020

Region 1	Region 3	Region 5	Region 6
Avery	Alexander	Bladen	Beaufort
Buncombe	Anson	Brunswick	Bertie
Burke	Cabarrus	Columbus	Camden
Caldwell	Catawba	Cumberland	Carteret
Cherokee	Cleveland	Harnett	Chowan
Clay	Gaston	Hoke	Craven
Graham	Iredell	Lee	Currituck
Haywood	Lincoln	Montgomery	Dare
Henderson	Mecklenburg	Moore	Duplin
Jackson	Rowan	New Hanover	Edgecombe
Macon	Stanly	Pender	Gates
Madison	Union	Richmond	Greene
McDowell		Robeson	Halifax
Mitchell		Sampson	Hertford
Polk		Scotland	Hyde
Rutherford			Jones
Swain			Lenoir
Transylvania			Martin
Yancey			Northampton
			Onslow
			Pamlico
			Pasquotank
			Perquimans
			Pitt
			Tyrrell
			Washington
			Wayne



Health Plan Contact Information

Health Plan	Website	Phone
WellCare Beyond Healthcare. A Better You.	**www.WellCare.com/nc**	1-866-799-5318 (TTY: 711)
UnitedHealthcare Community Plan	**www.UHCCommunityPlan.com/NC.html**	1-800-349-1855 (TTY: 711)
HealthyBlue	**www.HealthyBlueNC.com**	1-844-594-5070 (TTY: 711)
AmeriHealth Caritas North Carolina	**www.AmeriHealthCaritasNC.com**	1-855-375-8811 (TTY: 1-866-209-6421)
carolina complete health	**www.CarolinaCompleteHealth.com**	1-833-552-3876 (TTY: 711 or 1-833-552-2962)

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

- Current 1915 (c) waiver incident management
- **I**ncident **R**eporting and **I**mprovement **S**ystem (IRIS)
- Service-specific federal requirements and state licensure requirements.
- e-Cap System for those receiving State services

- 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.

- Strategic planning for long range, comprehensive incident management program.
- Implement comprehensive Incident Management strategy consistent with NCQA LTSS requirements.

