

You Matter to Molina Medicaid Incident Reporting

August 2023 | Provider Materials



Purpose & Overview

It is the responsibility of Molina Healthcare and Molina Healthcare participating providers credentialed through the Ohio Department of Medicaid (ODM) to ensure the health and welfare of Medicaid members.

We can fulfill such responsibility by maintaining an incident management process by which we report to appropriate agencies and the Ohio Department of Medicaid in instances where we believe the member's health and/or welfare may be at risk.

The purpose of this training is to help ensure consistency in application of the Ohio Administrative Code (OAC) rule 5160-44-05 and consistency in entry of information into the Incident Management System (IMS).

Effective July 1, 2022, the OAC rule sets forth the incident types to be reported and reviewed/investigated by the Managed Care Organization (MCO) or its designee. The IMS will now afford ability to capture Medicaid critical incidents. The IMS facilitates the process of identifying trends and patterns regardless of program or entity/entities serving the member.

Advantages for MCOs and designees executing incident management process include the following:

- Alignment with Medicaid Next Generation priorities
- Ensures continuity of care
- Supports person-centered planning and promotes trauma-informed care principles
- Ensures holistic health and safety conversation with individual and family
- Promotes strategies that provide value to the individual
- Focuses on administrative and clinical review to identify opportunities for care coordination and systems improvement
- Reduces administrative burden and supports efficient processes

Implications of Incident Rule 5160-44-05

Upon discovering a Critical Incident (CI), the responsible person or entity which discovered it will do all the following:

- Ensuring immediate action taken to protect the health and welfare of the individual
- Notifying appropriate entities with investigative or regulatory authority
- Bi-directional communication surrounding critical incident to relevant collaborative parties by completing Medicaid Critical Incident Referral Template and submitting securely to MedicaidCriticalIncident@MolinaHealthcare.com within 24 hours and providing ongoing assistance as warranted.
- Work collaboratively with investigative entities as needed to identify potential contributing factors/root causes of the incident, implement remediation/mitigation strategies, enter review notes and results, and develop a prevention plan if applicable to incident scenario.

All Ohio Medicaid members are impacted
by this new requirement

Medicaid Critical Incident Types

Medicaid Critical Incidents

Abuse

Neglect

Exploitation

Misappropriation Greater Than \$500

Unnatural or accidental death

Self-harm or Suicide Attempt Resulting in Emergency Room Treatment, In-Patient Observation, or Hospital Admission

Incident Types, Categories, and Subcategories

Critical Incident Categories

Abuse: the injury, confinement, control, intimidation, or punishment of an individual, that has resulted in physical harm, pain, fear, or mental anguish.

Neglect: when there is a duty to do so, failing to provide an individual with any treatment, care, goods, or services necessary to maintain the health or welfare of the individual.

Exploitation: the unlawful or improper act of using an individual or an individual's resources through the use of manipulation, intimidation, threats, deceptions, or coercion for monetary or personal benefit, profit, or gain.

Misappropriation: the act of depriving, defrauding, or otherwise obtaining the money, real or personal property (including prescribed medication) of an individual by any means prohibited by law that could potentially impact the health and welfare of the individual.

Unnatural or accidental death: death that could not have reasonably been expected, or the cause of death is not related to any known medical condition of the individual, including inadequate oversight of prescribed medication or misuse of prescribed medication.

Self-harm or Suicide Attempt: Self-harm or suicide attempt that includes a physical attempt by an individual to harm themselves that results in emergency room treatment, in-patient observation, or hospital admission.

Critical Incident Subcategories

- Physical
- Emotional
- Verbal
- Sexual abuse
- Use of restraint, seclusion, or restrictive intervention

- Involves theft > \$500

All deaths of children are required to be reported no matter what the manner or cause of death. In addition, all deaths of individuals enrolled on the OhioRISE program will be reported, regardless of whether or not the incident meets the definition of an unnatural or accidental death.

Who is Required to Report Incidents?

Any staff person employed by Molina, or Molina Healthcare participating provider credentialed through ODM, or a delegate acting on behalf of Molina, who has direct or indirect contact with Medicaid members are required to report incidents following the appropriate process.

Additionally, Ohio law requires certain licensed professionals to report abuse, neglect, and exploitation to law enforcement, child or adult protective services entities, and county boards of developmental disabilities.

These licensed professionals include, but are not limited to:

- Physicians
- Nurses
- Social workers
- Any other staff with professional licensure

ODM Expectations of Incident Management



Individual (Member)-Focused Approach

Understand, develop, and implement an incident management process as part of an overall care coordination program that is person centered, culturally competent, and trauma informed.



Collaboration, Communication, and Cooperation

Collectively engage with ODM, families, communities, providers, and other care coordination entities through a quality improvement lens to honestly discuss successes and opportunities for systems improvement that are identified from incident data.



Interdisciplinary Team Approach

Ensure inclusion and engagement of relevant incident management staff, care coordination management staff, behavioral health staff, clinicians, data analysts, and/or quality improvement staff.



