COLORADO
CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

The Case Manager's Guide to Critical Incident Reporting in the BUS

Version 1.0

INTRODUCTION

Case Managers are required to evaluate and assess each client's threshold for an interruption in critical services, which may result in a critical incident. A critical incident is defined as an event or situation that creates a significant risk to the health, welfare and or safety of a client. Case managers are required to fill out a critical incident report each time a critical incident occurs. Critical incidents include emergency room visits, hospital admittance, and institutionalization into nursing facility or intermediate care facility.

The following steps should be taken when a critical incident occurs:

1. Providers have 24 hours to report the incident by filling out the HCBS Provider Critical Incident Information Form and submit to the client's intensive case manager via email or FAX. Those services which are deemed critical will have been established through the risk assessment and mitigation process prior to transition and entered into the BUS.

2. The intensive case manager then enters the incident into the Benefits Management System (BUS) within 24 hours of notification from provider agency or client.

3. Next, the intensive case manager has 48 hours to file a critical incident follow-up report in the BUS detailing a remediation plan(s). This should include follow-up contact with the client and the provider agency. In the event that the critical service interruption results in more than one critical incident for the client, each incident must be reported in the BUS by the intensive case manager as a separate critical incident.

4. Intensive case managers are encouraged to ask the client about any interruptions in the delivery of services in their weekly contact and capture in log notes. Clients should be empowered to report to their case manager when any interruption of services as detailed in the service plan has occurred.

The Department will analyze the source(s) of critical incidents and based on that analysis, the Department will provide guidance to provider agencies that are not self-reporting or clients that are not reporting to intensive case managers. The Department will run a critical incident report to review and resolve complaints about back-up systems, which will include monitoring the timeliness of responses to emergency back-up calls, tracking and documenting the number and type of calls as well as monitoring the effectiveness of back-up systems. This information will be used in the Department's Global Quality Improvement Strategy (QIS) to improve services systemically for all waiver participants.

If you have additional questions or comments about this guide, you may email us at CCT@state.co.us.

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1. CRITICAL INCIDENT REPORT
ADDING A NEW CIRS

To begin filling out a new critical incident report, click on the **"Critical Incident Reports"** tab on the left side of the screen

Click **Add New CIRS** to start a new Critical Incident

TIP: you can view their previous critical incidents by clicking **view**

1. CRITICAL INCIDENT REPORT
ADDING A NEW CIRS

Critical Incident Reporting

Assessment - 100.2
Client Information
Transition Assessment & Planning
Risk Mitigation Plan
Assessment - HCA
Case Management
Case Status
Critical Incidents - Before 06/04/2009
- Print/View CIRS
Critical Incident Reports
IADL
Log Notes
LTC 803
Program Area
Referral
Service Plan
Service Plan DD Section
Administration

CIRS ID: 158

*Date of Incident:

*Time of Incident:

*Case Manager Incident Notification Date:

Entry Date:
Entry Time:

Client Name:
Client Medicaid ID:
Client Medicaid DOB: 02/22/1981

*HCBS Waiver Program: Colorado Choice Transitions - HCBS-EBD/18-64 ▼ **Expect refresh

Case Manager Name: Nicole Storm
SEP Agency Name: Health Care Policy and Financing

*Name of Person Reporting Incident to SEP: Banana Pudding
*Provider Agency of Person Reporting Incident: Friend, Inc.

What's Changed?

Case manager incident notification date has been added

Critical Incident Reporting

Assessment - 100.2
Client Information
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Service Plan
Service Plan DD Section
Administration
Logout

CIRS ID: 157

*Date of Incident:

*Time of Incident:

*Case Manager Incident Notification Date:

Entry Date: 01/06/2014
Entry Time: 16:02

Client Name: Banana Pudding
Client Medicaid ID: X999998
Client Medicaid DOB: 02/22/1981

*HCBS Waiver Program: [dropdown] *Expect

HCBS-Brain Injury
HCBS-Community Mental Health Supports
HCBS-Elderly, Blind, Disabled
HCBS-Persons Living with AIDS
HCBS-Spinal Cord Injury - LTCO, JEFFCO Only
HCBS-Childrens Waiver
HCBS-Children with Autism
HCBS-Children with Life Limiting Illness
Colorado Choice Transitions - HCBS-BI
Colorado Choice Transitions - HCBS-CMHS
Colorado Choice Transitions - HCBS-DD
Colorado Choice Transitions - HCBS-EBD/18-64
Colorado Choice Transitions - HCBS-EBD/65+
Colorado Choice Transitions - HCBS-SLS

Case Manager Name:
SEP Agency Name:

*Name of Person Reporting Incident to SEP:
*Provider Agency of Person Reporting Incident:
*Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?

*Was Anyone other than the client involved in the incident?

What's Changed?

HCBS-CCT waiver programs have been added to the drop down list

1. CRITICAL INCIDENT REPORT
ADDING A NEW CIRS

File   Edit   View   Favorites   Tools   Help

⭐ Favorites   🔲 📧 Free Hotmail 🔲 Web Slice Gallery ▾

🔲 Benefits Utilization System - Session ti...

