



Date: August 14, 2015

DLTC Numbered Memo 2015-04

To: Listserv
For: DHS Area Administrators/Human Service Area Coordinators
County Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
County Developmental Disabilities Coordinators
County Waiver Contacts
County LTS Supervisors
Tribal Chairpersons
DLTC Bureau Directors

From: Brian Shoup, Administrator, Division of Long Term Care

New Requirements for the Adult Medicaid Waiver Programs: Incident Reporting

Document Summary

This memo provides direction to CIP II/COP-W agencies as to new requirements to report certain incidents involving program participants to the Bureau of Managed Care (BMC). In addition, this memo announces new reporting requirements for the CIP 1A/1B programs, which will change the types of incidents that must be reported to the Department of Health Services (DHS). Reports submitted on or after August 15, 2015 will include only specific actual or alleged sentinel events, including incidents of abuse, neglect, self-neglect or death. Other adverse events such as injuries, illnesses, hospitalizations, the planned use of restrictive measures, etc., must be addressed and tracked locally, but will no longer be reported to BMC.

Policy

Effective August 15, 2015, local agencies operating the CIP II/COP-W Medicaid Waiver programs must begin to report certain sentinel incidents that occur or that are alleged to have occurred in the lives of their participants. Reports will be made to the BMC Incident Reporting Contact (BMC IR Contact). For the CIP II/COP-W programs, the BMC IR Contact is The Management Group (TMG). Reports will be made via e-mail to a dedicated e-mail address, WaiverQualitySupport@tmgwisconsin.com, or by fax to **608-505-1316**. Reports are required for incidents that meet the statutory definition of abuse, neglect, self-neglect and those resulting in death, as well as events involving the inappropriate use or misuse of restraints. The types of incidents that must be reported are further defined in the Incident Report Instructions (Attachment 1, [F-01596i](#)). Reportable incidents include:

- **Physical abuse**
- **Emotional abuse**
- **Sexual abuse**
- **Treatment without consent**
- **Unreasonable confinement or restraint**
- **Financial exploitation**
- **Neglect**
- **Self-Neglect**
- **Death for any unexpected or unexplained reason**
- **Missing person with no plan in place for elopement**

- **Misuse/misapplication of an approved restraint when a plan is in place**
- **Misuse of restraints/restrictive measures outside of an approved plan**
- **Any application of restraint/restrictive measure resulting in injury**

Also effective August 15, 2015, local agencies operating CIP 1A/1B waiver programs must begin to report incidents following the new, revised reporting requirements. While incident reporting will not be a new requirement for these programs, the types of incidents reported to DHS will change. To ensure consistency across programs, CIP1A/1B programs will report only the sentinel events described above. The reporting process, including to whom to report and timelines involved, will not change. CIP 1 programs are expected to make reports to their BMC IR Contact, their assigned Area Quality Specialist (AQS). The AQS will be responsible for monitoring the county response and coordinating any BMC follow up that may be indicated.

Under this policy there are incidents and events that were previously considered reportable that are no longer required to be reported. Examples include, *but are not limited to*:

- Provision of health care services to treat a known or chronic condition such as a seizure disorder.
- Trips to the hospital or visits to the emergency room or urgent care to treat injuries resulting from falls or household accidents.
- The occurrence of unexpected illness.
- Behavioral interventions that occur during the implementation of an existing behavioral intervention plan.
- Medication mistakes/errors.
- Arrests, incarceration.
- The presence of substandard environmental conditions.

While these examples might not be reported to DHS, incidents that are similar in nature but *dissimilar in cause* may indicate abuse and are reportable. For example, injuries requiring hospital or ER visits that were sustained as a result of physical mistreatment are reportable, as is the withholding or intentional overuse or underuse of medication, or the misuse of an approved restraint.

It must be noted that many incidents or circumstances described as not reportable to BMC clearly call for action or intervention by the responsible agency to preserve or protect individual health and well-being. In addition, providers, professionals and others may have additional reporting responsibilities to notify other entities as appropriate (e.g., Adult Protective Services or the Elder/ Adult at Risk Agency, the Division of Quality Assurance or law enforcement). It must be understood that completing and sending an Incident Report does not relieve persons from any other duty or statutory responsibility to report.

Notification, Reporting, and Closure of Incidents and Incident Reports

The process of incident reporting involves initial notification that the event or incident occurred, submission of the formal Incident Report, determination of the appropriate response to the incident, and ultimate closure of the report. Service providers, families, guardians and interested others are expected to notify local waiver agencies when an incident involving a waiver participant is witnessed or alleged to have occurred. The local agency will determine if the incident is reportable as defined in this policy and if so, will immediately notify the BMC IR Contact. Initial agency notification need only contain a basic description of what has occurred.

Following notification to BMC, submission of the initial Incident Report to the appropriate BMC IR Contact must occur within three business days. At this point, the report is not expected to document a complete resolution or closure of the incident. However, the report should include essential information about the participant, the type of incident, the date it occurred and the status of any action taken to assure the safety and well-being of the participant.

All incident reports must be administratively closed by submission of an updated and completed incident report to the appropriate BMC IR Contact. Closure of the report refers only to the conclusion of the reporting process, and may occur while there are ongoing efforts to remediate the situation. Any resulting agency actions, including referrals for protective services; to law enforcement for investigation, or to the courts; or reassessment and plan revision may be continuing.

Details for the process are outlined in **Attachment 2 (F-01596i)**.

Applicability

This revised incident reporting policy is applicable in the legacy waiver counties serving adults in the CIP 1A/1B or CIP II/COP-W programs. It is applicable in these counties beginning August 15, 2015. For counties in transition to managed care, the reporting requirements will apply for each participant until the date of the participant's enrollment in a new program. A revised Incident Report Form ([F-01596](#)) and Incident Report Instructions ([F-01596i](#)) are attached to this memo and are available online in the [DHS Forms Library](#).

Waiver agencies should note that the forms have changed for the adult legacy waiver programs (CIP 1A/1B, CIP II, and COP-W). Until further notice, other programs (i.e., CLTS Waivers or IRIS) continue to use the original incident reporting forms from 2010. The updated forms for the adult legacy waivers are dated 8/2015 and are expected to be used for any reportable incidents occurring on or after August 15, 2015. Any questions or concerns may be directed to the CIP 1A/1B regional AQS, TMG, or one of the contacts listed below.

Central Office Contacts:

For CIP 1A/1B
Kimberly Pertzborn
DHS Bureau of Managed Care
PO Box 7851
Madison, WI 53707-7851
Kimberly.Pertzborn@wisconsin.gov

For CIP II/COP-W
Sandy Blakeney
DHS Bureau of Managed Care
PO Box 7851
Madison, WI 53707-7851
Sandy.Blakeney@wisconsin.gov

MEMO WEB SITE:

CC: DHS Area Administrators/Human Services Area Coordinators
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Attachments:

1. Incident Report: CIP 1A/1B, CIP II, and COP-W Medicaid Waiver Programs [F-01596](#)
2. Incident Report Instructions: CIP 1A/1B, CIP II, and COP-W Medicaid Waiver Programs [F-01596i](#)