Engagement

Engage fully in the process, participate in meetings, ensure that staff are informed and participate in the process, ask questions and seek clarification when needed, and identify opportunities for improvement and innovation.



Focus on Learning and Improvement

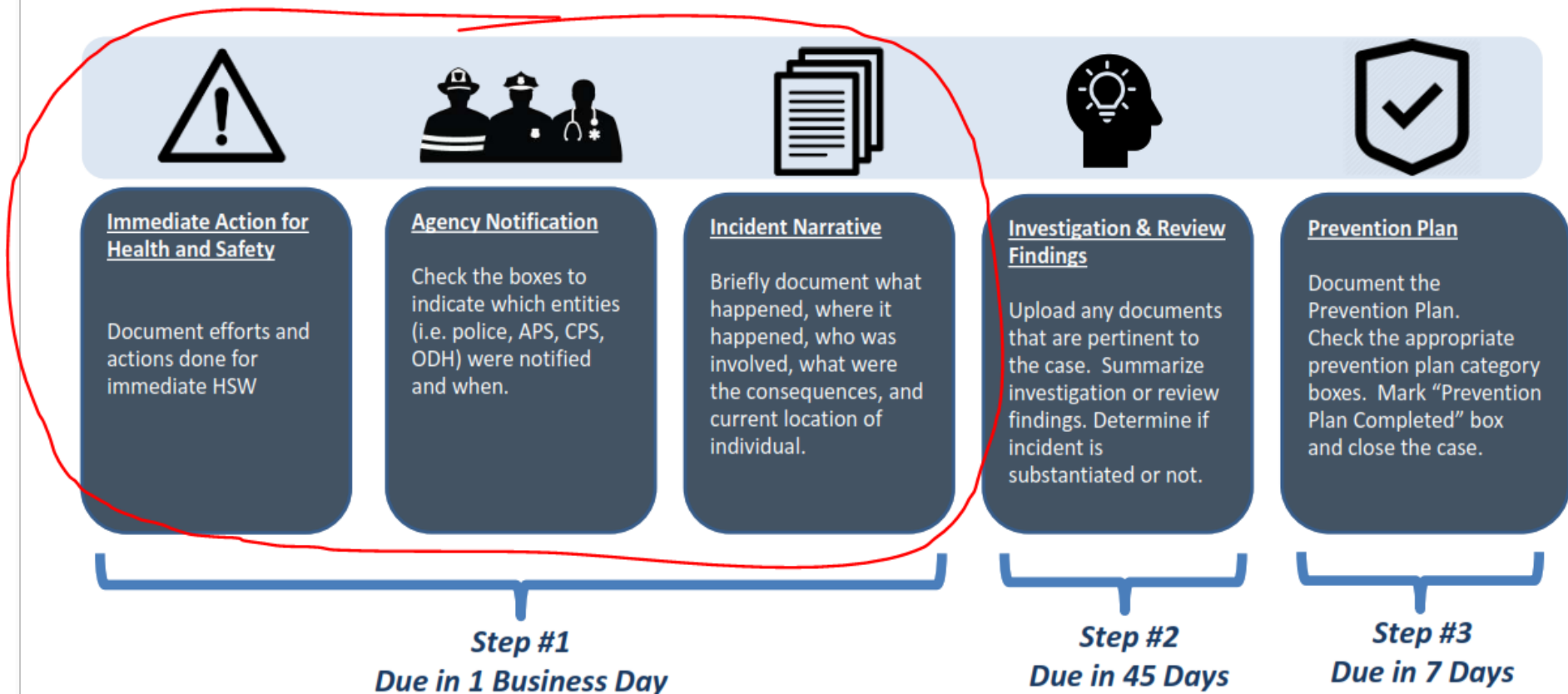
Consistently take a quality improvement approach that strives to always identify ways to make things better for members. The focus is on the strategic use of data to identify systematic and continuous actions that lead to measurable improvement in healthcare services and the health status of targeted groups. Focus efforts on high-value activities, processes, and strategies that will be the most effective to improving systems of care and ensuring the health and safety of members.

Incident Management Process (IMS)

Incidents may be reported to you from someone outside of your agency, such as a member, a member's caregiver, a provider, or anyone else who might have contact with the member. If you receive a report of a critical incident or identify a critical incident, **the following steps must be completed as expeditiously as possible in accordance with ODM guidelines.**

