



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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**Incident Reporting Instructional Guide for 1915(c) HCBS Waiver Services
Updated: June 4, 2021**

Overview:

This document provides instructions regarding how direct service providers, case managers, and support brokers/service advisors for participant-directed services (PDS), referred to collectively as “waiver providers,” are expected to report critical and non-critical incidents for waiver participants receiving 1915(c) Home and Community-Based Services (HCBS) waiver services. Critical incidents are serious in nature and pose immediate risk to health, safety, or welfare of the waiver participant or others. Non-critical incidents are minor in nature and do not create a serious consequence or risk for waiver participants.

Incident reporting is essential to safeguarding the health, safety, and welfare of 1915(c) HCBS waiver participants. Incident data is used to:

- Identify and resolve incidents to support waiver participant safety
- Mitigate preventable incidents
- Provide insights into trends and problems across Kentucky to reduce risks and improve quality of services

This instructional guide applies to the following 1915(c) HCBS waivers:

- Acquired Brain Injury (ABI)
- Acquired Brain Injury Long Term Care (ABI-LTC)
- Home and Community Based (HCB)
- Michelle P. Waiver (MPW)
- Model II Waiver (MIIW)
- Supports for Community Living (SCL)

All entities or persons that report incidents shall comply with applicable confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA) requirements, regarding the reporting of confidential information and protected health information. In addition, reporting incidents under the provisions of this policy shall not replace the mandatory reporting requirements of Kentucky Revised Statute (KRS) 620.030 or 209.030 with regard to abuse, neglect, or exploitation (ANE).

Direct service providers and case management entities are required to have written policies and procedures regarding incident reporting and management.

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Reporting all incidents using the Medicaid Waiver Management Application (MWMA) became mandatory on December 1, 2020. Waiver providers must retain copies of all critical and non-critical incident reports and investigation reports submitted prior to December 1, 2020 or the date the waiver provider began using MWMA to report incidents, whichever comes first. Please refer to the Kentucky Administrative Regulations for each waiver’s record retention schedule. All incident reports and investigation reports must be made available to the waiver participant, guardian, and/or the PDS representative (applies to PDS only). This information is part of the waiver participant’s overall record. Figure 1 demonstrates the incident management process.