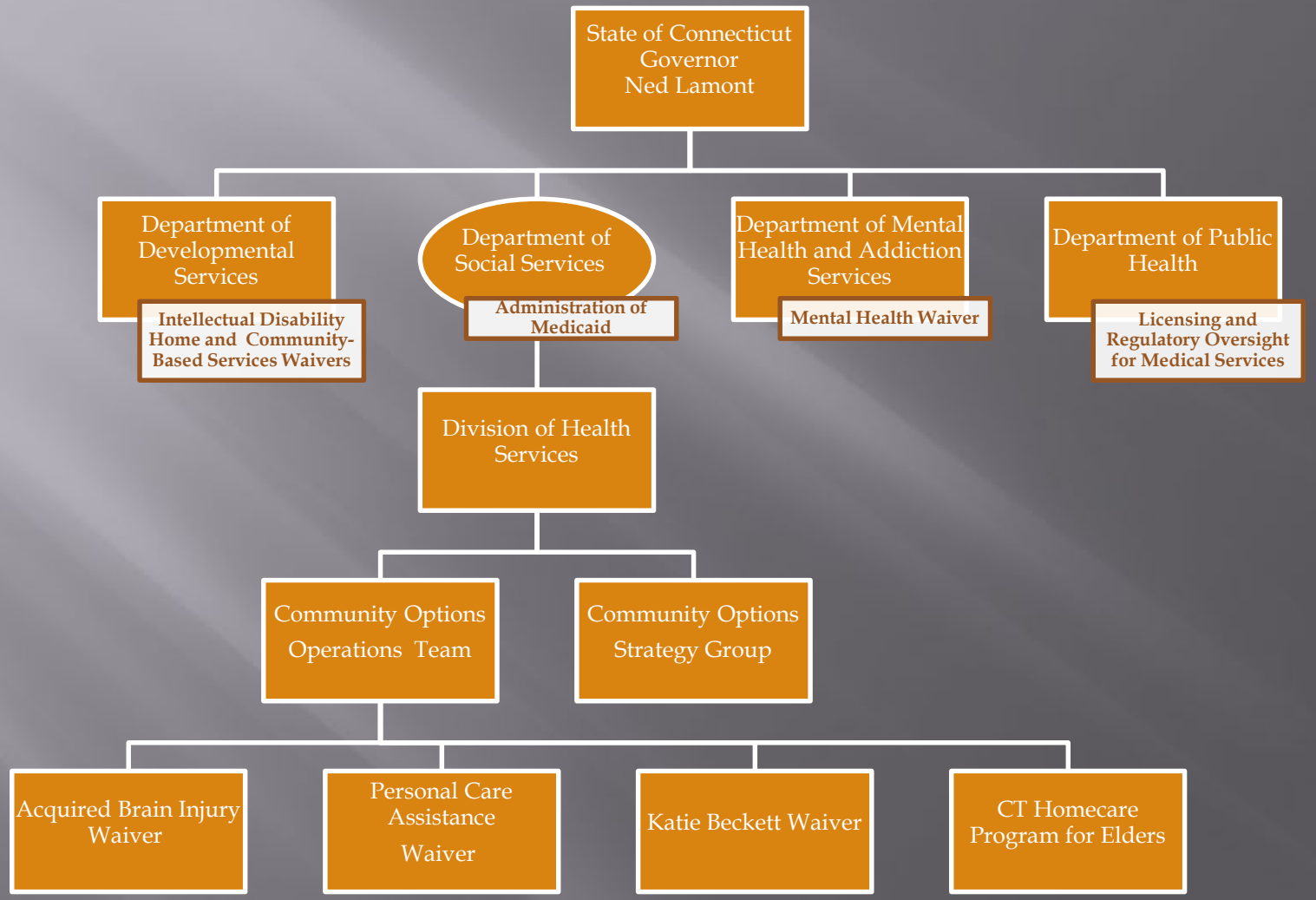
USING DATA TO IDENTIFY AND PREVENT ABUSE AND NEGLECT

Talitha Coggins, LMSW
State of Connecticut
Community Options Strategy Group

Overview

- 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 …



Money Follows the Person at a Glance …

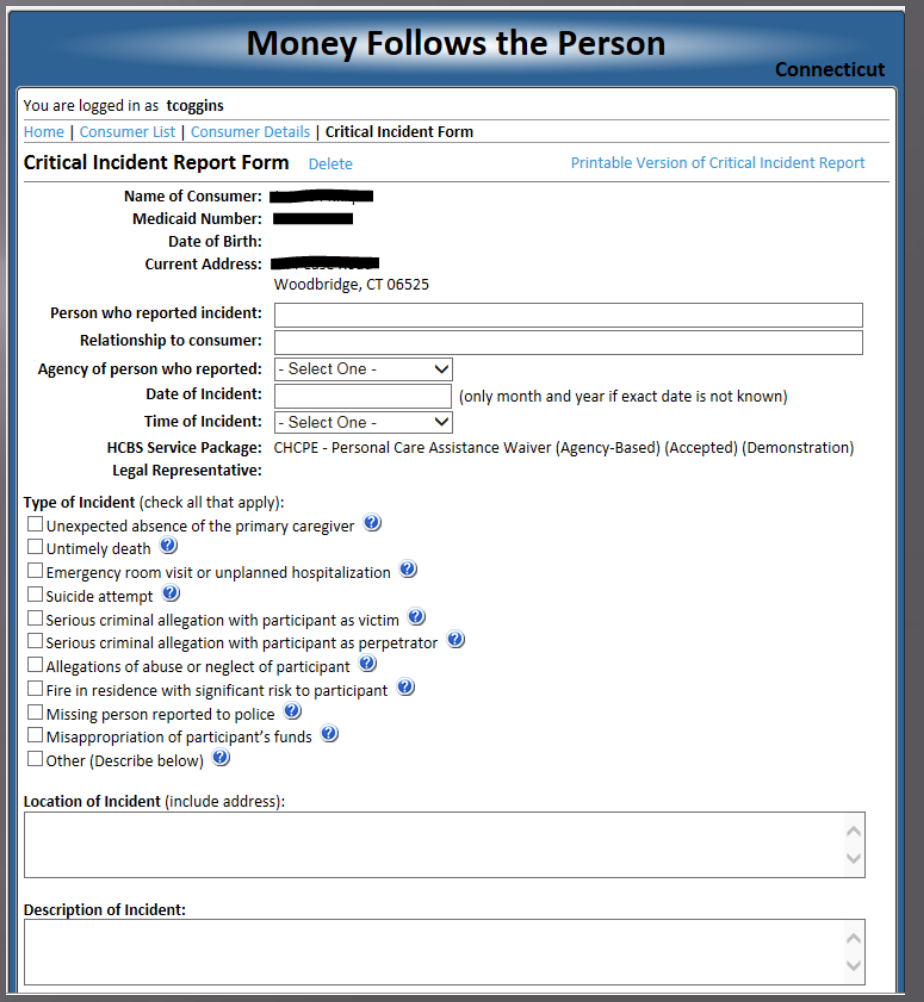
- Use of federal funds to review and assess long-term services and supports (LTSS)
- Assist individuals in transitioning from institutional settings back to community-based living
- Eliminate barriers and assure continued access to services once transition is complete
- Focus areas include:
  - Workforce Development
  - Housing Development
  - Quality Management
  - Long-term Services and Supports Gap Analysis

Quality Management Focus…

- 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



Money Follows the Person — Connecticut

You are logged in as **tcoggins**

Home | Consumer List | Consumer Details | **Critical Incident Form**

Critical Incident Report Form Delete — Printable Version of Critical Incident Report

Name of Consumer: [redacted]
Medicaid Number: [redacted]
Date of Birth:
Current Address: [redacted]
Woodbridge, CT 06525

Person who reported incident:
Relationship to consumer:
Agency of person who reported: - Select One -
Date of Incident: (only month and year if exact date is not known)
Time of Incident: - Select One -