Incident Management Process – Provider Responsibilities – Step 1

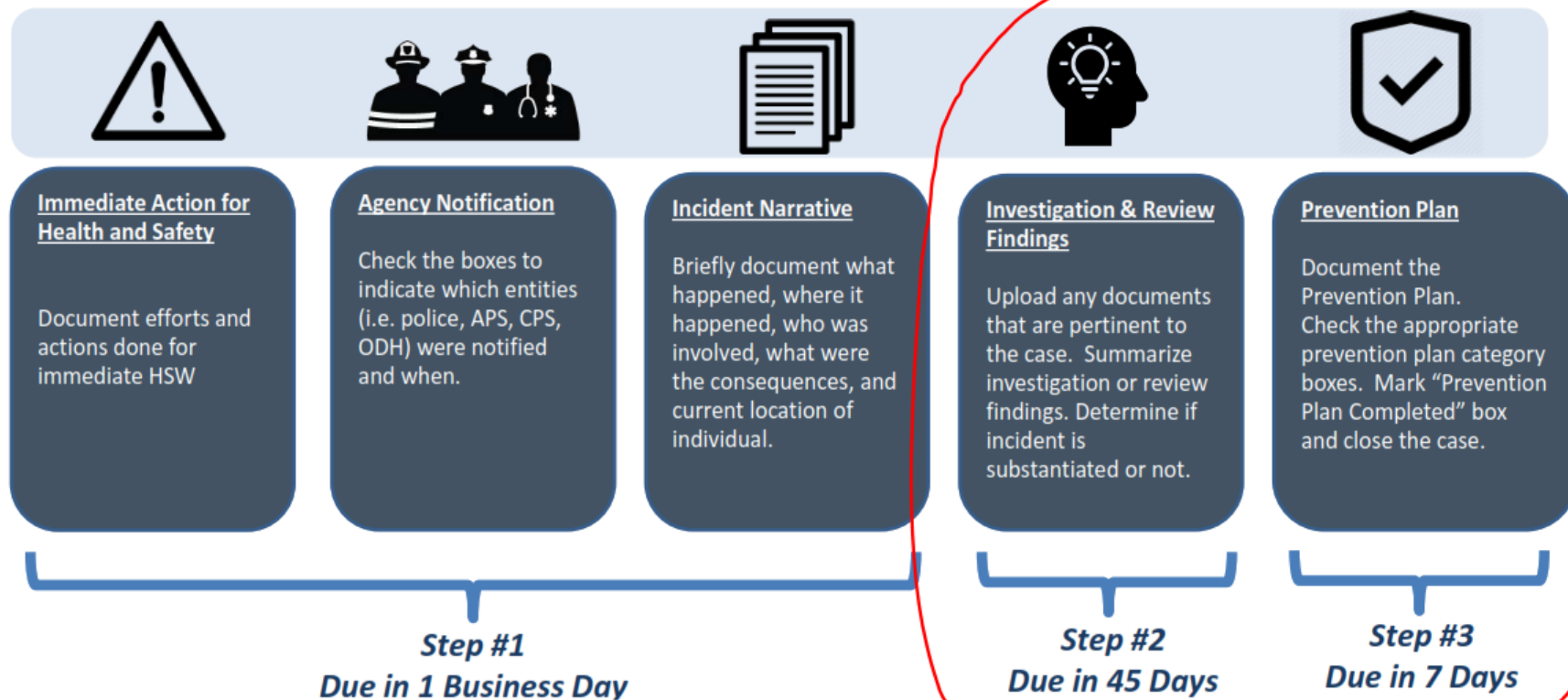
Required Documentation in the IMS



Provider will take immediate and ongoing action to ensure health, safety, and welfare (HSW) of member; will immediately notify appropriate agencies/authorities and document such actions that assured HSW; will immediately (**no later than 24 hours**) complete and submit Medicaid Critical Incident Referral Template to MedicaidCriticalIncident@MolinaHealthcare.com; and is expected to collaborate/communicate in bi-directional manner and provide all requested information to Molina throughout duration of CI process (E.g., Review/Investigation; Prevention Plan).

Incident Management Process – Molina Responsibilities – Step 2 & Step 3

Required Documentation in the IMS



Molina will ensure Step 1 if not appropriately addressed/documented prior. In addition, Molina will be responsible for ensuring information surrounding incident documented within IMS in one business day and thereafter. Information contained in this slide is reflective of current process.

Importance of Managing the Timeline

When a critical incident is identified/reported to a staff member, several steps in the incident management process are required to be completed within a very narrow timeframe. Thus, it is imperative that all critical incidents are addressed via the aforementioned process **immediately**.

If you are unsure if an incident should be reported as a critical incident through this process,
REPORT, REPORT, REPORT!

Holistic Summary of Timeliness Requirements

- Immediately ensure member's health and safety by taking action steps as appropriate
- Immediately report the incident to appropriate authorities/agencies
- Medicaid Critical Incident Referral Template completed in its entirety and submitted securely to MedicaidCriticalIncident@MolinaHealthcare.com within 24 hours
- Critical Incidents must be reported in 1 business day from discovery via IMS
- Review/investigation initiated within 2 business days of receiving/identifying the reported incident
- Incident review/investigation completed in 45 days
- Prevention Plan completed in 7 days (if applicable)

Immediate Health, Safety, and Welfare (HSW) Guidance

Upon discovery of an incident, Molina employees as well as those employed by a delegate acting on behalf of Molina, providers credentialed with Molina, must take immediate action to ensure the health, safety, and welfare (HSW) of the individual. If such action was not taken, take the action immediately but no later than 24 hours after discovering the incident.

