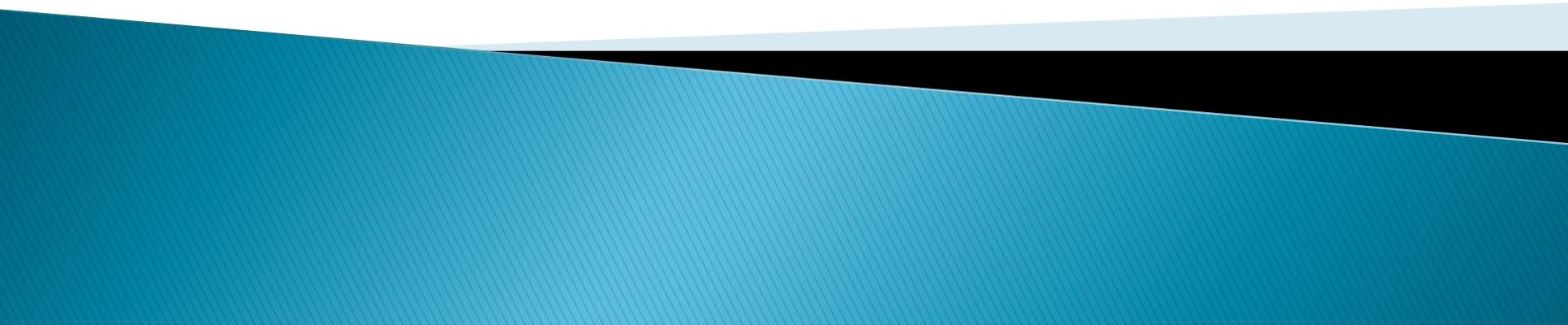


Reportable Events

**In Home and Community-
Based Long Term Services and
Supports Programs**



What is a Reportable Event?

- ▶ **An allegation or an actual occurrence of an incident that adversely impacts or has the potential to adversely impact the health, welfare or safety of a participant. Everyone that works with long term services and supports programs must report.**
- 

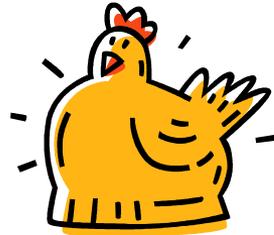
Complaints

- ▶ **Complaints are also to be reported through the Reportable Event module.**
- ▶ **Main types of complaints to report:**
 - a) **quality of care** – worker sleeps on duty
 - b) **service issue** – wheelchair repair not done



- ▶ Not all complaints need to be reported. Listen carefully & use discretion.

E.G. Person complains that chicken is served 7 days a week, every week. Turns out that chicken is served twice a week & client has options.



A complaint that nothing but hotdogs are served should be reported.



Division of Quality and Compliance Review

- ▶ **Reviews REs from Supports Planners, Providers, Participants, Family, or other interested parties.**
- ~ **Purpose of review is help ensure problems are resolved, to identify trends with types of incidences, to propose quality improvement, and to meet federal requirements.**

The DHMH Medicaid Program

- ▶ **Is directly responsible to the federal Centers for Medicare and Medicaid Services (CMS) for the operation of the Community Options Waiver, Community First Choice and the Medicaid Personal Care Program.**
 - ▶ **All of these programs use or will use the Medicaid Reportable Events system.**
- 

CMS Must Approve of How the State Operates its Programs

- ▶ CMS provides Maryland with a certain % of matching funds for operating approved programs
- ▶ CMS requires that State's ensure that certain federal Assurances will be met
- ▶ A system of reporting events helps us to meet the CMS Assurance of ensuring the health, welfare and safety of participants served in our programs.



CMS Requires Evidence-Based Reporting

- ▶ **We must provide CMS with evidence that we have a system to communicate issues involving participants in a timely manner and the means to respond to the issues.**



Federal Reporting

- ▶ We use data from RE program to show CMS that we have evidence that people are responding timely to issues, prioritizing issues and looking for ways to prevent problems from re-occurring. Quality improvement is expected when we see problematic data trends.



Timelines for Reporting

- ▶ Immediate Jeopardy (IJ) is defined as an alleged or actual incident that presents an immediate & serious threat of injury, harm or death of an individual.
- ▶ A telephone call must be made to the appropriate offices or authorities within 24 hours.

Timelines for Reporting cont'd

- ▶ **This includes:**
- ▶ **Law enforcement**
- ▶ **Child or adult protective services**
- ▶ **The Division of Quality and Compliance Review**
- ▶ **Other protocol your employer may require**



Timelines for Reporting cont'd

If the information you receive is insufficient for you to know whether the situation is under control, you will need to make an onsite visit within 24 hours to make sure the safety of the participant is being ensured.

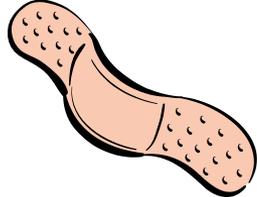
If the situation is under control and the client is known to be safe, you will need to go onsite within (2) business days.