HCBS Service Package: CHCPE - Personal Care Assistance Waiver (Agency-Based) (Accepted) (Demonstration)
Legal Representative:

Type of Incident (check all that apply):
- ☐ Unexpected absence of the primary caregiver
- ☐ Untimely death
- ☐ Emergency room visit or unplanned hospitalization
- ☐ Suicide attempt
- ☐ Serious criminal allegation with participant as victim
- ☐ Serious criminal allegation with participant as perpetrator
- ☐ Allegations of abuse or neglect of participant
- ☐ Fire in residence with significant risk to participant
- ☐ Missing person reported to police
- ☐ Misappropriation of participant's funds
- ☐ Other (Describe below)

Location of Incident (include address):

Description of Incident:

The MFP Critical Incident Reporting Process Cont'd

- Critical Incident Reporting:
  - Reporting Requirements
  - Resolutions
  - Documentation

Name of Provider (if applicable):

Name of Staff Involved (if applicable): *Enter "None" if no staff were involved.*

Action Taken (check all that apply):

- ☐ Contacted police, fire department, or emergency response
- ☐ Contacted Mobile Crisis Team
- ☐ Consumer sent to hospital emergency room
- ☐ Contacted caregiver - paid or unpaid
- ☐ Abuse, neglect, exploitation report filed with PSE, P&A, or DCF
- ☐ Police report filed
- ☐ No action taken
- ☐ Other - describe in narrative below

Action Taken Narrative:

Who Was Notified About this Incident (check all that apply):

