ANALYSES OF STATE INCIDENT MANAGEMENT SYSTEMS: MEETING 1915(C) REQUIREMENTS FOR HEALTH AND WELFARE

Division of Long-Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Agenda

- Review federal guidance that underscores the priority of protecting waiver participant health and welfare through effective incident management.

- Provide an overview of how states are designing performance measures that measure and assess key incident management processes.

- Share trends and case studies of how six states currently approach quality measurement within incident management.

Incident Management and Quality Improvement Systems (QIS)

1915(c) QIS Sub-Assurances

- There are six 1915(c) waiver Quality Improvement Systems (QIS) assurances that link directly to appendices in the waiver application.

  - Appendix A: Administrative Authority
  - Appendix B: Level of Care
  - Appendix C: Qualified Providers
  - Appendix D: Service Plan
  - **Appendix G: Health and Welfare**
  - Appendix I: Financial Accountability

- Each Appendix consists of assurances and sub-assurances to measure state quality reporting discovery and remediation activities.

- States are to develop performance measures that address each sub-assurance.

Health and Welfare in the Social Security Act § 1915(c)

Health and Welfare Assurance: The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Sub-assurance #	Sub-assurance Description
G-i	The state demonstrates on an ongoing basis that it **identifies, addresses and seeks to prevent** instances of abuse, neglect, exploitation and unexplained death.
G-ii	The state demonstrates that **an incident management system is in place** that effectively **resolves** those incidents and **prevents** further similar incidents to the extent possible.
G-iii	The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
G-iv	The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

What is an Incident Management System?

- In the context of this presentation, an "incident management system" includes all technologies and processes implemented within a state to manage instances of abuse, neglect, exploitation, and unexpected death of individuals receiving 1915(c) waiver services.

- According to the 1915(c) Technical Guide, page 225, an incident management system must be able to:

  - Assure that reports of incidents are filed;

  - Track that incidents are investigated in a timely fashion; and

  - Analyze incident data and develop strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future.

Key Elements of Incident Management Systems

- The following are six key elements that states must consider when implementing an effective Incident Management System:

1. Identifying the Incident	2. Reporting the Incident	3. Triaging the Incident
4. Investigating the Incident	5. Resolving the Incident	6. Tracking and Trending Incidents

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Aligning Health and Welfare Performance Measures with Incident Management System Activities

- Performance measures under sub-assurances G-i and G-ii are used to assess how well states' incident management systems are performing and to monitor the effects of implementing systemic changes.

- Designing and reporting on performance measures that explicitly address health and welfare improves accountability and helps states and CMS better evaluate incident management systems.

Analysis of States' Performance Measure Design in Accordance with the Six Key Elements of Incident Management

Background

- CMS analyzed Evidentiary Review Report performance measures submitted under G-i and G-ii to determine whether states are proposing measures that address all key elements of the incident management system.

- The goal of this analysis was to create a compendium of existing performance measures used by states to support the health and welfare of their waiver participants and identify topic areas in which states can bolster their performance measures.

- Results from the 2019 Incident Management Survey were used to help identify states to interview for this analysis.

Methodology

- CMS reviewed G-i and G-ii performance measures for 151 Evidentiary Review Reports submitted during the reporting period January 1, 2015 – March 1, 2021.

Table 2: Evidentiary Report Performance Measure Statistics

Total Universe of Waivers/ Evidentiary Review Reports	Total Universe of States	Total Number of Corresponding G-i and G-ii Performance Measures
151	44	2,005

- CMS reviewed 2,005 performance measures and categorized them according to the six key elements of incident management.

Categorization of Evidentiary Review Performance Measures by Incident Management Processes

- States commonly submitted performance measures relating to reporting, investigating and resolving critical incidents and submitted the fewest performance measures relating to identifying and triaging critical incidents.

Table 3: Evidentiary Report Performance Measure Categories

Category	Count and Percentage of Performance Measures	Count and Percentage of Waivers*
Reporting	799 (40%)	132 (87%)
Investigating	321 (16%)	79 (52%)
Resolving	305 (15%)	80 (53%)
Tracking and Trending	156 (8%)	43 (28%)
More Than One Key Element	43 (2%)	15 (10%)
Triaging	30 (2%)	11 (7%)
Identifying	21 (1%)	7 (5%)

- Sixteen percent of performance measures (330) could not be easily categorized according to the six key elements and were labeled as "Miscellaneous." These performance measures include topic areas such as development of emergency back-up plans and medication management.