Figure 1: General Process for Incident Reporting

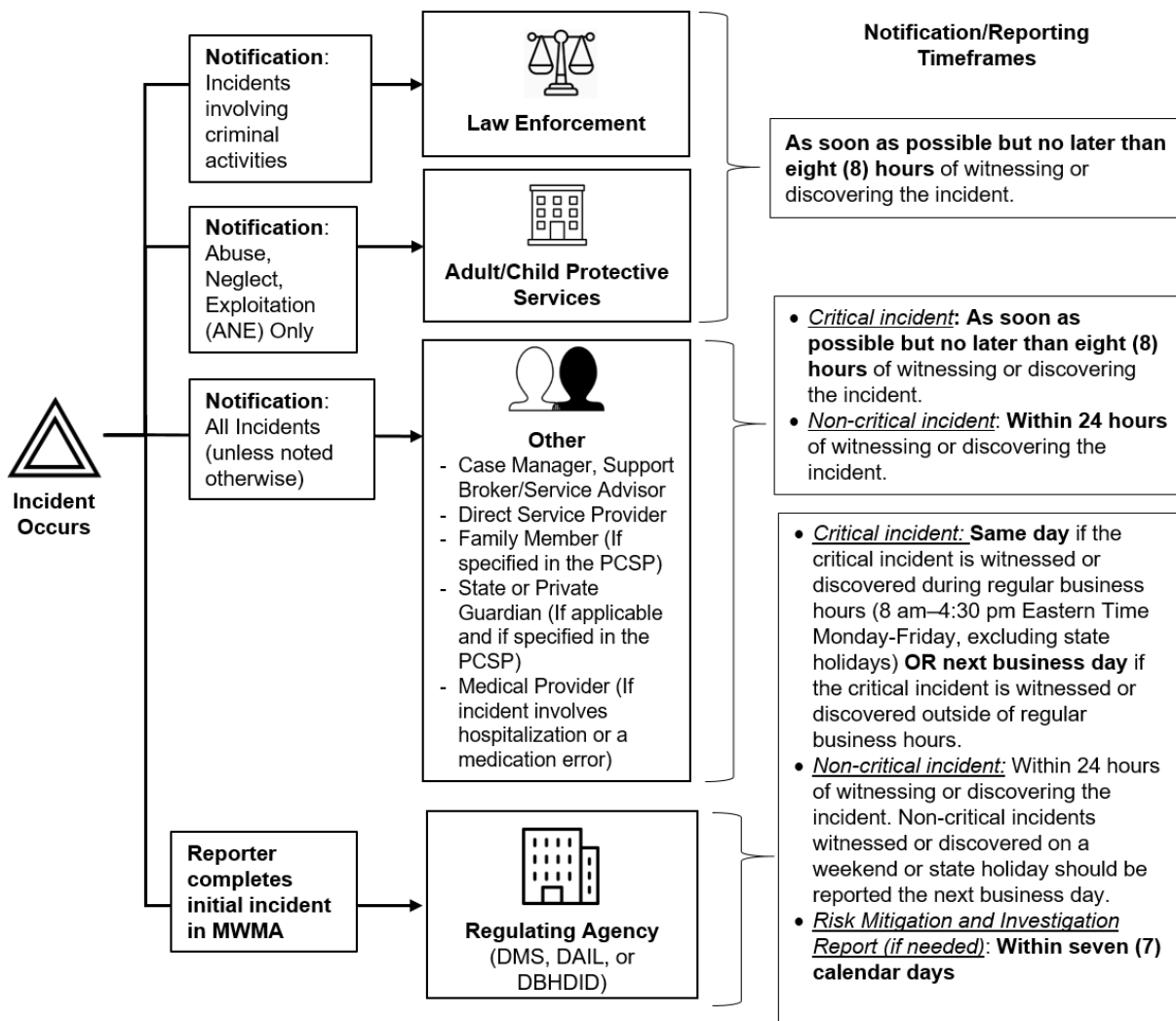


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Section 1: Responsibilities

Figure 2 summarizes the key responsibilities of each party involved in the incident management process.

Figure 2: Responsibility Matrix

Entity	Definition/Responsibilities
Direct Service Provider	<p><i>Definition:</i> A direct service provider is any person, agent, or employee of a provider entity who provides a 1915(c) HCBS waiver service. In the case of subcontractors, the responsibility for reporting incidents rests with the contracted direct service provider.</p> <p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none"> • Notify all appropriate parties as described in Section 3 of this guide. • Report critical and non-critical incidents using MWMA <ul style="list-style-type: none"> ○ Instructions for reporting incidents using MWMA are available in the “MWMA DSP User Guide” located in TRIS. ○ The direct service provider is responsible for reporting: <ul style="list-style-type: none"> ▪ All incidents that occur at the direct service providers’ location; ▪ All incidents where the direct service provider is the first person to witness or discover the incident, regardless of location. • Participate in case manager and regulating agency investigations.
Case Manager, Support Broker, or Service Advisor	<p><i>Definition:</i> An individual who assists waiver participants in gaining access to waiver services and other needed services to support the waiver participant’s needs. The case manager, support broker, or service advisor manages the overall development, implementation, and monitoring of a waiver participant’s person-centered service plan (PCSP).</p> <p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none"> • Notify all appropriate parties as described in Section 3 of this guide. • Report critical and non-critical incidents using MWMA <ul style="list-style-type: none"> ○ The case manager, support broker, or service advisor submit <i>initial incident reports</i>. ○ The case manager, support broker, or service advisor is responsible for reporting incidents if the case manager, support broker, or service advisor is the first person to witness or discover the incident AND the incident does not occur at a direct service providers’ location. ○ Instructions for reporting incidents using MWMA are available in the “Incident Management for Case Managers Overview” located in TRIS. • Complete the Risk Mitigation and Investigation Reports (<i>RMIR</i>) as needed. • When a critical incident is initiated by a direct service provider/direct service provider supervisor, case managers, support brokers, or service advisors are required to complete the <i>Case Manager Sign-Off Report</i>. The report verifies they have reviewed all submitted information, including any proposed actions, and agree to sign-off. If the case manager, support broker, or service advisor disagrees and does not sign-off, an <i>RMIR</i> will

