

Children's Long-Term Support (CLTS) Waiver Renewal Special Topic Teleconference– Incident Reporting and Restrictive Measures



Division of Medicaid Services
Bureau of Children's Services
December 9, 2021
11 a.m.-12 p.m.

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and Mary Schmierer

Incident Reporting Agenda

- Purpose
- Reasoning and overview of changes
- Policy
- Analysis and trending
- Children's Incident Tracking and Reporting (CITR) system

Restrictive Measures Agenda

- Guiding principles
- Summary of changes and definitions
- New prohibited practices
- New policy
- Resources and publications

Purpose of Reporting Incidents

The Centers for Medicare & Medicaid Services (CMS) requires states to track the health and safety of waiver participants:

- Robust tracking and reporting system helps prevent incidents to the extent possible.
- This allows states to better support participants at an individual level.
- Data helps determine how to respond to incidents and where to focus effort.

Reason for Changes to Incident Reporting

- The scope of events defined as incidents that must be reported to DHS is changed to ensure incident management is meaningful and meets federal requirements.
- The goal is gathering essential information needed by all agencies (county waiver agencies (CWAs) and the Wisconsin Department of Health Services (DHS)) to focus on incidents that have the potential for causing harm to participant health and safety.

Reason for Changes to Incident Reporting, cont.

- This change will strengthen agencies' abilities to respond to incidents and implement actions that reduce the risk and likelihood of future incidents.
- Support and service coordinators (SSCs) must work with families to identify supports and services to help reduce risk to health and safety and minimize preventable incidents from occurring.

Changes Effective January 1, 2022

- Definition of an incident
- Determination of “critical incident” will no longer be used
- Timeline for notification
 - Three business days for all incidents

Changes Effective January 1, 2022, cont.

- DHS review
 - DHS will fully review the following incident reports:
 - ◆ Abuse, neglect, and exploitation
 - ◆ Unapproved use of a restrictive measure by a service provider
 - ◆ Participant death
 - DHS will use incident report data and analysis to reach out to CWAs.

Incident Reporting Policy

Linda Hoeppner
Program and Policy Analyst

Applicability

All participants enrolled in a CLTS program:

- CLTS Waiver Program
- Children's Community Options Program (CCOP)

Incident Definition

All of the following events or situations are incidents. CWAs must report all incidents to DHS.

- Actual or alleged abuse, neglect, or exploitation involving the participant
- Hospitalization due to an error in medical or medication management that results in an adverse reaction

Incident Definition, cont.

- Psychiatric hospitalization
- Law enforcement contact or investigation involving the participant
- Unapproved use of a restrictive measure
- Death of the participant

Determination of “Critical Incident” is Removed

Through December 31, 2021

- Critical incidents are incidents that pose an active, ongoing, and continued significant risk to the participant’s health and safety.
- CWAs must notify DHS of critical incidents within one business day of the date the CWA was notified of the critical incident.

Effective January 1, 2022

- No critical incidents - only incidents.

Incident Type Details CWAs Report to DHS Through December 31, 2021	CWAs Report to DHS Effective January 1, 2022
Death	Yes
Abuse, neglect, exploitation	Yes
Use of an unapproved restrictive measure	Yes
Hospitalization due to involuntary or voluntary psychiatric emergency	Yes
Errors in medical or medication management that require medical attention	Yes - Only if hospitalized
Initiation of an investigation by law enforcement involving the participant	Yes - Law enforcement contact or investigation
Event or behavior that causes serious injury or risk to the participant (setting fire, violence, unplanned hospitalization, suspected or confirmed suicide attempt)	No
Damage to the residence of the participant or service provider	No
General Hospitalizations	No

Incident Reporting Process

1. Families, providers and caregivers report risk to a participant's health or safety to the CWA.
 - ♦ CWA acts to remediate active, ongoing risk.
2. CWA notifies DHS of incidents and completes incident reports via [CITR](#).
3. DHS reviews, tracks, and trends incidents.
 - ♦ Supports CWA to remediate and resolve incidents, and prevent incidents when possible.

Incident Reporting Process, cont.

When a CWA reports actual or alleged abuse or neglect involving a participant to the local Child Protective Services (CPS) agency ([Wis. Stat. § 48.981\(3\)](#)), they must also report it to DHS as an incident.

- CWAs notify DHS of the incident at the time of the mandated report to CPS.
- CWAs must not wait for determinations from CPS before notifying DHS of these incidents.

Timelines to Notify DHS and Complete Incident Reports

CWA Action	Required Timeframe Effective January 1, 2022
Notification	3 business days Within 3 business days of the date the CWA was notified of the incident
Complete Report	30 calendar days Within 30 calendar days of the date the CWA was notified of the incident

CWAs will continue to notify DHS of incidents and complete incident reports via the [Children's Incident Tracking and Reporting](#) (CITR) online system.