* Waivers can include multiple performance measure categories, as a result, counts are not mutually exclusive

Performance Measures and Incident Management Processes by Waivers

- Across performance measures, waiver programs most commonly addressed two or three of the key elements of incident management.

- Only one waiver program had performance measures that addressed all key elements of incident management.

Table 4: Evidentiary Elements Addressed

Number of Key Elements Addressed	Count of Waivers- Evidentiary Reports*
One Key Element	31
Two Key Elements	46
Three Key Elements	45
Four Key Elements	24
Five Key Elements	3
Six Key Elements	1

* Counts are mutually exclusive and exclude performance measures that cannot be categorized according to the six key elements (e.g., "Miscellaneous" performance measures).

Additional Analysis Reveals "Sub-Themes" Monitored by States

- After initial categorization of performance measures by key elements, CMS conducted additional analysis to gain a better understanding of potential themes of performance measures within each element.

Identifying	Reporting	Triaging	Investigating	Resolving	Tracking and Trending
• Training / Education	• Training / Education • Timeline • Specific Incidents	• Referrals to Other Entities • Report Reviews • Timeline	• Timeline • Incident Prevalence • Mortality Review	• Completion of Follow-Up • Timeline • Alignment with Resolution Policies	• Patterns and Trends • Systemic Intervention • Prevention Strategies

Analysis of State Interviews on Incident Management Approaches

Overview of State Interview Findings

- Based on analysis of states' performance measures, CMS identified opportunities for states to more comprehensively assess and measure how their incident management systems address Health and Welfare sub-assurances.

- CMS conducted interviews with six states to solicit additional information regarding their incident management practices.

  - Interviewed states included Connecticut, Massachusetts, Ohio, Oregon, Tennessee, and one state that asked to be de-identified.

Key Findings

1. States often use a collaborative and iterative process to design and implement performance measures.

2. To accurately conduct discovery activities, states establish collaborative processes that support effective reporting and investigation of incidents.

3. States use performance measure monitoring and data analysis to drive system improvements.

4. States are implementing single statewide incident management systems to address siloed agencies and processes.

Finding #1:
States often use a collaborative and iterative process to design and implement performance measures.

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- Consistent with CMS's analysis of states' performance measure design, many states discussed how they design measures to analyze specific incidents or monitor the success of interventions.

- Interviewed states commonly:

  – Consult stakeholders and/or subject matter experts when designing performance measures.

  – Use an iterative process for performance measure design, in which state monitoring of prior performance measures can inform selection of new performance measures.

  – Develop performance measures based on trends and patterns observed throughout the system.

Example of Performance Measure Selection: De-Identified State

- The state's operating agency considers the following criteria when developing performance measures:
  - Is the performance measure relevant to the health and welfare of waiver participants?
  - Does the performance measure use all available data in the incident reporting system?
  - Is the performance measure scalable?
  - Is the performance measure understandable by waiver participants?
  - Is the performance measure responsive to CMS waiver assurances and sub-assurances?

- The state monitors performance measures and consults subject matter experts (SMEs) when concerns arise to revise existing measures or implement new ones.

Finding #2:

To accurately conduct discovery activities, states establish collaborative processes that support effective reporting and investigation of incidents.

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Collaboration between a state's Medicaid agency, operating agencies and other stakeholders helps ensure critical incidents are properly reported and investigated.

- **Reporting:** Identifying unreported incidents is integral to effective incident management, as states can only respond to incidents of which they are aware.

    - Many of the interviewed states have implemented systems and processes such as data sharing agreements to match Medicaid claims against incident reports to ensure that all incidents are reported within their system.

- **Investigating:** States can leverage joint investigations and strategic partnerships with agencies like Adult Protective Services to "close the loop" on incident investigations.

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Examples of Data Matching Systems Used to Identify Unreported Incidents:
Massachusetts and Connecticut

MA and CT have developed data matching systems capable of crosschecking incident management data against Medicaid emergency room claims data.