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	<p>be required of the direct service provider supervisor, if one has not yet been completed. If a case manager, support broker, or service advisor disagrees with the findings of the <i>RMIR</i>, they should complete a <i>Case Manager Fact Finding Report</i>.</p> <ul style="list-style-type: none"> • Participate in direct service provider and regulating agency investigations. • Depending on the severity and type of critical incident: <ul style="list-style-type: none"> ○ The case manager, support broker, or service advisor may need to revise the PCSP (e.g., the critical incident results in a change to the caretaker or direct service provider). ○ The case manager, support broker, or service advisor may need to provide additional support to the waiver participant and document any follow-up visits. For example, the case manager, support broker, or service advisor may provide an additional face-to-face visit to ensure continued safety, help a waiver participant to locate a new direct service provider, or work with the direct service provider and waiver participant to address an abusive situation. ○ The case manager shall submit materials to the regulating agency for all incidents involving deaths (refer to Section 4 for Mortality Review requirements). The support broker/service advisor is not required to submit mortality review documentation at this time. • Provide ongoing support and monitoring to the waiver participant.
Regulating Agency (DAIL, DBHDID, or DMS)	<p><i>Definition:</i> Kentucky Department for Medicaid Services (DMS), Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and Kentucky Department for Aging and Independent Living (DAIL) are the state agencies responsible for overseeing and administering Kentucky’s 1915(c) HCBS waiver programs. Figure 7 of this manual provides a breakdown of each 1915(c) HCBS waiver and the responsible regulating agency.</p> <p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none"> • Review the <i>incident report</i> and determine if additional steps or actions are needed to close the incident. • Coordinate with Adult Protective Services (APS), Child Protective Services (CPS), and law enforcement. • Perform on-site investigations (if applicable). • Issue corrective action plans (if applicable).
Adult Protective Service (APS)	<p><i>Definition:</i> The Department for Community Based Services (DCBS), APS investigates suspected reports of abuse, neglect, or exploitation as defined in KRS 209.020 (8, 9 and 16) of an adult as defined in KRS 209.020 (4).</p> <p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none"> • Investigates suspected reports of abuse, neglect, or exploitation that meets acceptance criteria under KRS 209 and offer protective services. • Notifies the appropriate law enforcement agency along with authorized agencies and to the extent practicable coordinates with the appropriate law enforcement and authorized agencies.
Child Protective Service (CPS)	<p><i>Definition:</i> The Department for Community Based Services (DCBS), CPS investigates all known or suspected incidents of abuse, neglect, or dependency of a child.</p>

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	<p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none">• If established criteria is met, CPS will investigate reports of ANE for children below 18 years of age. CPS does not investigate a report if the victim of the report of abuse, neglect, or dependency is age eighteen (18) or older.• Notifies the appropriate law enforcement agency along with authorized agencies and to the extent practicable coordinates with the appropriate law enforcement and authorized agencies.
Law Enforcement	<p><i>Definition:</i> Law enforcement is any lawfully organized investigative agency, sheriff's office, police unit, or police force of federal, state, county, urban-county government, charter county, city, consolidated local government, or a combination of these, responsible for the detection of crime and the enforcement of the general criminal federal or state laws.</p> <p><i>Key Responsibilities Include:</i></p> <ul style="list-style-type: none">• Investigate incidents that involve a criminal act and coordinate with the appropriate regulating agency, APS, and/or CPS.

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Section 2: Incident Types

Critical incidents are serious in nature and pose immediate risk to health, safety, or welfare of the waiver participant or others. Figure 3 identifies the types of *critical* and *non-critical* incidents that must be reported to all respective parties.

