Incident Reporting
Case Manager Responsibilities

Case Manager Roles with Incident Reporting

1. Submitting of an incident report any time an event that impacts the health, safety, welfare, or lifestyle choice of a waiver participant is directly witnessed or discovered.

2. Completing a Risk Mitigation and Investigation Report (RMIR), if they submitted the initial incident report.

3. Reviewing all non-critical and critical incident reports for individuals for whom they provide case management.

4. Complete Case Manager Sign-Off Task for RMIR's completed by a Direct Service Provider.

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Review all critical and non-critical incident reports in MWMA:

- Consider if additional service providers should be notified about the critical or non-critical incident. (such as notifying a residential provider about issues that occurred at the day training site).

- Monitor for possible trends, patterns, and/or health concerns.

- Ask for information about medication error logs that are kept at the responsible provider agency, if needed.

- Ask for additional information if the report does not provide enough information to understand what happened and what has been done about it.

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Consider if the team should meet or take other action based on the occurrence.

- This may include (but is not limited to) the following:
  - ➤ Medical evaluation
    - o Primary care
    - o Dentist
    - o Specialty care (Neurology, Endocrinology, etc.)
  - ➤ Changes to the Participant Summary/Person-Centered Service Plan
    - o level of supervision
    - o additional details about daily routine (i.e.- Updates may need to be included about the individual's preference on time to take a shower or mealtimes, etc.)
  - ➤ Addition of service(s)
    - o Behavior supports
    - o Person Centered Coach (if using SCL services)
    - o Community Access (if using SCL services)

Consider if the team should meet or take other action based on the occurrence (cont'd)

➢ Updates to the Health Risk Screening Tool (HRST).
- Reviewing the HRST as a team to ensure all potential health issues are being monitored and captured in the individual's Person-Centered Service Plan.
  - ➢ The team may determine after reviewing/revising the HRST, additions of potential crisis issues should be included to the Participant Summary or Person-Centered Service Plan (PCSP) (i.e.- potential for falls, potential for constipation/bowel issues, etc.)

➢ Changes to current service(s)
- Additional training/retraining for direct support staff
- Changes in staff pattern/mechanisms to introduce new staff
- Begin, change, or end day training supports.

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Review each RMIR for each critical and non-critical incident

- Check to see if the reporting agency identified causal factors and a strategy to prevent recurrence. This should always be viewed through a person-centered lens. This should be considered when completing the case manager sign off task.

- (Note: The case manager sign off task is due no later than 7 days from the agency's completion of the RMIR in MWMA)

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Review of RMIR:

- Consider if the sequence of events related to the critical or non-critical incident reflect implementation of the individual's person-centered service plan. If not, these should be addressed in the causal factors/strategies to prevent recurrence.
  - If applicable, was medical assistance obtained in a timely manner (or other action to ensure the person's health/safety/welfare)?
  - Were the physician's orders followed?
    - In addition to routine medication administration, this may include:
      - PRN Medication
      - Use of oxygen/CPAP
      - Use of a VNS or other physician ordered action to take related to seizures.
      - Diet Texture
      - Use of adaptive equipment (Hoyer lift, walker, bath/shower chair, etc.)

Review of RMIR:

- Was support provided at the correct level of supervision?

- Was the person's positive behavior support plan (if applicable) implemented correctly? (preventative strategies, reinforcement system, and reactive strategies).

- Were rights restrictions (if applicable) implemented correctly?

- Were participant rights restricted without due process?

- Was there information in the RMIR that indicates the need of a monitoring visit?

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After reviewing the reporting agency's RMIR:

- Document your agreement with the RMIR in MWMA **or**;

- Complete a Case management Fact Finding Report if you disagree with the agency's RMIR or need more information.

- If a Direct Service Provider submitted a critical incident report without an RMIR, but the Case Manager feels an RMIR should be completed, disagreeing to signing off sends an RMIR task to the Direct Service Provider.

Case Manager Fact Finding Report

- Consider completing a Case Manager Fact Finding Report:
  - If the information in the RMIR does not address the causal factors or ways to prevent recurrence of the incident.
  - If the information in the RMIR is not correct or contradicts the information you are aware of.

- This report can also be used to request additional documentation from the Direct Service Provider regarding the incident and/or be used to ask further questions about the provider's response documented in the RMIR.

Helpful Hints:

- If you have been contacted about an incident during that occurred for an individual and realize the Direct Service Provider task to complete the RMIR is overdue, consider notifying Direct Service Provider to complete the RMIR.

- Use the incident report process as a mechanism to increase monitoring or evaluate supports provided, if applicable.

- The regulatory language requires case management involvement in the investigation process, so if a Direct Service Provider reaches out to you for input on their investigation, please respond to the email, voicemail message, etc.

Contact information:

Regional Nurses:

- **Kaliesa Hunt-** Northern Kentucky/Lexington region (includes Frankfort, Morehead, Ashland, and Richmond). Kaliesa.hunt@ky.gov

- **Monica Duncil-** Southeastern KY (includes Somerset, London, Pikeville, and Hazard). Monica.duncil@ky.gov

- **Tami Lewis-** West (includes Paducah, Hopkinsville, Bowling Green, and Owensboro). Tamil.lewis@ky.gov

- **Pam Yazell**- Louisville (Louisville and surrounding areas to include Elizabethtown, Bardstown, and LaGrange). Pam.yazell@ky.gov

Karen Scott: karen.scott@ky.gov (statewide risk management supervisor)

Helpful Links

- MWMA FAQ
  https://chfs.ky.gov/agencies/dms/dca/Documents/mwmaupdates20FAQ.pdf

- Incident Report Instructional Guide
  https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf

- TRIS training materials: Incident Management Tasks, Incident Management Overview, and incident Management Workflow https://tris.eku.edu/MWMA/default.aspx

- Regulations

  ABI 907 KAR 3:090

  ABI-LTC 907 KAR 3:210

  HCB 907 KAR 7:010

  Michelle P 907 KAR 1:835

  Model ll 907 KAR 1:595

  SCL 907 KAR 12:010

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