	Massachusetts	Connecticut
System Structure & Collaboration	• Established data exchange agreement between the Department of Developmental Services (DDS) and MassHealth, the MA Medicaid Program. • Manually compares emergency room visit data with claims information.	• Established data exchange agreement between CT Department of Developmental Services (DDS) and Department of Social Services' (DSS). • Developed tool that electronically compares timeframes and identifies discrepancies between emergency room claims and critical incident data. • Unmatched claims are considered unreported incidents and DDS conducts a manual review as follow-up.
Tracking and Trending	• Reviews provider trends to identify chronic under-reporters (providers with three consecutive quarters with errors) and common settings of unreported incidents.	• Reviews trend reports at provider, provider setting, and recipient levels.
Remediation	• Chronic under-reporters must submit a corrective action plan to DDS. • Provider reporting compliance is tied to licensure outcomes. • Provider trainings conducted on proper incident reporting.	• Implement provider trainings on proper incident reporting and train staff members responsible for reviewing incident reports on how to identify reporting errors.

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Challenges When Developing Data Matching Systems

Promising Practices

- **Collaboration:** Cross-agency collaboration is key to developing a data sharing agreement to facilitate a claims matching process. Additionally, provider buy-in is instrumental in ensuring compliance when undergoing remediation efforts.

- **Trend Evaluation:** Identifying trends can better inform targeted provider outreach. This includes identifying patterns in individual provider reporting behaviors (e.g., chronic under-reporters) as well as trends across the state (e.g., care settings, provider types, incident types) to develop systemic interventions.

Challenges When Developing Data Matching Systems

Challenges

- **Tool Creation and Claims Code Determination:** Not all emergency room utilization is due to abuse, neglect, and exploitation. Identifying claims codes indicative of critical incidents can be an initially time-consuming process, involving subject matter experts and referencing national literature.

- **Manual Workload:** Discrepancies between dates and times listed on billing codes and incident reports necessitate manual review as there is often no fully automated solution available for detecting unreported incidents.

- **Claims Lag:** Oftentimes, claims data lag behind when the services were rendered. Thus, reliance on claims data can contribute to delays in identifying unreported incidents.

Examples of Joint Incident Investigations:
Ohio and Tennessee

- **Ohio's** Department of Developmental Disabilities (DODD) conducts joint interviews with local law enforcement on criminal and administrative investigations.

  - Local law enforcement relationships are developed at the county level through a memorandum of understanding, which clarifies the roles of each entity and ensures a unified approach to investigations.

- In **Tennessee**, Adult Protective Services (APS) and the Department of Intellectual and Developmental Disabilities (DIDD) may conduct a joint investigation on cases involving persons with I/DD.

  - A formal agreement between APS and DIDD was established through a memorandum of understanding. Data sharing agreements are also described in APS policy and the DIDD Investigations Protocol.
  - If the investigation is not conducted jointly, APS or DIDD may request from the other the result of an investigation.
  - If APS or DIDD gathers evidence that the other did not have access to through separate investigations, a request to share the evidence can be granted.

Finding #3:
States use performance measure monitoring and data analysis to drive system improvements.

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Interviewed states monitor performance measure data and "track and trend" incidents to inform quality improvement activities.

- Data-driven analyses can provide the necessary tools for identifying, understanding, and addressing systemic problems.

- Interviewed states often complete the following activities to monitor and analyze their systems:

  - Review performance measure data regularly (e.g., weekly, monthly, and/or quarterly) to monitor compliance;

  - Designate quality assurance or improvement teams to lead monitoring activities; and

  - Analyze and compare trends at multiple levels (e.g., statewide, waiver-specific, regional, provider-level) to achieve a holistic view of incidents within their systems.

- Based on findings from monitoring activities, interviewed states often implement trainings, policies, or performance improvement plans to address specific trends.

Example of Performance Monitoring and Stakeholder Involvement:
Ohio

Ohio's Department of Developmental Disabilities (DODD) has two different stakeholder committees that drive incident management quality improvement efforts:

1. Statewide Patterns and Trends Committee (meets twice per year)
2. Mortality Review Committee (meets quarterly, focused on accidental and suspicious deaths)

Purpose & Goals of Meetings:

- Both committees include a diverse array of stakeholders as members (e.g., advocacy groups, county board superintendents, provider/medical representatives, family representatives, etc.)