These listings are not exhaustive; therefore, the reporter should use his or her judgement as to whether the incident requires completion of an *incident report* in MWMA. For instances involving multiple incidents, reporters should submit one *incident report* and select the relevant categories.

Figure 3: Incident Types

Category	Sub-Categories	Incident Classification
Behavior	Alleged Criminal Activity	Critical
	Homicidal Ideation	
	Inappropriate Sexual Behavior	
	Self-Neglect	
	Physical Aggression	If Minor = Non-Critical If Major = Critical Pattern of 3 or more in 90 day period = Critical
	Property Damage	
	Self-Injury	
	Verbal Aggression	
Confidentiality Breach	Type [user entered text]	Critical
Death	Natural or Expected	Critical
	Unnatural or Unexpected	
Elopement	Individual Not Found	Critical
	Individual Found	
Environmental	Evacuation	Critical
	Forced Eviction	
	Loss of Utilities	
	Structural	

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Category	Sub-Categories	Incident Classification
Illness/Injury	User-Entered (per regulatory guidance)	If Minor = Non-Critical If Major = Critical
	Fall	
	Seizure i. Seizure Activity without Diagnosis ii. Seizure Activity beyond Individual Protocol	If Medical Intervention = Critical If No Medical Intervention = Non-Critical
	History of Seizure	Critical
Medication	Adverse Reaction	Critical
	Missing Medication	
	Wrong Dose/Wrong Medication	
	Refusal	If Missed Dose <= 2 = Non-Critical If Missed Dose >3 = Critical Pattern of 3 or more in 90 day period = Critical
Public Health Concerns	N/A	Critical
	Diagnosis of	
	Exposure to	
Suspected Abuse	Seclusion	Critical
	Restraint - Chemical	
	Restraint - Physical	
	Mental/Emotional Physical Verbal	
	Sexual	
	Sexual Activity by individuals without consent capacity	
Suicide	Attempt	Critical
	Ideation	
Suspected Exploitation	N/A	Critical
Suspected Neglect	Mental/Emotional	Critical
	Physical	
	Sexual	
	Medication Error	

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	N/A	
	All Other	

Incident Types That Do Not Require Reporting:

Events that do not have the potential to impact waiver participants' health, safety, or welfare do NOT need to be reported. Examples include but are not limited to:

- Scheduled medical procedures/surgeries
- Request to change a case manager or request for services to be placed on hold
- Peer to peer interactions that show no observed threat to health, safety, or welfare (e.g. argument over who sits in what chair)
- Lifestyle choices or actions that show no observed impact on health, safety, or welfare (e.g. having a few alcoholic drinks as long as it is not contra-indicated)
- Flu and STDs. Medical providers report flu, sexually transmitted diseases, and other illnesses to local health departments or the Kentucky Department for Public Health in accordance with Kentucky Administrative Regulations (902 KAR 2:020). If the waiver participant is diagnosed with an STD and there is suspected abuse, this should be reported under the incident type "Suspected abuse."

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Section 3: Incident Notification Requirements and Timeframes

Any individual who witnesses or discovers an incident should immediately take steps to ensure the waiver participant's health, safety, and welfare, and notify the necessary authorities, including calling law enforcement and reporting any suspected ANE to the DCBS. DCBS is an agency within the Cabinet for Health and Family Services (CHFS) and operates both APS and CPS.

If the incident occurs at a direct service providers' location, the direct service provider (or other designated staff members from the related provider agency) is responsible for notifying the appropriate parties. If the incident does not occur at the direct service providers' location, the first person (direct service provider, case manager/support broker/service advisor) who witnessed or discovered the incident is responsible for notifying the appropriate parties. The staff member who witnessed or discovered the incident shall report as much information as is known about the incident (e.g., location of incident, parties involved, type of incident, etc.).