🏠 ▾   📶 ▾ 🔲 🖨 ▾   Page ▾   Safety ▾   Tools ▾   ❓ ▾   »

IADL	Client Medicaid DOB:
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	
Logout	

Client Medicaid DOB: 02/22/1981

*HCBS Waiver Program: Colorado Choice Transitions - HCBS-EPP/40-04 ▾
refresh

Case Manager Name: Nicole Storm
SEP Agency Name: Health Care Policy and Financing

*Name of Person Reporting Incident to SEP: [ ]

*Provider Agency of Person Reporting Incident: [ ]

*Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?   ○ Yes ● No

*Was Anyone other than the client involved in the incident?   ● Yes ○ No

*Location of Incident: Home   ...ect refresh

*Did the Incident Result in Hospitalization or Institutionalization?   ● Yes ○ No **Expect refresh

     *Type of Hospital or Institution: [▾]

     *Name of Hospital or Institution: Hospital
         Psychiatric Hospital
         Nursing Facility

*Incident Type: [▾] **Expect refresh

* Required.
** IF NO REFRESH - Enable Javascript in browser.

[Save]

> **New Question added:**
> Did the Incident Result in hospitalization or institutionalization?

*Incident Type: [Death ▾] **Expect refresh

* Required.
** IF NO REFRESH - Enable Javascript in browser.

Death
Abuse/ Neglect/ Exploitation
Injury/Illness to Client
Damage to Consumer's Property/Theft
Medication Management Issues
Other High Risk Issues

Death

Any and all deaths are required to be reported as critical incidents and entered in the BUS.

Any and all deaths, no matter what the cause of death, whether they are accidental, intentional, of a suspicious nature, involve law enforcement or simply due to natural causes, are considered a critical incident and should be recorded in the BUS. Any death must be reported to HCPF as a critical incident by the next business day.

Please Note: Reporting critical incidents to HCPF does not relieve the facility or case management agency from the reporting requirements of other regulatory or law enforcement agencies.

*Description of Incident:

[ ]

> Depending on which "incident type" is selected, a narrative box appears and must be filled out with **in detail**.

If **Other High Risk Issues** is selected from the drop down list, additional drop downs appear to address risk including risk issue type and "why is this issue of particular risk to this person"?

*Incident Type: ➡ Other High Risk Issues ▼ *Expect refresh

* Required.
** IF NO REFRESH - Enable Javascript in browser.

Other High Risk Issues

Reporting incidents to HCPF does not relieve the facility or provider from reporting requirements of other regulatory or law enforcement agencies. Lost/Missing Person should be reported to CDPHE.

*Description of Incident:

TIP: These answers should be taken from the risk assessment and/or emergency back-up plans developed before transition.

Criminal Justice Involvement/Incarceration
Victim of Crime
Client Fraud
Provider Fraud
Lost/Missing Person
Loss of Home/Eviction
Substance Abuse
Suicide Ideation/Talk
Suicide Attempt
Abusive/Violent Behavior by Client
Mental Incompetency/Alzheimer's/Dementia
Unsafe Living Situation
Critical Service Interruption
Other

➡ *Risk Issue Type: ▼ *Expect refresh

➡ *Why is this issue of particular risk to this person?:

---

*Risk Issue Type: ➡ Critical Service Interruption ▼ *Expect refresh

Critical Services are those services that if not delivered in accordance with the client's service plan would result in a critical incident, such as death, hospitalization, reinstitutionalization or an emergency room visit. The critical services should be identified in the emergency backup plan and the contingency plan section in client's service plan in the BUS.

*Critical Service Interruption Type: ▼

Transportation to urgent medical appointments
Life-support Equipment failure
Direct Service Providers did not show
Family Caregivers or Natural Supports did not show
Direct Service Provider showed up but did not perform service
Service Refusal by Client
Utilities Failure
Natural Disaster
Other

ue of particular risk to thi

TIP: If "Critical Service Interruption" is selected, additional information is required including Critical Service Interruption Type

Save

*Risk Issue Type: Critical Service Interruption   ▾   **Expect refresh

Critical Services are those services that if not delivered in accordance with the client's service plan would result in a critical incident, such as death, hospitalization, reinstitutionalization or an emergency room visit. The critical services should be identified in the emergency backup plan and the contingency plan section in client's service plan in the BUS.

    *Critical Service Interruption Type: Direct Service Providers did not show   ▾

     **Expect refresh

*Why is this issue of particular risk to this person?:

TIP: Issues of potential risk will be assessed for each individual prior to transition and will need to be discussed in detail here.

Save

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1. CRITICAL INCIDENT REPORT
PERSONS INVOLVED

If anyone else besides the client was involved in the critical incident, the **Persons Involved** sub-section must be completed

1. CRITICAL INCIDENT REPORT
FOLLOW UP

All critical service interruptions require a follow-up report within 48 hours and should include a remediation plan.

Each client, with the help of the intensive case manager and members of the transition options team, will have an emergency back-up plan identifying critical services and what should happen in the event of a critical service interruption.