The following are criteria of immediate HSW that must be assured:

- The person does not appear to be in immediate danger, and someone is working on their behalf to mitigate the situation. For example, the individual is in the hospital.
- The individual's environment has been reviewed for safety and if deemed unsafe, there have been appropriate actions to ensure immediate safety. For example, found safe location for individual.
- Appropriate entities have been notified, as needed (protective services agencies, law enforcement, etc.)
- If the incident is such that the health, safety, and welfare (HSW) of other members may be placed at risk (ex: a provider is the alleged violator), there is documentation that reflects that other member's HSW has been evaluated or a plan is in place to evaluate their HSW.
- If there are identified needs, ensure that they are documented, along with evidence that individuals are working on their behalf to meet those needs. For example, EMS are called and member taken to hospital; assisted member with obtaining emergency services or support, medications, etc.

Notification of Appropriate Entities for Health and Safety Guidance

Notification of Appropriate Entities for Health and Safety

As applicable to the nature of the incident, notify any of the appropriate entities with investigative or protective authority, and the appropriate additional regulatory or oversight agencies.

Examples include:

- Local law enforcement;
- Local coroner's office when the death of an individual is reportable in accordance with section 313.12 of the Revised Code;
- Local County Board of Developmental Disabilities;
- Local Public Children Services Agency (PCSA);
- Local Adult Protective Services (APS) agency;
- Local Alcohol, Drug Addiction and Mental Health Services Board;
- Ohio Department of Health (ODH), or other licensure body.
- Ohio Attorney General if suspected Medicaid fraud; (MCOs are to work through their Special Investigative Unit (SIU))
- Local probate court if the incident involves the legal guardian;
- Individual's primary care provider



Please Note – You may be a mandated reporter to report incidents such as abuse or neglect to the proper authorities. Please refer to your own license requirements (nurses, social workers, counsellors, etc).

Medicaid Critical Incident Referral Template

CRITICAL INCIDENT REFERRAL TEMPLATE (Medicaid Members Only)

*Denotes when a response is required

*Template Completed by:

*Provider:

*Provider Contact Information:

Please securely submit completed template to MedicaidCriticalIncident@MolinaHealthCare.Com

Individual Information:

IMS Incident ID (This item for Molina use only):

*Medicaid ID:

*First Name:

*Last Name:

*Date of Birth:

Email address:

*Phone Number:

Alternate phone number:

*Street address:

*City:

*State:

*Zip Code:

Alternate Address:

Resident address same as mailing address? YES NO

Mailing street address:

Authorized Representative/Guardian/POA Information (If applicable):

*Does the member have an authorized representative, guardian or POA? YES NO

Reminder to staff: must complete if yes

Name:

Medicaid Critical Incident Referral Template, continued

Address:

Phone number:

Relationship (family, friend, etc.):

Please check appropriate box: *Answer option – single selection*

Guardian

Authorized Representative

POA

Event Information:

*Location of the event:

*Was this reported in the media? YES NO

TV

Newspaper

Radio

Other _____

*Date and time of occurrence (when did this happen?): Click or tap to enter a date.

*Date and time of discovery (when did you find out?): Click or tap to enter a date.

Reporter Information:

*First name:

*Last Name:

*Phone number:

*Address:

*Reporter's relationship to the member:

Medicaid Critical Incident Referral Template, continued

Email:

*Reporter Date of discovery (if different than the date/time of identification): Click or tap to enter a date.

Alleged Violator Information (If applicable):

*Is there an alleged violator? YES NO

Reminder to staff: must complete if yes

Alleged Violator:

Alleged Violator Address:

Alleged Violator Phone:

Alleged Violator Relationship to Member:

Do you want to add additional violator information? YES NO

Reminder to staff: must complete if yes

****Up to 5 violators****

Provider/Agency Information (If applicable):

*Is there provider/agency? YES NO

Reminder to staff: must complete if yes

Provider/Agency Name:

Provider/Agency Type:

Provider/Agency Address:

Provider/Agency Phone:

Do you want to add additional provider/agency information? YES NO

Reminder to staff: must complete if yes

****Up to 3 provider/agencies****

Medicaid Critical Incident Referral Template, continued

***Notification of agencies:** (Please check appropriate boxes as applicable.) *Answer option – multiselect*

- Ohio Board of Nursing
- Ohio Department of Health
- Local Law Enforcement
- Coroner's Office
- Local County Board of Developmentally Disabled
- Local Public Adult Protective Service Agency
- Ohio Long Term Care Ombudsman
- Alcohol, Drug Addiction Mental Health Services
- Ohio Attorney General
- Local Probate Court
- Primary Care Provider
- Ohio Department of Transportation
- Ohio Department of Aging
- Community Health Accreditation Partner
- The Joint Commission
- Local Public Children's Services Agency
- Other: _____