A waiver participant has the right to report incidents, participate in interventions, be involved in the incident investigation process, and have an advocate present when interviewed for fact finding activities. If a waiver participant chooses not to report an incident, or declines further intervention, the incident must still be reported. The case manager/support broker/service advisor should communicate this information to the participant. Documentation must be kept indicating that the waiver participant did not wish to report the incident or declined interventions. The reporter should also inform the waiver participant that their services may be in jeopardy if they are putting themselves or others at risk.

Figure 5 includes notification requirements and timeframes for appropriate parties. However, family members, guardian/authorized representative, case manager, support broker/service advisor, or others should *not* be notified if he or she is a suspected perpetrator.

Figure 5: Incident Notification Requirements and Timeframes

Notification To	Timeframe	Approach to Notification
Law Enforcement	Incidents involving criminal activity: As soon as possible but no later than eight (8) hours of witnessing or discovering the incident.	Dial 911 or the local law enforcement number.
DCBS – APS and CPS	Incidents involving ANE: As soon as possible but no later than eight (8) hours of witnessing or discovering the incident.	<i>24-Hour Toll Free Number:</i> 1-877-597-2331 <i>Non-Emergency Web Form:</i> https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx Note: The non-emergency web-based reporting system has been provided to report suspected instances of abuse / neglect which occurred in Kentucky and do not require an emergency response. A situation where a child or adult is at immediate risk of abuse / neglect that

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Notification To	Timeframe	Approach to Notification
		<p>could result in death or serious harm is considered an emergency.</p> <p>The online reporting system is only available between the hours of 8:00am-4:30pm EST Monday through Friday.</p> <p>The online reporting system is not monitored after hours, holidays, or weekends. Anyone needing to make a report after 4:30 pm EST or on holidays or weekends should contact 1-877-597-2331. If the situation is a life-threatening emergency call your local law enforcement agency or 911.</p>
<p>Regulating Agency (DMS, DAIL, or DBHDID)</p>	<ul style="list-style-type: none"> • Critical incident: Within same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours • Non-critical incident: Within 24 hours of witnessing or discovering the incident. Non-critical incidents witnessed or discovered on a weekend or state holiday should be reported the next business day. 	<p>Notification to the appropriate regulating agency is completed by submitting the <i>incident report</i> in MWMA.</p>
<p>Family Member (If specified in the PCSP)</p> <p>For adults, a family member is only notified if the waiver participant has provided consent via their PCSP. For children, a family member is always notified.</p>	<ul style="list-style-type: none"> • Critical incident: As soon as possible but no later than eight (8) hours of witnessing or discovering the incident. • Non-critical incident: Within 24 hours of witnessing or discovering the incident. 	<p>Phone, fax, or email.</p> <p>For notifying family members and state or private guardians, notify using the communication method agreed upon in the PCSP, which may include voicemail or texting.</p> <p>For notifying medical providers, direct service providers, case managers, or support brokers/service advisors, the reporter may leave a detailed voicemail if the individual does not answer and/or</p>
<p>Medical Provider</p>		

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Notification To	Timeframe	Approach to Notification
<p>The medical provider is notified for incidents involving medication errors or hospitalization. The reporter is not required to notify the medical provider for other incident types; however, the reporter should use his or her judgement as to whether the medical provider is notified.</p>		<p>it is outside of the individual's business hours.</p> <p>If you do not know the contact information for the waiver participant's family member, medical provider, direct service provider, case manager, support broker/service advisor, or if the waiver participant has a state or private guardian, contact the appropriate regulating agency.</p>
<p>Direct Service Provider</p>		
<p>Case Manager or Support Broker/Service Advisor</p>		
<p>State or Private Guardian (If applicable and if specified in the PCSP)</p>		

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Section 4: Incident Reporting Requirements

Incident reporting requirements are described in Figure 6. The waiver provider who witnessed or discovered the incident is allowed to report the incident to a designated staff member to complete and submit the initial *incident report* in MWMA; however, the waiver provider that witnessed or discovered the incident is ultimately responsible for the information included in the incident report. When sharing any incident-related documents, identifying information for other waiver participants must be redacted.

