COLORADO
Department of Health Care Policy & Financing

Critical Incident Report (CIR) Frequently Asked Questions

March 2022

Who is responsible for notifying the Department of Health Care Policy and Financing (the Department) of critical incidents?

Case Management Agency (CMA) case managers are responsible for reporting critical incidents to the Department. Service providers should notify the appropriate Case Management Agency of all incidents and the case manager will evaluate and report all critical incidents to the Department.

Should a case manager enter a Follow up to a CIR if they are editing a CIR in response to a request by the Department or its designated vendor for additional information?

Yes, the only way to stop the timeliness counter and prevent a CIR from going into "overdue" status is to submit a Follow up to the original CIR. This follow up must be completed with every edit request that is completed, including any additional edit requests. A reminder will be included in every edit request sent by the Department.

Should a CIR be completed even if it occurred outside the delivery of Home and Community Based Services (HCBS)?

Yes, the responsibility of case managers to report critical incidents is to help assure the health and safety of members enrolled in services. Therefore, any time a case manager learns of a critical incident involving a member receiving waiver services, (regardless of whether a waiver service was being provided when the incident occurred) a Critical Incident Report must be completed.

What should case managers do if they learn of a critical incident long after it occurred?

Case managers should report all critical incidents upon becoming aware of them as they have 24 hours from the date of notification to enter the critical incident into the BUS. This will aid in the critical incident management process and help identify risks and trends which will help with prevention strategies for the member receiving waiver services. If a report is entered late, a brief explanation as to why the notification of the critical incident was late should be included in the report description.

Should a CIR be submitted when members exhibit behaviors that are typical for him/her (e.g. self-injurious behaviors)?

Individual situations should be assessed utilizing the definition and requirements of critical incidents. An important component of determining if an incident meets the definition of a critical incident is if the event creates immediate risk and/or serious harm to the health and welfare of the member receiving waiver services. Therefore, case managers should evaluate all incidents accordingly and submit CIRs when warranted.

Should a CIR be made every time a Member receiving HCBS services goes to the hospital?

No, scheduled medical procedures/surgeries should not be reported as a critical incident. Trips to the emergency room that do not meeting the criteria for emergent level of service and are screened out by emergency room staff should also not be reported as a critical incident. Please refer to the CIR Technical Guide and the CIRs online training modules for reporting criteria.

Can a member be involved in the critical incident reporting process?

Yes, members must be advised of their rights and responsibilities in reporting critical incidents by their case manager. CIR Participant information documents are listed on the Department Critical Incident Report web page.

What is the difference between a critical incident and a non-critical incident?

Critical incidents are serious in nature and pose immediate risk to the health, safety, or welfare of a waiver member. Non-critical incidents are minor in nature and do not create a serious consequence or risk to the health, safety, or welfare to the waiver member. Non-critical incidents will be reported to the Case Management agency to be recorded internally and documented in internal files.

Should an urgent care visit be reported as a critical incident?

Some, but not all, urgent care visits may be considered critical incidents. If the urgent care visit is used for emergency medical treatment or serious medical condition (e.g., stroke, broken bone, lacerations that require stitches, heart attack, etc.…), this would be considered a critical incident and should be reported as such. If the urgent care visit is used in lieu of a primary care visit (e.g., cold, strep-throat, bronchitis, etc.), this would not be considered as critical and a critical incident report should not be made.

Are sexually transmitted diseases (STDs) considered a critical incident that requires a CIR?

No, having an STD on its own is not a critical incident. However, if abuse is suspected as the reason for contracting an STD then a CIR should be submitted for the suspected abuse.

Are peer-peer incidents considered critical incidents?

Yes, if a peer-to-peer incident results in a serious risk to the health and safety of a member and meets CIR criteria, the incident must be reported as a critical incident. Peer-to-Peer incidents may also meet mandatory reporting requirements and case managers and/or services providers must follow the mandatory reporting process. Please refer to the CIR Technical Guide for reporting criteria.

If a HCBS member has a fall that does not result in an injury, should this be reported as a critical incident?

No, only falls that seriously impact the health and welfare of the HCBS member should be reported as a critical incident. Falls that do not meet the definition of a critical incident are to be recorded in the Log Note section of the members record.

Does the timeliness of critical incident reporting take into account weekends and holidays?

Yes, the calculation of timeliness for submitting a critical incident excludes weekends and the 13 Federal holidays. All other dates are included in the timeliness calculation.

Should a case manager create a new CIR when the initial critical incident involving hospitalization later leads to the HCBS member passing away?

Yes, all HCBS member deaths should be submitted as a separate critical incident. This allows for proper tracking of member deaths.

Why is the "Could this critical incident have been prevented" question required when completing a CIR?

This question is part of the Critical Incident Prevention Strategies being implemented by the Department. Data collected from this question will be utilized for root cause analysis and long term prevention planning.

What is the Root Cause of a Critical Incident?

The root cause is the occurrence or condition that directly produced the incident and is the underlying process or issue that lead to the incident. Each incident may have one or more root causes involved in the incident.

What does Provider Involvement include?

Provider involvement includes any critical incident in which a service provider is actively involved in the critical incident, Provider involvement does not include a provider who is a witness or mandatory reporter to the incident and is only included when a provider is an active participant in the event that resulted in the critical incident.

What are some common areas of missing information in the CIR which often result in edit requests and follow up requests?

- Indicating whether Adult Protective Services, Child Protective Services, Law Enforcement, or the Department of Public Health and Environment were notified or are involved.
- Incomplete location (missing city, clarifying the location).
- Incorrect location (where the symptoms first occurred, actual location of where the incident occurred vs reported, or missing hospital name).
- Provider involvement missing.
- Case manager name missing.
- Required change to type of incident.
- CIR not substantiated.
- Incorrect CIR type selected by the case manager.

How is self-neglect defined for critical incidents?

The Department uses the Colorado Adult Protective Services (APS) definition for self-neglect: "Self-neglect" means an act or failure to act whereby an at-risk adult substantially endangers his or her health, safety, welfare, or life by not seeking or obtaining services necessary to meet his or her essential human needs. Choice of lifestyle or living arrangements shall not, by itself, be evidence of self-neglect. Refusal of medical treatment, medications, devices, or procedures by an adult or on behalf of an adult by a duly authorized surrogate medical decision maker or in accordance with a valid medical directive or order, or as described in a palliative plan of care, shall not be deemed self-neglect. Refusal of food and water in the context of a life-limiting illness shall not, by itself, be evidence of self-neglect. As used in this subsection (10), "medical directive or order" includes, but is not limited to, a medical durable power of attorney, a declaration as to medical treatment executed pursuant to section 15-18-104, C.R.S., a medical order for scope of treatment form executed pursuant to article 18.7 of title 15, C.R.S., and a CPR directive executed pursuant to article 18.6 of title 15, C.R.S.

For more information contact:

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