Party	Contact Name	Date Notified	Time Notified
☐ Legal Representative			
☐ Relative			
☐ DSS Social Worker/SW Supervisor			
☐ Cognitive Behaviorist			
☐ DMHAS CIS			
☐ MFP Office			
☐ Waiver Office			
☐ Other			

Person who completed report:

Title:

Date Completed: (Entering date will lock this record after Save)

Save and Exit | Exit Without Saving

The MFP Critical Incident Internal Review Process

Internal Review

Would you like to start an Internal Review on the Critical Incident report?
Yes

Corrective Action is Indicated:
- Select One -

Corrective Action was Completed:
- Select One -

Further information needed for corrective action or to close case:

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.
Yes (describe below)

Who Completed Review:
Title:
Date Completed:

Additions or Corrections to the Internal Review Section Add Additional Information

- Internal review Process:
  - Reviewed within 24 hours
  - Clinical Review
  - Case Disposition

Incorporating Waiver Admission Data…

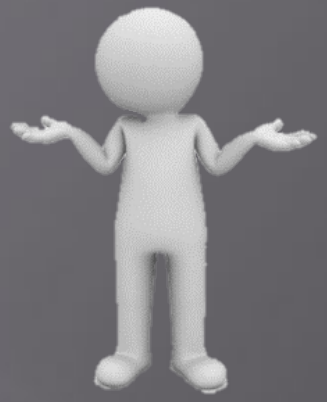
CareEnhance Clinical Management Software - MFP Waiver Admissions Data

MFP Waiver Admissions Data…

- **Key Data Points:**
  - ICD 10 Codes
  - Admission Date
  - Admissions Frequency
  - Discharge Status

Facility Name	Campus	Diagnosis	Admit Type	Admit Date	Discharge Status	Discharge Date	Close Date	Prior 30 Days Admissions	Prior 30 Months Admissions	Prior Admit Date
BRIDGEPORT HOSPITAL INC		R53.81 - Other malaise	Medical	7/1/2019	Transfer to SNF/Subacute	7/12/2019	7/15/2019	N	Y	1/31/2017
SAINT FRANCIS HOSPITAL AND		I60.9 - Nontraumatic subarachnoid	Medical	7/14/2019	Home w/o Services	7/19/2019	7/19/2019	N	Y	1/8/2019
YALE NEW HAVEN HOSPITAL		R10.81 - Abdominal tenderness	Medical	5/28/2019	Home w/o Services	6/10/2019	7/16/2019	N	Y	5/2/2018
STATE OF CONNECTICUT		J69.0 - Pneumonitis due to inhalation	Medical	7/15/2019	Transfer to SNF/Subacute	7/16/2019	7/17/2019	Y	Y	6/30/2019
HARTFORD HOSPITAL		N17.9 - Acute kidney failure,	Medical	7/10/2019	Transfer to SNF/Subacute	7/16/2019	7/17/2019	N	Y	5/10/2019
HARTFORD HOSPITAL		F10.239 - Alcohol dependence with	Medical	7/13/2019	Home w/Services	7/15/2019	7/16/2019	Y	Y	7/9/2019
THE HOSPITAL OF CENTRAL		I50.30 - Unspecified diastolic	Medical	7/10/2019	Home w/o Services	7/13/2019	7/15/2019	N	Y	7/30/2018
HARTFORD HOSPITAL		C67.9 - Malignant neoplasm of	Medical	7/12/2019	Transfer to SNF/Subacute	7/16/2019	7/17/2019	Y	Y	6/20/2019
THE HOSPITAL OF CENTRAL		J45.901 - Unspecified asthma with	Medical	7/12/2019	Home w/Services	7/15/2019	7/15/2019	N	Y	2/24/2019
NORWALK HOSPITAL		A41.9 - Sepsis, unspecified	Medical	7/13/2019	Home w/o Services	7/16/2019	7/17/2019	N	Y	4/26/2019
HARTFORD HOSPITAL		R53.1 - Weakness	Medical	7/15/2019	Transfer to SNF/Subacute	7/18/2019	7/19/2019	N	Y	6/21/2018
SAINT FRANCIS HOSPITAL AND		R41.82 - Altered mental status,	Medical	7/10/2019	Home w/Services	7/12/2019	7/15/2019	N	N	
YALE NEW HAVEN HOSPITAL	Yale - St. Raphael's Campus	E87.2 - Acidosis	Medical	7/8/2019	Transfer to SNF/Subacute	7/13/2019	7/15/2019	Y	Y	6/11/2019
HARTFORD HOSPITAL		K72.90 - Hepatic failure, unspecified	Medical	6/25/2019	Home w/Services	7/15/2019	7/15/2019	Y	Y	6/20/2019
ST. VINCENT'S MEDICAL						7/16/2019	7/17/2019	N	Y	8/30/2018
ST MARYS HOSPITAL						7/17/2019	7/18/2019	N	Y	10/12/2018
PROSPECT WATERBURY, INC						7/15/2019	7/16/2019	N	N	
NORWALK HOSPITAL						7/13/2019	7/15/2019	Y	Y	6/19/2019
SAINT FRANCIS HOSPITAL AND						7/13/2019	7/15/2019	N	Y	10/6/2017