Figure 6: Incident Reports and Requirements Submitted to the Regulating Agency

Material	Requirements
Incident Report	<ul style="list-style-type: none"> • <i>Description:</i> The <i>incident report</i> is used to report critical and non-critical incidents to the regulating agency. The <i>incident report</i> captures details of the incident and relevant information pertaining to the waiver participant, reporter, alleged perpetrator, and witnesses. • <i>Key Points:</i> <ul style="list-style-type: none"> ○ One <i>incident report</i> may be used to record multiple incident types if they relate to the same overall incident. If there are two distinctly separate incidents, two incident reports must be completed. ○ When an incident involves more than one waiver participant, an <i>incident report</i> must be completed for each waiver participant. • <i>Responsibility for Completing the Incident Report:</i> <ul style="list-style-type: none"> ○ If the incident occurs at a direct service provider location, the direct service provider is responsible for completing the <i>incident report</i> in MWMA. <ul style="list-style-type: none"> ▪ If the case manager/support broker/service advisor later discovers an incident occurred at a direct service provider location (not from the direct service provider), the case manager/support broker/service advisor should follow-up to assure the direct service provider completes the <i>incident report</i>. ○ If the incident does <u>not</u> occur at a direct service provider location, the first person (direct service provider, case manager/support broker/service advisor) who witnessed or discovered the incident is required to complete the <i>incident report</i> in MWMA. ○ A designated staff member may complete and submit the <i>incident report</i> in MWMA, however, the waiver provider that witnessed or discovered the incident is ultimately responsible for the information included in the <i>incident report</i>. • <i>Timeframe for Reporting:</i> <ul style="list-style-type: none"> ○ Critical incidents: Same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours. ○ Non-critical incidents: Within 24 hours of witnessing or discovering the incident. Non-critical incidents witnessed or

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Material	Requirements
	<p>discovered on a weekend or state holiday should be reported the next business day.</p> <p>Any non-critical incident reporting forms submitted to the regulating agency prior to the date the waiver provider began using MWMA or December 1, 2020, whichever comes first, must be available for audit/review upon request.</p>
<p>Risk Mitigation and Investigation Report (RMIR)</p>	<ul style="list-style-type: none"> • <i>Description:</i> The <i>RMIR</i> is used to provide additional context regarding reported critical incidents and to describe actions taken to resolve the incident and follow-up measures taken. • <i>Key Points:</i> <ul style="list-style-type: none"> ○ The direct service provider supervisor at the agency that submits the <i>incident report</i> or the case manager/support broker/service advisor who submits the <i>incident report</i> is responsible for determining if an <i>RMIR</i> is needed. ○ If an <i>RMIR</i> is needed, the direct service provider supervisor at the agency that submitted the incident report or the case manager/support broker/service advisor who submitted the incident is responsible to complete the <i>RMIR</i>. ○ In cases where a direct service provider supervisor submits the <i>RMIR</i>, the case manager/support broker/service advisor must sign off using the <i>CM Sign-Off Report</i>. If the case manager/support broker/service advisor disagrees with the findings of the <i>RMIR</i>, they complete a <i>Case Manager Fact Finding Report</i>. ○ In cases where the direct service provider did not think the <i>RMIR</i> was needed, the case manager/support broker/service advisor still needs complete the <i>CM Sign-Off Report</i> stating that they have reviewed all submitted information related to the incident, including any proposed actions, and agree to sign off. If they agree to sign off, MWMA will downgrade the incident to a non-critical incident and close the incident. If they disagree and do not sign off, an <i>RMIR</i> will be required of the direct service provider supervisor if it had not yet been completed. • <i>Timeframe for Reporting:</i> The <i>RMIR</i> needs to be completed within seven (7) calendar days.
<p>Case Manager Fact Finding Report</p>	<ul style="list-style-type: none"> • <i>Description:</i> The <i>Case Manager Fact Finding Report</i> is used by the case manager/support broker/service advisor to conduct their own investigation into an incident. • <i>Key Points:</i> The <i>Case Manager Fact Finding Report</i> must be completed when the case manager disagrees with the findings of a direct service provider's <i>RMIR</i>. • <i>Timeframe for Reporting:</i> A <i>Case Manager Fact Finding Report</i> should be completed within seven (7) calendar days.
<p>Mortality Review Materials (If applicable) – <i>Note:</i> <i>The regulating agency</i></p>	<ul style="list-style-type: none"> • <i>Description:</i> The case manager shall submit materials to the regulating agency for all incidents involving deaths.