***Critical Incident Category:** (Please check the appropriate boxes as applicable.) *Answer option – multiselect;*

Reminder to staff: Provide additional incident detail in the summary section below

Abuse: _____

{Specify what kind of abuse, such as physical, emotional, verbal, or sexual abuse, or the use of restraint, seclusion, or the use of restrictive intervention.}

Neglect: _____

{Specify what kind of neglect, such as neglect by an individual other than the member or self-neglect?}

Exploitation

Misappropriation Greater Than \$500: _____

{Specify value of loss}

Unnatural or Accidental Death

Self-harm or Suicide Attempt Resulting in ER Treatment/In-Patient Observation/Hospital Admission

Medicaid Critical Incident Referral Template, continued

***Immediate Action for Health, Safety and Welfare:** (Please check the appropriate boxes as applicable.) *Answer option – multiselect*

EMS or medical attention

Change in provider or services

Initiation of new services

Referral to community resources

Location change

Legal action

Other: _____

***Incident Summary:** (Please type a brief summary of the incident)

Incident Resolution: *(This section for Molina use only)*

Date incident closed: Click or tap to enter a date.

Was incident substantiated? YES NO

Review/Investigation Guidance for Provider

- Molina will determine whether or not a Medicaid Critical Incident is substantiated and will be the party responsible for documenting/uploading information into IMS.
- As applicable/warranted, Molina will collaborate with the provider surrounding various aspects of the review.

Prevention Plan Guidance for Provider

- Molina will be the party responsible for documenting Prevention Plan into IMS.
- As applicable/warranted, Molina will collaborate with the provider surrounding various aspects of the Prevention Plan.

Quality Improvement

- Patterns, trends, and critical incident information is reviewed to identify system-level opportunities for improvement
- Primary prevention strategies are identified
- Care coordination and person-centered planning processes are improved

Definitions

- “Substantiated” means there is a preponderance of evidence to indicate the reported incident is more likely to have occurred than not to have occurred.
- Please refer to OAC Rule 5160-44-05 for additional definitions.

Resources

The following materials will be made available to providers:

- Medicaid Critical Incident Referral Template – To be utilized prior to entering documentation into IMS in order to acquire pertinent information surrounding incident. The Medicaid Critical Incident Referral Template is to be completed in its entirety and shared with Molina by submitting securely to MedicaidCriticalIncident@MolinaHealthcare.com within 24 hours of incident discovery.

Providers need to please supply email for collaborative communication
(There is a component on Medicaid Critical Incident Referral Template to include email).

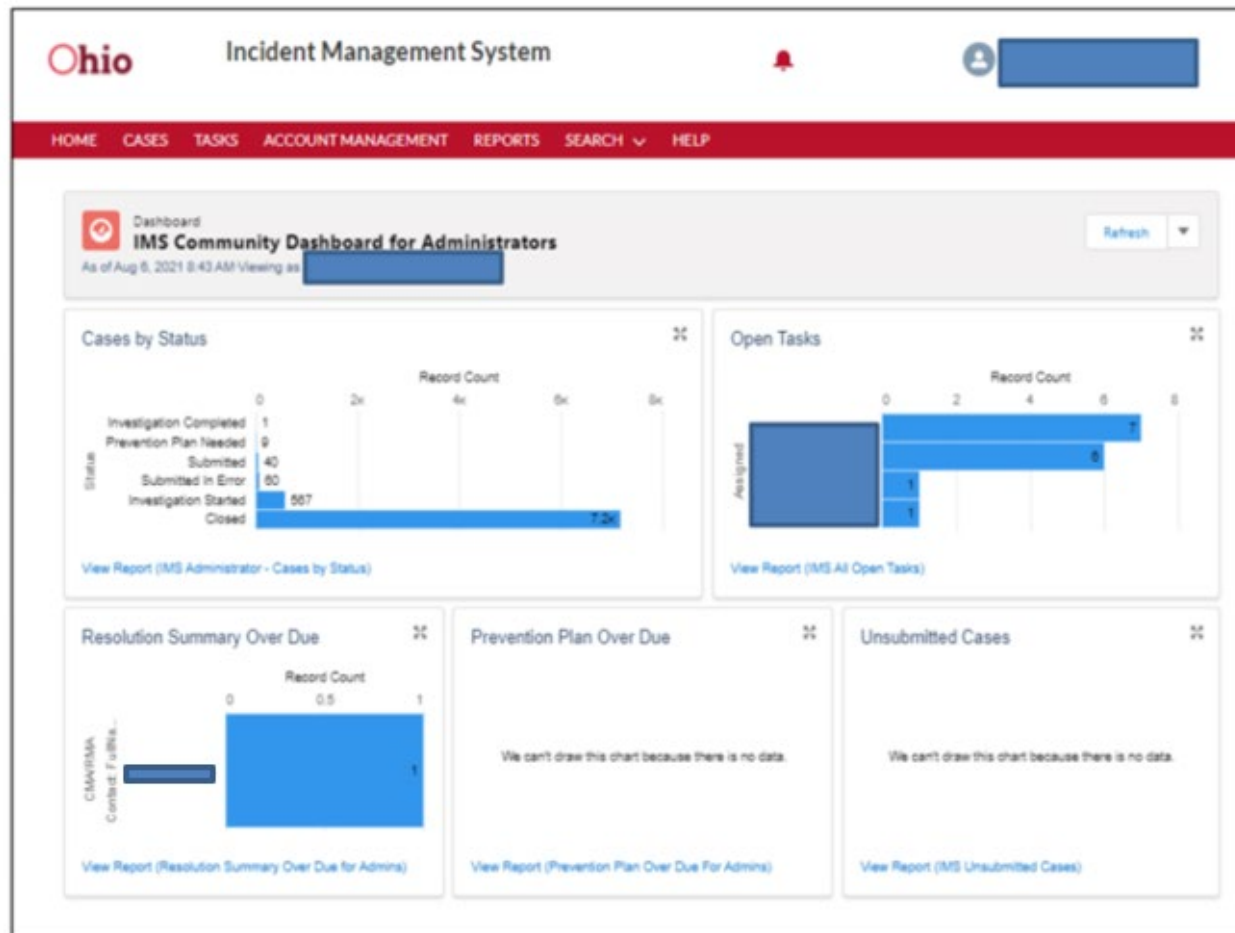
- Appendix A: IMS overview/reference for awareness (included to convey parallel with Medicaid Critical Incident Referral Template)
- [OAC Rule 5160-44-05 - Ohio Administrative Code | Ohio Laws](#)