Utilizing the Data for Improved Outcomes



- Why is this Important?

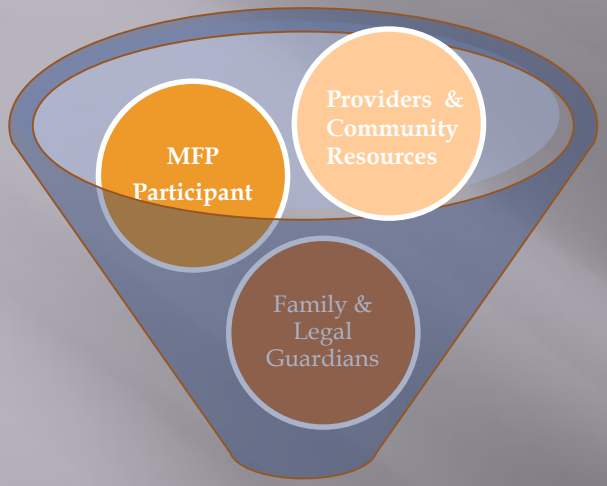
Improve processes, quality of care and services in the community.

Identification and prevention of Abuse and Neglect

Improved Communication and Closing the Gap

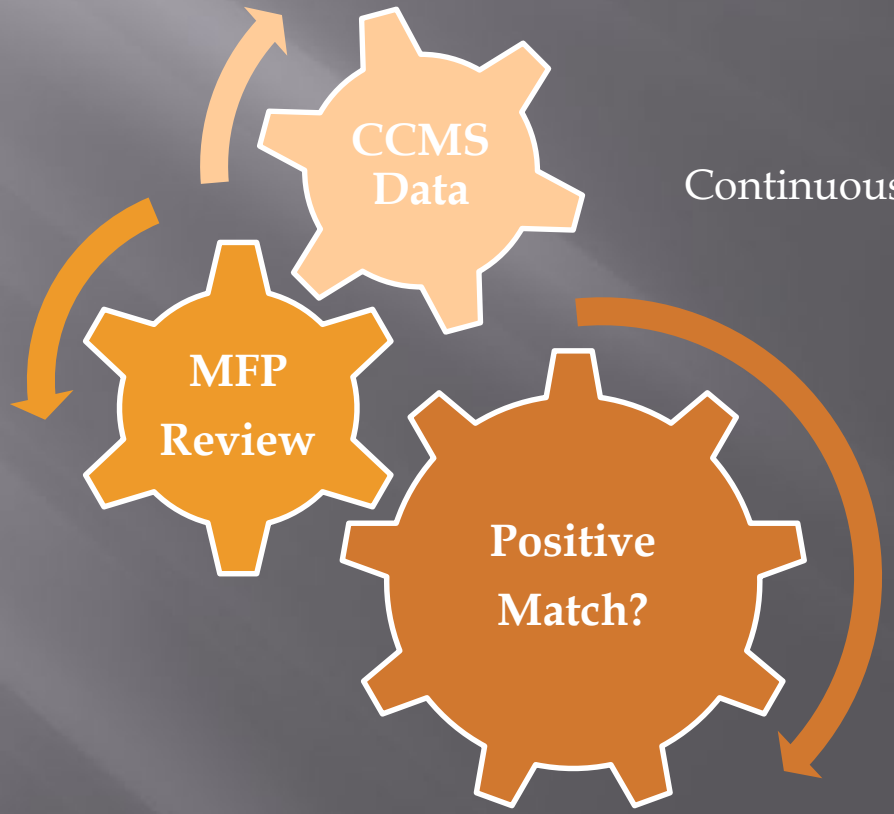
Education and Training

Case Illustration



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.

Critical Incident Submission to MFP Web-Based System



Continuous Review

Case Illustration

Waiver Program	Diagnosis	Admit Type	Admit Date	Discharge Status
	K85.90 - Acute pancreatitis without	Medical	8/2/2019	Home w/o Services
ABI II WAIVER	C22.0 - Liver cell carcinoma	Surgical	8/8/2019	Home w/o Services
	I63.511 - Cereb infrc d/t unsp occls	Medical	7/31/2019	Transfer to SNF/Subacute
PCA (PERSONAL CARE	L03.115 - Cellulitis of right lower	Medical	8/6/2019	Home w/Services