Key CWA Responsibilities

- Maintain awareness through ongoing communication with participant's family and providers
- Identify health and safety risks
 - Collaborate with family
- Immediately re-assess risks following any incident
- Implement supports and services to address risks and promote a safe environment

Resources

Resources that will be updated in the first quarter of 2022:

- CLTS Waiver Program Manual ([P-02256](#)), Chapter 9, Health and Safety
- Family Guide to Incident Reporting ([P-00069A](#))
- Children's Incident Reporting for Providers ([P-02613](#))

Incident Reporting Analysis and Trending

Kelsey Vincent
Program and Policy Analyst

Analysis and Trending

- The focus areas are:
 - Timeliness.
 - Reporting frequency by CWA.
 - Participants with multiple incident reports.
 - Remediation.
- DHS may reach out to CWAs based on analysis and trending

Timeliness

Performance Measure	2020	Q2	Q3	YTD 2021
G-i-b-2. Percent of abuse, neglect, exploitation and unexplained death incidents reported within DHS established timeframe.	81%	79.6%	81.7%	83%

- Performance measure is reported to CMS on an annual basis
- 117 incidents reported late to DHS from 39 CWAs in Q2 & Q3
- Late incidents were reported to DHS 21 days on average

Changes:

This performance measure will **change with** the waiver renewal. **The new performance measure** will **report** timeliness of all incident types

Incident Type	Reported to DHS Effective January 1, 2022	DHS Full Review or Analysis and Trending
Death	Yes	Full Review
Abuse, neglect, exploitation	Yes	Full Review
Use of an unapproved restrictive measure	Yes	Full Review
Errors in medical or medication management that require medical attention	Only if hospitalized	Analysis and Trending
Initiation of an investigation by law enforcement involving the child	Law enforcement contact or investigation	Analysis and Trending
Hospitalization due to involuntary or voluntary psychiatric emergency	Yes	Analysis and Trending

Incident Reporting CITSR System

Bob Kiel
Information Systems Lead

CITR System Changes for January 1, 2022

- Removing all references and processing around determining “critical”
- Updating Incident Types and Type Details
- Adding correlation between incident type and type detail
- DHS notification happening automatically after completion of the “Incident Type” screen

"Critical Column" Removed from Dashboard

Children's Incident Tracking and Reporting (CITR)

logout

Dashboard

Create a New Incident

Legacy Incident Data

Reports

My Incidents

Draft90

In Progress486

Pending48

State Review100

Certified9672

Unlocked136

Incidents

Agency Participants

Search:

First Name

Participant ID

Last Name

Date of Birth

mm-dd-yyyy

Worker First Name

Worker Last Name

Filter(s):

☐ DRAFT

☐ IN PROGRESS

☐ PENDING

☐ STATE REVIEW

☐ CERTIFIED

☐ UNLOCKED

Search

Apply Filters

Show10entries

Search:

DHS Reviewed by	Incident ID	Critical	Participant Name	Participant ID	Waiver Agency Name	Status	Created Date	Last Updated Date	Assigned Worker	Entry Worker	History	Inactive
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Additional Incident Detail

Screen Removed

ADDITIONAL INCIDENT DETAIL

* Indicates a required field

Is this a critical incident?

☐ Yes ☒ No

Does this incident continue to pose a serious risk to the health, safety and welfare of the Participant?

☐ Yes ☒ No

Does this incident continue to pose a serious risk to the health, safety and welfare *of someone other than the Participant?*

☒ Yes ☐ No

Did this incident require immediate action?

☐ Yes ☒ No

Did this incident pose a serious risk to the health, safety and welfare of the Participant?

☐ Yes ☒ No

Did this incident pose a serious risk to the health, safety and welfare *of someone other than the Participant?*

☐ Yes ☒ No

Did the participant initiate this incident?

☐ Yes ☒ No

Did this incident result in the death of the Participant?

☐ Yes ☒ No

Date of Death

mm-dd-yyyy



Previous

Download Incident

Save & Continue

Updated Incident Type Values

- Abuse
- Death
- Law enforcement contact
- Hospitalization
- Neglect
- Exploitation
- Unapproved use of restrictive measures
- Other

Incident Type	Incident Type Detail
Actual or alleged abuse, neglect, or exploitation involving the participant	<ul style="list-style-type: none"> • Physical, verbal, and emotional abuse • Sexual abuse or exploitation • Neglect constituted by failure to seek medical attention, lack of food or nutrition, dangerous living situation, or lack of supervision • Financial exploitation constituted by misappropriation of the participant's funds or property
Hospitalization	<ul style="list-style-type: none"> • Hospitalization due to an error in medical or medication management that results in an adverse reaction • Psychiatric hospitalization
Law enforcement contact or investigation involving the participant	<ul style="list-style-type: none"> • Contact • Investigation
Unapproved use of a restrictive measure	<ul style="list-style-type: none"> • Misuse of mechanical restraint or protective equipment • Use of manual restraint • Use of isolation or seclusion
Death of the participant	<ul style="list-style-type: none"> • Anticipated • Suicide • Other