Please contact Molina Provider Services if you have any questions regarding this process.

Thank you!

Appendix A (IMS)

Incident Management System Home Screen and Dashboard



IMS, continued

Enter a New Incident into the IMS

The screenshot displays the Ohio Incident Management System (IMS) interface. At the top left is the "Ohio" logo, followed by the title "Incident Management System". A notification bell icon and a user profile icon are visible on the right. A red navigation bar contains the following menu items: HOME, CASES, TASKS, ACCOUNT MANAGEMENT, REPORTS, SEARCH, and HELP. Below the navigation bar, the "Cases" section is active, showing "All Submitted Cases" with a dropdown arrow and a refresh icon. A green circle highlights the "New" button in the top right corner of the cases section. To the right of the "New" button is a "Printable View" link. Below the "New" button is a search bar labeled "Search this list...". Below the search bar, there are several icons: a gear (settings), a list view icon, a refresh icon, a print icon, and a filter icon. At the bottom of the interface, there is a table header with the following columns: Case Number (with an up arrow), Recipient Name, Priority, Status, Account..., Program /..., Date/Time Ope..., Submitted Date, and In... (with a dropdown arrow).

Complete all Fields to Submit a New Incident

New Case

Individual Information

Recipient Search

* Medicaid ID
* First Name
* Last Name
* Date of Birth
* Waiver/Program

Email
* Phone Number (xxx-xxx-xxxx)
* Individual Organization
United

* Resident Street
* Mailing Street

* Resident City
* State
OH
* Postal Code
* Mailing City
* State
OH
* Postal Code

Resident Address same as Mailing Address
* County
Gender
Alt Phone Number

HomeChoice Participant

Authorized Representative/Guardian/POA Information

Is there an Authorized Rep/Guardian/POA

Case Information

Media Reported
Drug Misuse
* Location of Event
Home
Case Manager(External)

* CMA/RMA Contact
Waiver Service Coordinator

* Narrative of Case

*****Please be sure to select “Managed Care” within Waiver/Program drop-down menu for all Medicaid Critical Incidents.*****

IMS, continued

Select Category and Sub-Category of the Incident from Drop Down Menu

The screenshot displays a form titled "Incident Information". It contains the following fields:

- *Incident Category:** A dropdown menu with "Abuse" selected.
- Incident Sub Category:** A dropdown menu with "Physical abuse" selected.
- Incident Type:** A radio button with "Critical" selected.
- Incident Date of Occurrence:** A date input field with a calendar icon.

At the bottom right of the form, there are two red buttons: "Add Alleged Person Responsible" and "Add Incident".

Note: An IMS Case may include multiple Incident Types (i.e. Physical Abuse and Verbal Abuse).




















Document Actions Taken For Immediate Health, Safety, and Welfare

Describe the immediate actions taken to ensure HSW in the text box.

Click on appropriate checkboxes.

Immediate Action for HSW

* Immediate Action for HSW Narrative

Salesforce Sans 12 B I U                   

Narrative description goes here

Immediate Action for HSW Values

EMS or medical attention Change in provider or services Initiation of new services Referral to community resources Removal of environmental barriers (i.e. rugs) Location change (i.e. Individual now residing with family) Legal action (i.e. court order) Other

Document the Notification to Agencies

Click on the agencies that were notified and then select “add.”