PCA (PERSONAL CARE	L03.116 - Cellulitis of left lower limb	Medical	8/1/2019	Home w/o Services
			8/3/2019	Transfer to SNF/Subacute
CHCP PRE			8/5/2019	Home w/o Services
MENTAL IL			8/1/2019	Home w/o Services
			8/2/2019	Home w/Services

Discharge Date	Close Date	Prior 30 Days Admissions	Prior 30 Months Admissions	Prior Admit Date
8/5/2019	8/6/2019	N	Y	6/22/2019
8/8/2019	8/9/2019	N	Y	10/11/2018
8/5/2019	8/6/2019	N	Y	1/1/2019
8/9/2019	8/9/2019	N	N	
8/2/2019	8/8/2019	N	Y	7/3/2018
8/7/2019	8/8/2019	Y	Y	7/28/2019
8/8/2019	8/9/2019	N	Y	9/10/2018
8/8/2019	8/9/2019	N	Y	6/9/2019
8/7/2019	8/8/2019	N	Y	6/18/2018

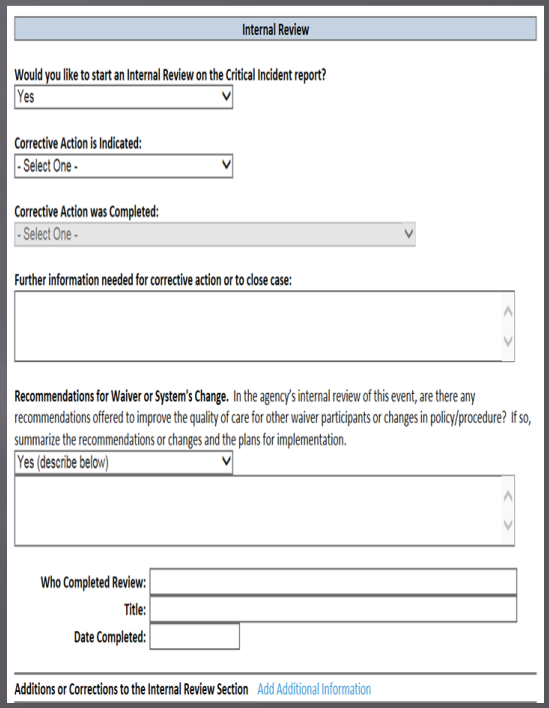
62 year old woman, admitted into hospital with cellulitis of lower left limb. Discharged to home without services. Three previous emergency room visits within 45 days. Diagnosis: cellulitis and anxiety. Active on PCA waiver.