- DODD shares current data, historic data, and trends identified through DODD monitoring with stakeholders and gathers feedback.

- Data sharing and a collaborative approach to assessing trends empowers stakeholders to make recommendations, act on issues, and buy into the incident management system.

Example of Performance Monitoring and Stakeholder Involvement:
Ohio

Examples:

- The Statewide Patterns and Trends Committee identified incident reporting had decreased at the beginning of the pandemic. In response, DODD issued an alert to staff members to ensure that proper reporting practices were adhered to.

- Additionally, the Statewide Patterns and Trends Committee had detected an increase in exploitation cases due to isolation and increased socialization on the Internet. To address this increase, stakeholders recommended additional outreach to educate waiver participants on example cases of exploitation.

Example of Multi-Level Data Analysis and Performance Improvement:
Tennessee

Tennessee tracks and trends incidents at multiple levels:
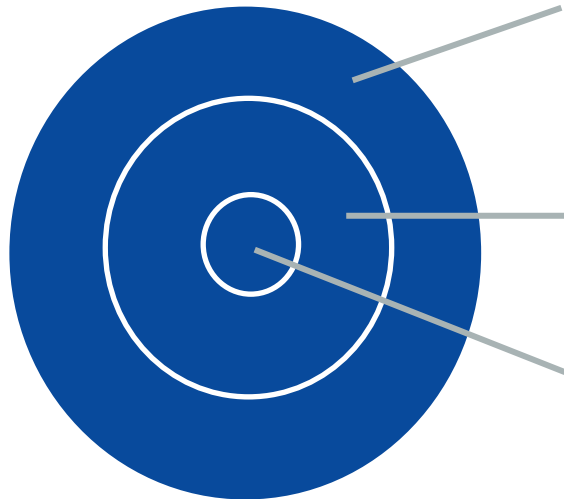
Statewide: TennCare and Department of Intellectual and Developmental Disabilities (DIDD) will use a new integrated web-based system to more easily monitor trends across the state (including across waiver programs and across populations).

Regional: DIDD's regional offices analyze data from a regional perspective and identify areas of concern.

Provider: The Provider Reportable Event Review Team (PRERT) can drill down performance data to a provider-level. The PRERT identifies quality improvement opportunities and implements recommendations alongside the DIDD Quality Assurance Team.

Example of Multi-Level Data Analysis and Performance Improvement:
Tennessee

- TennCare and DIDD also hold a monthly State Continuous Quality Improvement Committee (SCQIC) meeting to review performance measures.

    - The committee closely tracks any measures below an 86 percent benchmark.

    - If the state is not meeting the benchmark over a certain amount of time, DIDD implements systemic remediation.

    - Performance is then tracked to see if the remediation strategy should be revised.

Finding #4:
States are implementing single statewide incident management systems to address siloed agencies and processes.

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- Responsibility for incident management and QIS activities are often shared across multiple agencies in the interviewed states.

  - The State Medicaid Agency (SMA) is accountable to CMS for implementing an effective incident management system that assures waiver participant health and welfare. SMAs partner with operating agencies to operate, manage, and implement incident management systems.

  - Separate databases and processes siloed in different departments, agencies and/or programs can lead to information asymmetries and barriers in communication.

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Finding #4: States are implementing single statewide incident management systems to address siloed agencies and processes.

- Interviewed states are updating their incident management platforms to improve reporting efficiency, accuracy, and communication between state agencies.

  - Single statewide incident management systems feature centralized databases that are accessible to key stakeholders involved in incident management.

  - Single statewide incident management systems that span across Medicaid HCBS programs, populations, and authorities can help reduce the administrative burden for providers who deliver services to multiple populations.

  - Electronic notifications can alert staff members of investigation completion status and can help systems "close the loop" on incidents.

Example of Centralized Incident Management System: Oregon

- Oregon has consolidated its Aging and People with Disabilities (APD) and Intellectual and Developmental Disabilities (I/DD) waivers under a single unified incident management system, referred to as the Centralized Abuse Management (CAM) system.

- The state prioritized a consolidated system as it allows for better identification of perpetrators across systems and centralized data access helps to facilitate proactive follow-up of incidents.

- The APD and I/DD programs share an electronic platform as well as business practices, including streamlining cross-program reporting, triaging, and investigation processes.