Add Notification to Agencies

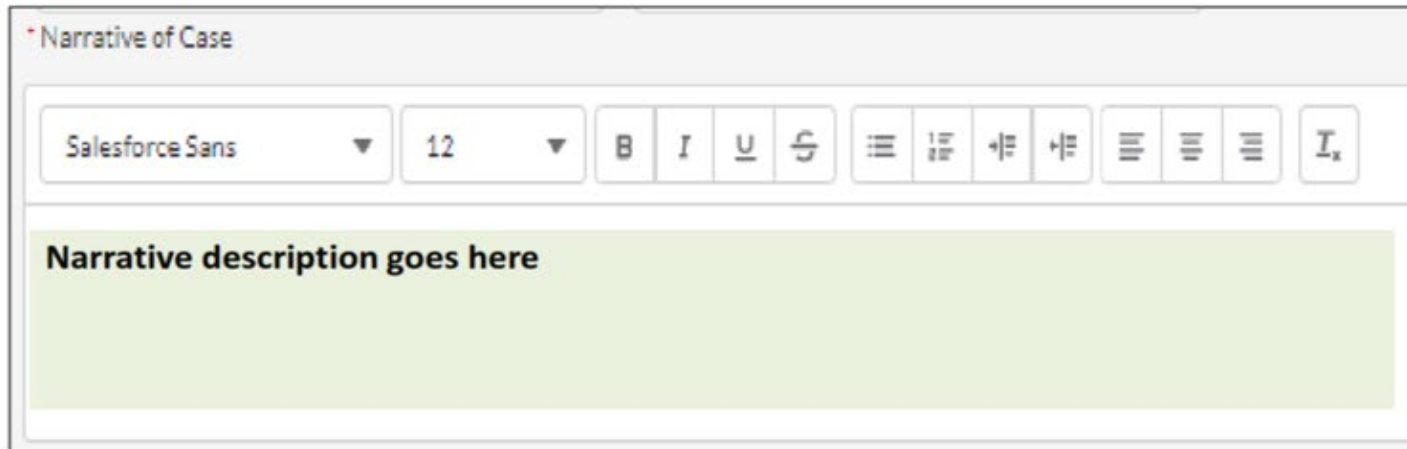
Notification to Agencies ⓘ

Available		Selected
Coroner's Office	▶	Law Enforcement
County Board of Developmental Disabilities	◀	
Public Children Services Agency (PCSA)		
Adult Protective Services		
State Long Term Care Ombudsman		
Alcohol, Drug Addiction and Mental Health Services Board		
The Ohio Department of Health		

Add

IMS, continued

Describe the Incident in the Narrative of Case Text Box



The screenshot shows a text input field titled "Narrative of Case". Above the text area is a rich text editor toolbar with the following elements from left to right: a font dropdown menu set to "Salesforce Sans", a font size dropdown menu set to "12", and icons for Bold (B), Italic (I), Underline (U), Strikethrough (ABC), Bulleted List, Numbered List, Decrease Indent, Increase Indent, Table, Table, Table, and Link (I).

Narrative description goes here

Goldilocks Approach to Documentation

Too Much Information

- Extensive & irrelevant unformatted case notes over large time period that are just copied & pasted into the IMS incident summary text box.
- Hard to follow and understand, repetitive, very confusing, and rambling narratives.
- Includes a lot of information not relevant to the incident or case

Just Right Information

- Concise summary of key information.
- Includes all important facts relevant to the incident.
- Includes who, what, how, where, when.
- Clearly identifies all persons involved.
- Describes actions taken to ensure immediate HSW of individual.
- Provides clear picture for the reader on what happened.

Too Little Information

- Missing key facts relevant to the incident.
- No description of what happened.
- Leaves the reader with many questions.
- Lacks adequate description of actions taken for immediate HSW.
- Assumes reader knows about the case