Correlation Between Incident Type and Type Detail

Incident ID

20211196

Participant ID

3333333333

Participant Name

aa

NOTIFICATION

AGENCY

STATE REVIEW

CERTIFIED

INCIDENT TYPE

Up to three incidents types can be selected

Type 1

Incident Type *

01 - Abuse

Incident Type Detail *

03 - Abuse - Physical

INCIDENT DESCRIPTION

Add Incident Type

* Indicates a required field




Send to DHS Button Moved

Maximum 3000 Characters


Actions taken to remediate the situation? *

Maximum 3000 characters

INCIDENT REFERRAL

Referred Date 1	Referred To 1
<input type="text" value="mm-dd-yyyy"/> 	<input type="text"/>
Referred Date 2	Referred To 2
<input type="text" value="mm-dd-yyyy"/> 	<input type="text"/>
Referred Date 3	Referred To 3
<input type="text" value="mm-dd-yyyy"/> 	<input type="text"/>

[Previous](#) [Download Incident](#)



[Save & Send to DHS](#)

Restrictive Measures

Nicole Miller
Restrictive Measures Coordinator

Guiding Principles

- All children and youth have the right to be treated with respect regardless of complex behavioral needs.
- All behavior, including dangerous behavior, has a purpose or meaning for the child or youth.
- Every child and youth has the right to freedom from restraint and access to trauma-informed, culturally responsive care.

Guiding Principles, cont.

- The historic and continued disproportionate use of restraint and seclusion with people with disabilities and children and youth of color necessitates a high level of scrutiny for every use of restrictive measures.
- Restrictive measures are a treatment failure not a treatment modality.

Guiding Principles, cont.

- Seclusion and isolation are never appropriate techniques to use with children or youth in a community setting.

Summary of Changes

Restrictive Measure Type	Currently Eligible for Approval	Eligible for Approval January 1, 2022
Protective equipment	X	X
Mechanical restraints	X	X
Manual restraints	X	
Isolation	X	
Seclusion	X	

Protective Equipment

Devices that do not restrict movement but do limit access to one's body and are applied to any part of a child or youth's body for the purpose of preventing tissue damage or other physical harm that may result from their behavior.

Mechanical Restraint

The use of a device within the environment or applied to any part of a child or youth's body that restricts or prevents voluntary movement within the environment or normal use or functioning of the body or body part that cannot be easily removed by the child or youth and is above and beyond typical safety measures used for same aged peers.

New Prohibited Practices

The following maneuvers, techniques, or procedures may not be used in any circumstances:

- Any use of seclusion in which the child or youth is physically set apart by staff from others through the use of locked doors or the door to the room would remain locked without someone having to remain present to apply constant pressure or control to the locking mechanism.

New Prohibited Practices, cont.

- Any use of isolation in which the child or youth is involuntarily physically or socially separated from others by the actions or direction of staff, contingent upon behavior.

New Policy: Unapproved Use of Manual Restraint

The use of manual restraint is prohibited except in very limited, emergency circumstances which all of the following occur:

- The participant's behavior places the participant or any other person at imminent, significant risk of physical injury.

New Policy: Unapproved Use of Manual Restraint, cont.

- The measure used is the least restrictive approach possible.
- The manual restraint is used for the shortest time possible.

Reporting Unapproved Use of Restrictive Measures

Incident Type	Incident Type Detail
Unapproved use of a restrictive measure	<ul style="list-style-type: none">• Misuse of mechanical restraint or protective equipment• Use of manual restraint• Use of isolation or seclusion

New Policy: Incident Debriefing

- **When:** Within five business days of an incident
- **Who:** SSC talks to the participant and the provider separately
- **How:** In person, on the phone, or with audio-visual video conferencing
- **Purpose:** Gain perspective on the events before, during and after incident and discuss how to prevent in the future

New Policy: Evaluation of the Support Plan or ISP

- **When:** After two or more instances of unapproved use in six months
- **Who:** The full team including the SSC, participant, family, and provider
- **How:** In person, on the phone, or with audio-visual video conferencing
- **Purpose:** Start the process to evaluate and change the support plan or individual service plan (ISP) and identify additional resources

Next Steps: Connection to Resources

If the team identifies the need for additional resources, consider:

- Referral to ForwardHealth services for medically necessary treatment
- Revision to ISP to add or change CLTS supports and services
- Connection to statewide trainings for CWAs and providers

Next Steps: Updated Publications

- Chapter 9 of the CLTS Waiver Manual
- Instructions guide for completing an application for the use of protective equipment or mechanical restraint
- Application form for the use of protective equipment or mechanical restraint

Further Questions

- [CLTS Child and Family Program Specialist](#)
- [Nicole Miller](#), Bureau of Children's Services
Restrictive Measures Coordinator