Reporting Timelines for All Types of Reportable Events

- ▶ **The SP's report must be made thru the tracking system within (5) calendar days of the event.**
 - ▶ **This report made within (7) calendar days of the original event must contain the intervention, and follow up action plan.**
 - ▶ **The incident must be resolved by the SP within (45) calendar days of the event.**
- 

Reporting Injuries

- ▶ Minor incidents do not have to be reported.
- ▶ The standard is to report any injury that requires treatment beyond First Aid. 
- ▶ You should still report minor incidents if they happen repeatedly.
- ▶ e.g. Participant falls but does not injure herself; however, 3 falls occur in (2) weeks

Look for Patterns

- ▶ **When the same type of incident happens repeatedly with a narrow range of time, such as**
 - ~ Falls
 - ~ Disorientation
 - ~ Refusing to keep medical appointments

Review the circumstances around these incidents to determine if something can be done to reduce the frequency.

Look for Patterns cont'd

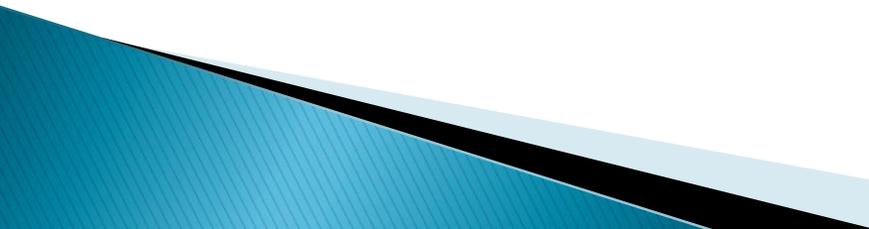
e.g. A participant has fallen (3) times in two weeks.

You review where falls are happening and look at the participant's environment. Is it wet floors in the bathroom? throw rug in the bedroom? objects laying all over the house?

Can the environment be modified to help prevent the falls?



Make a Thorough Report

- ▶ **Complete all sections of the report with useful detail**
 - ▶ **The Medicaid reviewer should read the report and have a clear understanding of what happened, what was done & what remains to be done**
 - ▶ **Dates are very important!**
 - ▶ **Attachments can be uploaded but the report must still be complete in all areas!**
- 

Review and Action Steps

- ▶ **The SP will review all information and document findings**
- ▶ **Action steps must be identified**
 - ~ locate a new assisted living home
 - ~ request increase in hours of personal assistance
 - ~ obtain a PERS
 - ~ continue with current plan of service, no changes needed at this time

Using Progress Notes

- ▶ **The Reportable Events section of the tracking system has a place for progress notes**
 - ▶ **Once you have completed a section of the report, you cannot go back and amend it**
 - ▶ **The purpose of the progress note is to allow you to update information or modify it as needed. For example, you may need to note that the date of the event was incorrect or provide more information about the event.**
- 

Follow-Up

- ▶ Progress notes are also used to document follow-up.

The Medicaid reviewers need to know that there was appropriate follow-up so the case can be closed at the State level.

e.g. A participant's physician refers him to a cardiologist for follow-up post hospitalization for chest pain. DHMH reviewers will look for a progress note stating that a cardiology appt was scheduled or even better, attended.



Reporting Deaths

- ▶ RE descriptions of circumstances around a death should include whether death was:
 - ~ predicted to occur due to terminal or very unstable condition (anticipated)
 - ~ not anticipated because despite health status person was very stable but died unexpectedly

Reporting Deaths cont'd

~ the result of abuse or neglect

~ related to medication error

~ consequence of sudden event – choking,
vehicle accident, fall

~ related to existing health conditions or
onset of an acute problem like pneumonia



Reporting Deaths cont'd

- ▶ **If** a provider reports a death to you, you will need to confirm the dates & events with family or a representative – if at all possible. Information about a death is needed to determine if follow-up or remediation is needed.

If a family is reticent about sharing information, let them know you are expected to gather some information – offer to call back later. If family is still unwilling to discuss, document!

Alerting State Reviewers

- ▶ **There is a special email address to alert the the State reviewers that you are entering an Immediate Jeopardy (IJ) report.**

This is necessary because the tracking system does not place an alert on IJ REs. Therefore, reviewers need to know that a priority case is being reported.

Alerting State Reviewers cont'd

- ▶ No detail about the incident is needed. You may simply indicate that an IJ on client # (tracking system ID) has been submitted.

Email address for notifying State reviewers of Immediate Jeopardy (IJ) report:

dhmh.reunit@maryland.gov

Division of Quality and Compliance Review RE Staff

- ▶ The two primary reviewers at this time are:
- ▶ Oluwaseyi Ajayi – Health Policy Analyst Associate – oluwaseyi.ajayi@maryland.gov
- ▶ Christy Abumere, RN, CRNP
christy.abumere@maryland.gov

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