

QIO – HCBS Incident Reporting

Purpose:

To review all reported major incidents for appropriate submission, follow-up, and resolution. To identify trend areas of deficiency and to provide training and/or outreach to ensure compliance with state and federal laws, rules, and regulations, as well as industry accepted best practice standards.

Identification of Roles:

HCBS provider - enters incident into the Iowa Medicaid Portal Access system (IMPA).

Case manager (CM)/targeted case manager (TCM)/Integrated Health Home care coordinator (IHHCC) - enters incident into IMPA, follows up on member incidents, coordinates with the member and his/her interdisciplinary team any required changes to the service plan as a result of an incident(s).

HCBS support staff - support a review activity by keywording, assigning, and uploading documents to HCBS incident and complaint specialist via OnBase.

HCBS incident and complaint specialist – reviews loWANS for submitted incidents. Follows up when necessary, with HCBS providers, IHHCC, and CM/TCM regarding incident. Gathers and reviews incident data to identify trend areas of deficiency, provide training recommendations, and training to HCBS providers, CM/TCM, and IHHCC, monitor the HHS Incident Report (IR) mailbox.

HCBS operations manager - provides work assignments, supervision, and consultation to HCBS incident and complaint specialist, gather and analyze incident data to identify trend areas of deficiency, prepares the QIO quarterly quality assurance report.

HCBS team lead - responsible for the review and internal quality control of all reports and letters prepared by the QIO, provides consultation to HCBS incident and complaint specialist.

Performance Standards:

- When health and welfare concerns are present and flagged, 100% of discovery, remediation and improvement activities are logged in the HCBS Incident and Complaints database.
- Data logged will not exceed a 5% error rate.
- 90% of data will be logged within 2 days of activity.
- Ensure provider timely submission of incident reports.

Path of Business Procedure:

Step 1: HCBS provider, IHHCC, or CM/TCM will enter a major incident into IMPA in accordance to requirements in the Iowa Administrative Code (IAC) 441-Chapter 77 definition of a major incident. Entry of an incident in IMPA will generate a milestone in loWANS for the CM/TCM, IHHCC, and the HCBS incident and complaint specialist.

Step 2: HCBS incident and complaint specialist will review loWANS at least daily for milestone notification.

- a. HCBS incident and complaint specialist will review the IR and determine if follow-up is required.
- b. HCBS incident and complaint specialist will answer the loWANS milestone with a short summary of the incident and what, if any, follow-up will be completed.

Step 3: HCBS incident and complaint specialist will monitor the IR mailbox.

- a. HCBS incident and complaint specialist will provide a response to emails.
- b. A review of HHS Division of Adult, Children & Family Services intake abuse reports submitted to the IR mailbox will be conducted.
 1. If a DAA report is received and has been accepted for investigation, the HCBS incident and complaint specialist will research loWANS to determine if the member identified on the intake report receives either HCBS waiver, Money Follows Person (MFP) services, or is enrolled with a managed care organization (MCO).
 2. If the member receives either HCBS waiver or MFP services, HCBS incident and complaint specialist will directly enter the incident into Candl and complete follow-up. If the member is enrolled with an MCO then the information will be directly entered into Candl and the email will be forwarded to the appropriate MCO.
 3. If the DAA report is received and has been rejected then the HCBS incident and complaint specialist will directly enter the incident into Candl and complete follow-up, if applicable. If the member is enrolled with an MCO then the information will be directly entered into Candl and the email will be forwarded to the appropriate MCO.
 4. HCBS incident and complaints specialist will review major incident reports that are received in the IR mailbox. If the member receives either HCBS waiver or MFP services, the HCBS incident and complaint specialist will document the information on a spread sheet; provide technical assistance (TA) to the provider on how to properly submit the form using IMPA, and complete a follow-up at least one time each week to ensure that the form was submitted.
 - a) HCBS incident and complaint specialist will document the TA that was provided in QPS using the Incident/Complaints category.
 - b) If the member is enrolled with an MCO then the HCBS incident and complaint specialist will send an email to the sender to notify them to follow the process for submitting the form to the MCO as directed by the individual

MCO and document the TA that was provided in QPS using Incident/Complaints category.

Step 4: HCBS incident and complaint specialist will look up the incident report in IMPA, review the submitted report and determine if the incident is a minor or a major incident.

- a. The definition of major vs. minor incident and the reporting requirements are located in IAC 441-Chapter 77.
- b. Incidents that indicate health and safety concerns or trends for a member or provider will be accepted as a complaint. If the incident becomes a complaint, the operational procedure for the Complaint process will be followed.

Step 5: HCBS incident and complaint specialist will enter the following types of incidents into Candl for follow-up:

- a. Health and safety of a member and requires additional follow up to ensure all necessary steps have been taken by the interdisciplinary team.
- b. Not completed in accordance with IAC requirements.
- c. Another agency is conducting an investigation and requires the HCBS incident and complaint specialist to initiate further investigation after the agency's investigation has been concluded.
- d. CM/TCM or IHHCC identifies dissatisfaction with the provider resolution.
- e. Deaths. All member deaths will be entered into Candl. If additional information is required regarding a member death, the HCBS incident and complaint specialist will enter all related correspondence into Candl.

Step 6: HCBS incident and complaint specialist will contact the HCBS provider, CM/TCM, IHHCC, member, and/or family/guardian to obtain additional information, such as:

- a. Severity of the situation,
- b. Verify the safety of the member, and
- c. Determine if further follow-up on policy/procedures of the HCBS provider is required.

HCBS incident and complaint specialist may enter a complaint based on information discovered. When a complaint is determined necessary, the Complaint operational procedures will be followed. HCBS incident and complaint specialist will consult with the HCBS operations manager as necessary.

Step 7: HCBS incident and complaint specialist will enter all technical assistance provided into QPS using the Incident/Complaints category.

Step 8: Following the initial assessment the HCBS incident and complaint specialist will enter the resulting action, choosing to continue with the investigation, close the investigation by proceeding to Step 9, or refer the information to another entity. HCBS incident and complaint specialist will forward concerns to the operations manager regarding circumstances where a referral to another entity is warranted. See Attachment I: Incident and Complaint Decision Tree. HCBS operations manager will follow the referral process as identified in the, Incident

and Complaint Decision Tree and will present referral recommendation to the HCBS unit manager in the HHS prescribed format.

Incidents that will be recommended for referrals include but are not limited to:

- a. Complaints that contain components that meet the Iowa Code definition of adult or child abuse.
- b. Elder abuse concerns that do not meet the Iowa Code definition of adult abuse.
- c. Member health or safety concerns.
- d. Agency staff health or safety concerns.
- e. Licensed agency staff practices that violate licensure requirements.
- f. Breach of confidentiality concerns.

Any incidents or complaints involving alleged misuse of Medicaid funds will be referred to the Program Integrity Unit.

Step 9: HCBS incident and complaint specialist will enter comments in loWANS when for each milestone received and will complete the loWANS milestone by the due date required in loWANS.

Step 10: Incident data will be provided in the QIO quarterly deliverables report, annual quality assurance report, and quarterly IMPA incident reports.

Forms/Reports:

NA

RFP References:

Sections I.3.1.4. D.

Interfaces:

Candl database. loWANS, IMPA, QPS, HCBS IR email box

Attachments:

Attachment I: Incident and Complaint Decision Tree