  - Consolidating incident management practices involved aligning abuse, neglect and exploitation (ANE) investigations of different programs within the state and ensuring that intake, screening, and protective services follow a unified process.

  - To accompany the implementation of CAM, the state made comprehensive updates to Oregon's administrative rule and program policies to standardize practices and policies.

Recommendations

2018 Joint Report on HCBS

- The Department of Health and Human Services (HHS) Office of Inspector General (OIG), Administration for Community Living (ACL), and Office for Civil Rights (OCR) published a joint report in 2018 entitled "Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight." [1]

    – OIG conducted a review of four states' policies, procedures, and performance surrounding critical incident management for HCBS programs serving Medicaid beneficiaries with developmental disabilities, and identified several areas where state agencies did not comply with federal waiver and state requirements.

[1] Office of Inspector General, *Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight*. Available Online: https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf

2018 Joint Report on HCBS

- OIG identified four key components of health and safety compliance oversight:

    1. "Reliable incident management and investigation processes;

    2. Audit protocols that ensure compliance with reporting, review, and response requirements;

    3. Effective mortality reviews of unexpected deaths; and

    4. Quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services."

Joint Report Recommendations Align with State Interview Findings

- Overall, CMS interview findings showed that states' incident management system efforts aligned with the 2018 Joint Report

#	Joint Report Recommendation	Interview Findings
1	Reliable incident management and investigation processes;	All interviewed states have been working on enhancing the reliability of critical incident data collection and reporting, and collaboration between relevant state agencies. States are also updating their incident management systems to support consolidated web-based reporting.
2	Audit protocols that ensure compliance with reporting, review, and response requirements;	States are increasingly implementing strategies to identify unreported incidents. Additionally, state performance measures encompass reporting, investigation and remediation. Measures are monitored for compliance with waiver requirements and reported to CMS. State Medicaid agencies review and oversee the incident management processes conducted by operating agencies.
3	Effective mortality reviews of unexpected deaths; and	Several interviewed states use mortality review committees or internal processes to review unexpected deaths and trends. States have also created broader multidisciplinary committees that evaluate critical incidents, including unexpected deaths.
4	Quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services.	States use quality assurance teams in various operating agencies to review provider-level data and ensure delivery of HCBS. Interviewed states also use committees to incorporate stakeholder perspectives and encourage transparency on quality assurance activities. States also use multi-level data analyses to inform quality improvement initiatives.

States Can Improve Upon Performance Measure Design and Reporting

Effective incident management systems are more proactive rather than reactive in identifying and investigating incidents and implementing quality improvement measures.

Recommendations

States can benefit from:

1. Designing performance measures to monitor all key elements of effective incident management.

2. Leveraging information sharing and cross-agency collaboration to strengthen reporting and investigative processes.

3. Implementing monitoring activities and data analysis to inform interventions and measure the impact of remediation activities.

4. Consolidating siloed databases and processes and implementing a single, statewide incident management system.

1. Designing Tailored Performance Measures

- States can design and adopt performance measures that monitor the key elements of effective incident management.

- Few states report on performance measures that address all key elements of an incident management system.

  – While most states have designed performance measures relating to incident resolution, states are least likely to report on identifying and triaging activities.

- Designing performance measures that explicitly address each stage of the incident management process helps promote transparency regarding performance of states' incident management systems.

- States can develop targeted performance measures by tracking patterns and trends to determine what areas of the incident management process are a priority for system improvement.

2. Strengthening Incident Management Processes Through Information Sharing and Cross-Agency Collaboration

- States can establish data sharing agreements and leverage Medicaid claims data to identify unreported incidents and ensure all suspected instances of ANE are investigated.
  - States can partner with hospitals to review real-time hospitalization/ER utilization data to identify unreported incidents.
  - Unreported incidents leave individuals receiving services in danger of ongoing ANE.

- States can implement policies and memoranda of understanding to provide clear guidelines for joint investigations with other agencies.
  - Memoranda of understanding help to foster collaboration between entities and "close the loop" on investigations.
  - When coupled with staff and provider trainings, states can better ensure that all involved entities understand investigation roles and responsibilities.