*If this critical incident is an allegation of abuse, neglect, exploitation, or theft, then answer; **"Is this allegation substantiated (true)"?**

- ○ Yes, true.
- ○ No
- ○ Do not know at this time. I will provide another follow-up later to answer this mandatory question.
- ◉ This critical incident is not an allegation of abuse, neglect, exploitation, or theft.

*Is there indication from this Critical Incident that the Client may need additional State Plan or specific HCBS Waiver services or additional natural supports or 3rd party resources? Please include only NEW information not included in previous follow-ups or the original critical incident report.

◉ Yes ○ No

If yes*, what additional services did you recommend to the Client?
State Plan ☐
HCBS Waiver Services ☑
Natural Supports ☑
3rd Party Resources ☐

Added Services Description

> Substance Abuse Counseling, Transitional was recommended to client to help mitigate alcohol abuse. Also, AA meetings at the local church occur every Tues and Thurs evening and are within walking distance from client's home. Client was given schedule of meetings and case manager has made contact with ILST and Peer Mentorship

TIP: Don't forget to update the Service & Risk mitigation plans.

Benefits Utilization System - Session ti...

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If yes*, what additional services did you recommend to the Client?
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HCBS Waiver Services ☑
Natural Supports ☑
3rd Party Resources ☐

Added Services Description

> Substance Abuse Counseling, Transitional was recommended to client to help mitigate alcohol abuse. Also, AA meetings at the local church occur every Tues and Thurs evening and are within walking distance from client's home. Client was given schedule of meetings and case manager has made contact with ILST and Peer Mentorship services providers to make them aware of recommendatiion.

*Follow-Up Description
Please include in the follow-up: Cause of critical incident, Recent findings, Actions taken or planned, Counseling/Pl client or provider, Reason for contacts, Results of your contacts, Reason for ER visit or hospitalization, What els be done, Client's condition now.

> Neighbor observed client wandering around the neighborhood and reported that client looked disoriented and perhaps under the influence of alcohol. Neighbor approached the client to ask if she was okay and proceeded to take the client to the emergency room for services. Client was seen by Dr Wright for alcohol intoxication and was held under observation for just under three hours and released. Client has been advised of additional services available to her and has agreed to attend AA meetings 1x weekly.

[Save]

Attention:
If the critical incident resulted in **death**, an additional critical incident report **must** be created.

1. CRITICAL INCIDENT REPORT
FOLLOW UP

New questions regarding whether client and provider contacted intensive case manager as instructed.

1.2 Were Emergency Back-Up Services provided within 24 hours of being requested? ● Yes ○ No

1.2.1 If yes, when were Emergency Back-Up Services provided? [dropdown]

> Less than 1 hour
> Between 1 and 2 hours
> Between 2 and 4 hours
> Over 4 Hours

*2. Did the Client notify the Intensive Case Manager of the critical incident?

2.1. If yes, date/time Client notified the Intensive Case Manager of the critical incident:

Date: _____ (mm/dd/yyyy)

Time: _____ (HH:MM) Military time.

*3. Did the Provider notify the Intensive Case Manager of the critical incident? ● Yes

3.1 If yes, date/time Provider notified the Intensive Case Manager of the critical

Date: _____ (mm/dd/yyyy)

Time: _____ (HH:MM) Military time.

TIP: Time it took for emergency back-up services to be provided

After a critical incident has been entered into the BUS by an intensive case manager, an email alert is sent to the HCPF CIRS administrator to review the entry and he/she complete a HCPF review of the critical incident.

Critical Incident Reports

	CIRS ID	Incident Date	CM Notify Date	Entry Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
View/Add HCPF Review	156	01/06/2014	01/07/2014	01/06/2014	Health Care Policy and Financing	Taylor Larsen	Colorado Choice Transitions - HCBS - CMHS	Other High Risk Issues	None	None
View/Add HCPF Review	155	12/25/2013	12/26/2013	12/27/2013	Health Care Policy and Financing	Nora Brahe	Colorado Choice Transitions - HCBS - EBD/18 - 64	Other High Risk Issues	None	None
View/Add HCPF Review	150	09/30/2013	10/01/2013	10/02/2013	Health Care Policy and Financing	Elaine Osbment	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	1 HCPF Review	None
View/Add HCPF Review	149	09/30/2013	10/01/2013	10/02/2013	Health Care Policy	Elaine Osbment	HCBS - Elderly,	Other High Risk	1 HCPF	1 Follow

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1. CRITICAL INCIDENT REPORT
FOLLOW UP

When a HCPF CIRS review is entered, an email is sent to the intensive case manager listed on the CIR. The message states the following:

A HCPF Review was entered in response to your critical incident entry in the BUS. The CIRS ID is # Form. CIRS Entry Id#. To find this CIRS, go to the Main Menu in the Benefits Utilization System, click on Case Manager Quick Links>Alerts>Critical Incident Reports. Click on the client's name next to the correct CIRS ID. Then click on HCPF Review in the left sidebar. Please read the HCPF Review and respond if necessary in the Follow-Up section. Thank You.