Case Illustration

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.

Match?

- **No**
  - Inform Care Manager
    Submission of Critical Incident
  - Review/Revise Care Plan
    Investigation
    Referral
- **Yes**
  - Review/Revise Care Plan
    Investigation
    Continue Monitoring



Internal Review

Would you like to start an Internal Review on the Critical Incident report?
Yes

Corrective Action is Indicated:
- Select One -

Corrective Action was Completed:
- Select One -

Further information needed for corrective action or to close case:

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.
Yes (describe below)

Who Completed Review:
Title:
Date Completed:

Additions or Corrections to the Internal Review Section Add Additional Information

In this case a corresponding critical incident was not found.

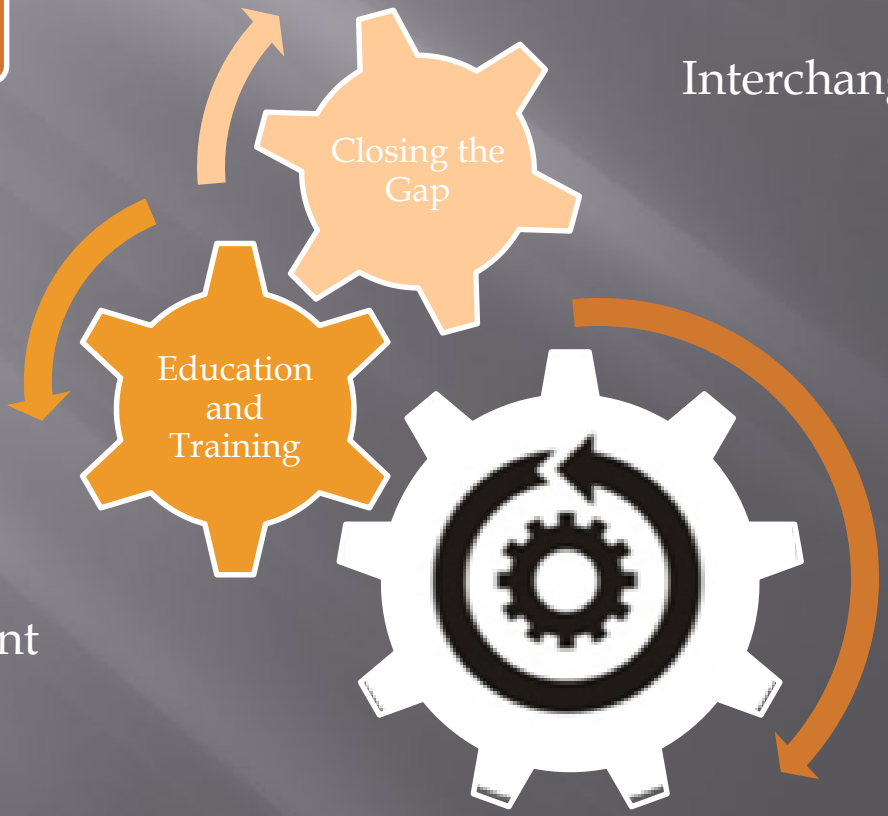
Case Illustration

Inform Care manager
Submission of Critical Incident

Review/Revise Care Plan
Investigate
Referral

Review/Revise Care Plan
Continue Monitoring

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.



Interchange Data

Quality Management

Looking to The Future…

- Comprehensive Transition Checklist
- Falls Preventive Education
- Wound Prevention Education
- Abuse and Neglect Preventive Education

THANK YOU!

Talitha Coggins, LMSW
State of Connecticut
Community Options Strategy Group
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Phone: 860-424-5531

"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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QUESTIONS


THANK YOU
Danke
Kiitos
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Grazie
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