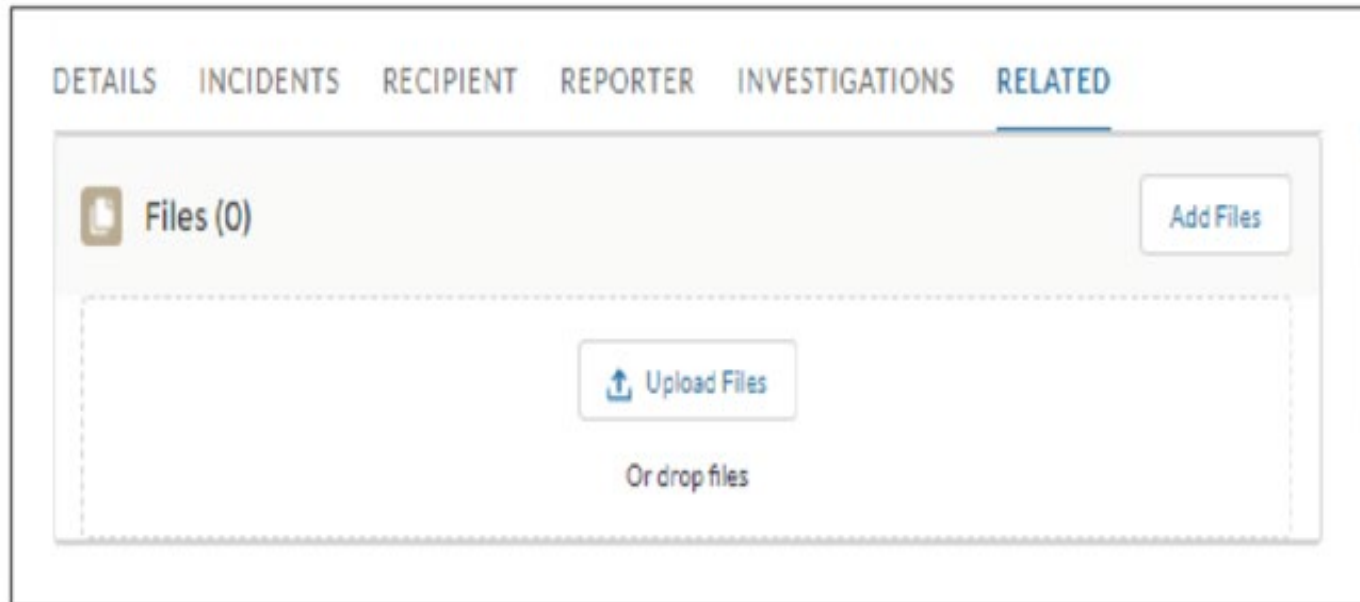
Document the Alleged Person Responsible

Add Alleged Person Responsible

First Name	* Last Name
<input type="text"/>	<input type="text"/>
* Relationship to Individual	Provider/Agency Name
--None-- ▼	<input type="text"/>
Email	Phone Number (xxx-xxx-xxxx)
<input type="text"/>	<input type="text"/>
Address	City
<input type="text"/>	<input type="text"/>
State	PostalCode
<input type="text"/>	<input type="text"/>

Upload Pertinent Documents to the IMS

Drag and drop appropriate files or click on “Upload Files” to search for files.




The screenshot displays a web interface with a navigation bar at the top containing the following tabs: DETAILS, INCIDENTS, RECIPIENT, REPORTER, INVESTIGATIONS, and RELATED. The 'RELATED' tab is currently selected and underlined. Below the navigation bar, there is a section for file management. On the left, there is a file icon and the text 'Files (0)'. On the right, there is a button labeled 'Add Files'. Below this section is a large dashed rectangular area representing a drop zone. Inside this drop zone, there is a button labeled 'Upload Files' with an upward-pointing arrow icon, and the text 'Or drop files' is centered below the button.

Document the Contributing Factors and Root Causes

Click on pencil icon to add or edit information.

Describe the contributing factors/root causes in the text box.

Click on appropriate checkboxes.

▼ Contributing Factors/Root Causes 

Contributing Factors

Contributing Factors and Root Causes narrative description goes here

<input type="checkbox"/>	Care Coordination Factors	<input type="checkbox"/>	Individual with Unmet Service Needs
<input type="checkbox"/>	Individual's Mental Health Conditions	<input type="checkbox"/>	Individual's Home Environment
<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>	Individual's Substance Use or Abuse
<input checked="" type="checkbox"/>	Other(Contributing Factors)	<input type="checkbox"/>	Provider or Caregiver Factors
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	


Document if the Incident is Substantiated/Verified

Click on the Pencil icon next to the incident and then click on either "Yes" or "No" if the Incident Actually Occurred.

DETAILS **INCIDENTS** RECIPIENT REPORTER RELATED

Incidents (2) Add Incident

▼ 132228 - Critical - Exploitation

INCIDENT CATEGORY	INCIDENT SUB CATEGORY	INCIDENT TYPE	SUBSTANTIATED/VERIFIED	
Exploitation		Critical	Yes	

> Alleged Person Responsible (0)

> 132229 - Critical - Misappropriation - Involves theft of less than \$500

Edit Incident

*Incident Category
Exploitation

Incident Sub-Category: None Incident Type: Critical

Substantiated / Verified: Yes  Incident Status: Closed

Closed Date:
Date: Sep 13, 2020 Time: 9:47 AM

Comments


Save

Document the Prevention Plan

Click on pencil icon to add or edit information.

Document the prevention plan in text box.

Click on appropriate checkboxes.

▼ Prevention Plan 

Prevention Plan

Prevention Plan narrative goes here

Prevention Plan Completed	Revised Service Plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider Education	Health Safety Action Plan
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Member Education	Revised Back-up Plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	Revised Process
<input type="checkbox"/>	<input type="checkbox"/>

Click on the Appropriate Prevention Plan Category Checkboxes

Prevention Plan Completed

Provider Education

Member Education

Other

Revised Service Plan

Health Safety Action Plan

Revised Back-up Plan

Revised Process

IMS, continued

Close Case in IMS