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Material	Requirements
<i>will request this information from the case manager.</i>	<ul style="list-style-type: none">○ Example mortality review materials are described in each waiver's respective KAR reference (except the HCB waiver). KAR references are located in Appendix B on this document.● <i>Timeframe for Reporting:</i> If a death occurs, the regulating agency will contact the waiver participant's assigned case manager and request documentation. The assigned case manager will have 14 business days to submit all requested documentation.

The initial *incident report*, the *RMIR*, the *Case Manager Fact Finding Report*, and related-tasks are completed in MWMA. Supporting document can be uploaded with any of these reports. , Updates cannot be made to the *initial incident report* once it is submitted to MWMA. Any updates to the *incident report* should be made when completing the *RMIR*.

For all incidents occurring prior to the date the waiver provider began using MWMA to report incidents or December 1,2020, whichever date occurs first, the completed reports (with all information viewable) must be available upon request. If the PDF form hides text when printed or scanned, the form should be provided and stored electronically. The forms may be signed electronically; however, if the form is not signed electronically, waiver providers should send both the electronic copy and a scanned page of the report which includes the signature and date.

Waiver providers must retain all critical and non-critical incident reports and investigation reports completed prior to use of MWMA for incident reporting (each with all information viewable) for five years. All incident reports and investigation reports must be made available to the waiver participant, guardian, and/or the PDS representative (applies to PDS only). This information is part of the waiver participant's overall record.

Once waiver providers begin using MWMA to report incidents, they will not be required to store additional electronic or paper copies of the incident reporting and investigation materials; however, all previously stored documents should be retained for five years.

Section 5: Incident Reporting Materials

DMS held training on the MWMA Incident Reporting Module in September 2020 and in May 2021. Recordings of the trainings and micro-videos used during the trainings are available on the MWMA YouTube channel at <https://bit.ly/mwmatrainingvideos>.

Quick Reference Guides (QRG) for incident reporting are available on TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email the following information to MedicaidPartnerPortal.info@ky.gov:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1.

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Section 6: Risk Mitigation and Investigation Report (RMIR)

Instructions

An *RMIR* is completed for **critical incidents only**. MWMA classifies an incident as critical or non-critical when the initial *incident report* is entered into the system. For critical incidents, **the user entering the initial *incident report* will need to determine if an *RMIR* is needed.**

The *RMIR* is used to provide additional information learned about the incident, describes actions taken to resolve the incident, and any additional action steps beyond those identified in the incident report to minimize recurrence. When considering whether an *RMIR* is needed, consider the following:

- Was the incident out of the responsible party's control?
- Was the incident preventable?
- Could anything have been done differently to resolve the incident?
- Can something be done to prevent similar incidents from happening?
- Is the investigation into the incident or steps taken to resolve it on-going?

If there is potential for additional information due to an on-going investigation or resolution, if the incident could have been prevented or if it could have been handled differently, an *RMIR* may be appropriate. If the incident was entirely out of the responsible party's control and could not have been prevented, an *RMIR* may not be needed.

If the MWMA user entering the incident indicates an *RMIR* is needed, an *RMIR* task is generated. If the incident is reported by a direct service provider, the task will be sent to the agency's direct service provider supervisor(s). If the incident is reported by a case manager/support broker/service advisor, the case manager/support broker/service advisor will receive the task. The *RMIR* must be completed within seven (7) calendar days. For incidents where the direct service provider supervisor completes the *RMIR*, the case manager/support broker/service advisor will receive a task to sign off. If the case manager/support broker/service advisor chooses not to sign off, they will complete a *Case Manager Fact Finding Report* and may request more information from the direct service provider agency.