3. Implementing Monitoring Activities To Gauge Intervention Efficacy

- States can benefit from tracking, trending, and conducting systemic review to evaluate the remediation process.

  – As previously discussed, quality improvement is a continuous and iterative process. States can implement tools and strategies to monitor remediation activities, assess the efficacy of interventions, and adjust as needed to improve system performance.

  – States can conduct multi-level analyses to develop more targeted interventions.

Make Improvements and/or Explore Other Interventions

Implement Remediation Activity

Assess Intervention Efficacy

Monitor Results
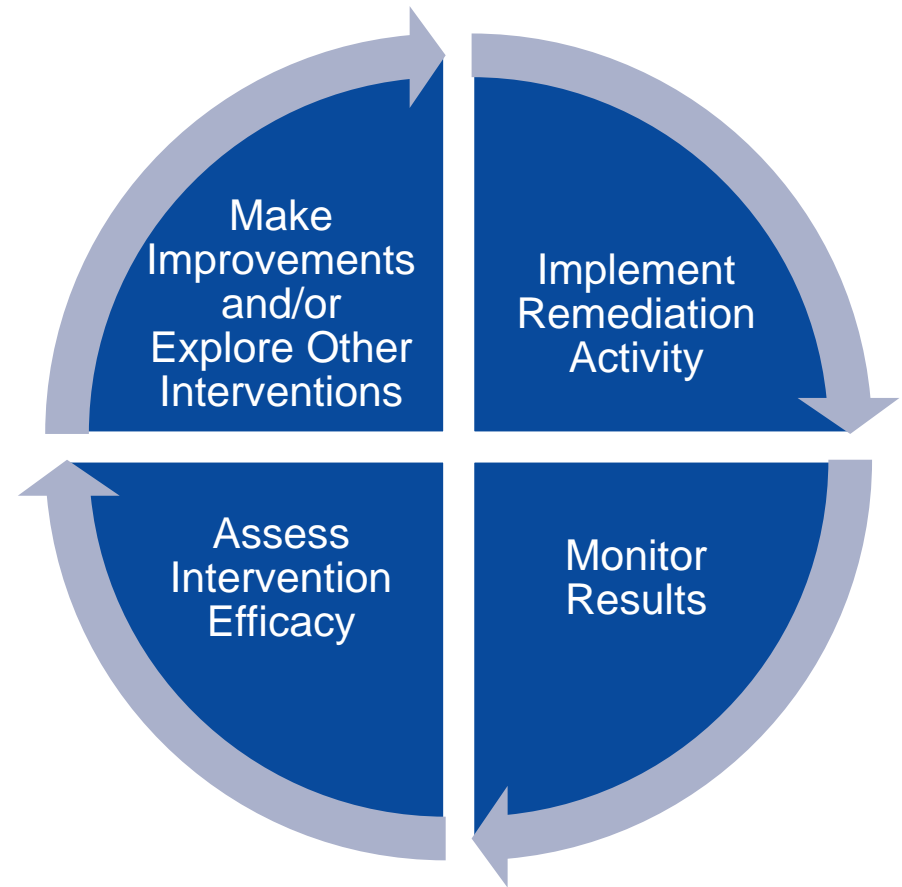
4. Unifying Incident Management Practices Under a Single Statewide System

- Within states, consolidation of siloed systems and the creation of a centralized database can minimize information gaps and capture unreported incidents.

  – Web-based databases that capture real-time documentation of reported incidents reduce delays in investigations.

- The implementation of a single statewide system can strengthen states' incident management approach by allowing data to be aggregated across programs and populations for purposes of driving improvements at the provider and system levels.

1915(c) Reporting Requirements

- CMS has been working closely with states to streamline 1915(c) waiver reporting requirements, including through the use of a common set of nationally standardized HCBS quality measures.

- We recognize that health and welfare is a pivotal and defining requirement of these waivers. Thus, it will continue to be prioritized following any changes in reporting.

Summary

- States are responsible for continuously and effectively assuring the health and welfare of participants in HCBS waiver programs by providing safeguards for critical incidents.

- States are engaging in ongoing efforts to improve their incident management systems and prioritize participant health and welfare.

- States can adopt promising practices identified in this presentation to better address health and welfare sub-assurances G-i and G-ii.

Questions & Answers

For Further Information

For further information, contact:

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