If a direct service provider user entering the incident indicates an *RMIR* is not needed, the incident is sent to the case manager/support broker/service advisor for sign off. If the case manager/support broker/service advisor agrees by signing off, the incident is downgraded to non-critical and closed. If the case manager/support broker/service advisor disagrees and does not sign off, MWMA will generate an *RMIR* task for the direct service provider supervisor to complete. Once the *RMIR* is complete, it is sent to the case manager/support broker/service advisor for sign off. If the case manager/support broker/service advisor still disagrees and does not sign off, they will complete a *Case Manager Fact Finding Report* and may request more information from the direct service provider agency.

The *RMIR* includes actions that have been or will be taken in response to the incident. By identifying the underlying environmental and system factors that have contributed to an incident, the direct service provider or case manager/support broker/service advisor will find out exactly WHAT happened, WHY it happened, and HOW it can be prevented from happening again. The goal is prevention, both at the waiver participant and systems level. An investigation may focus on the following areas:

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- *Waiver Participant Review:* Review of the actions, inactions, abilities, needs, or goals of the waiver participant. This may also include a review of environmental circumstances that may have led to the critical incident. A resolution may result in changes to the PCSP or a change in equipment.
- *Staff/System Review:* Review of the actions taken by staff members or the protocols that are in place to support operations. A resolution may result in waiver provider training, increased staff supervision, termination of staff, increased number of staff or hours, change in staff, or updates to policies and procedures.

Appendix A: Abbreviations and Acronyms

ANE – Abuse, Neglect, or Exploitation

ABI –Acquired Brain Injury

ABI-LTC – Acquired Brain Injury Long Term Care

APS – Adult Protective Service

CPS – Child Protective Service

DCBS – Department for Community Based Services

DMS – Department for Medicaid Services

DBHDID – Department for Behavioral Health, Developmental and Intellectual Disabilities

DAIL – Department for Aging and Independent Living

HCB – Home and Community Based Waiver

HCBS – Home and Community-Based Services

HIPAA – Health Insurance Portability and Accountability Act

KAR – Kentucky Administrative Regulations

KRS – Kentucky Revised Statute

MAR – Medication Administration Record

MPW – Michelle P. Waiver

MIIW – Model II Waiver

MWMA – Medicaid Waiver Management Application

PDS – Participant-Directed Services

PCSP – Person-Centered Service Plan

RMIR – Risk Mitigation and Investigation Report

SCL – Supports for Community Living

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Appendix B: Additional Resources

KRS – Refer to <https://apps.legislature.ky.gov/law/statutes/>

1. KRS 620.030. Duty to report dependency, neglect, abuse, or human trafficking -- Husband-wife and professional-client/patient privileges not grounds for refusal to report - Exceptions -- Penalties.
2. KRS 209.020. Protection of Adults. Definitions for chapter.
3. KRS 600.020. Definitions for KRS Chapters 600 to 645.

KAR – Refer to <https://apps.legislature.ky.gov/law/kar/titles.htm>

1. 907 KAR 3:090. Acquired brain injury waiver services
2. 907 KAR 3:210. Acquired brain injury long-term care waiver services and reimbursement.
3. 907 KAR 1:835. Michelle P. waiver services and reimbursement.
4. 907 KAR 12:010. New Supports for community living waiver service and coverage policies.
5. 907 KAR 7:010. Home and community based waiver services version 2.
6. 907 KAR 1:595. Model Waiver II service coverage and reimbursement policies and requirements.

Incident Reporting Materials

1. All recordings of incident reporting training using MWMA are available on the MWMA YouTube channel at <https://bit.ly/mwmatrainingvideos>.
2. All micro-videos used during incident reporting training are available on the MWMA YouTube channel at <https://bit.ly/mwmatrainingvideos>.
3. All incident reporting QRGs are available in TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email the following information to MedicaidPartnerPortal.info@ky.gov:
 - First and Last Name
 - Email Address
 - Phone Number
 - Role
 - Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1.