

You Matter to Molina Medicaid Critical Incident Reporting

February 2025 | Provider Training

The Critical Incident Team

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Purpose & Overview

It is the responsibility of Molina Healthcare and delegates 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). Please refer to OAC Rule 5160-44-05 for additional definitions.

Effective July 1, 2022, and revised October 6, 2024, the OAC rule sets forth the incident types to be reported and reviewed/investigated by 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 (Effective July 1, 2022 – Revised October 6, 2024)

Upon discovering a critical incident, the responsible person or entity will be responsible for all of 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 a critical incident to relevant collaborative parties by completing a Medicaid Critical Incident Referral Template and submitting to MedicaidCriticalIncident@MolinaHealthCare.Com within 4 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, work with Molina to enter review notes and results, and then assist in the development of a prevention plan if applicable to incident scenario.
 - Unless a longer timeframe has been prior-approved by ODM, conclude the incident review/investigation and enter all relevant information into IMS no later than 45 business days after initial receipt of the incident report.
 - Follow-up and close-out responsibilities: If incident substantiated, except in the case of death, a prevention plan must be entered into IMS and closure of case must occur no later than seven business days after the conclusion of the review/investigation.

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 Sub-Categories

Critical Incident Categories

Critical Incident Sub-Categories

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

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

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.

- Involves theft > \$500

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.

All deaths of children (21 and under) 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.

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.

Who is Required to Report Incidents?

Any staff person employed, or provider credentialed with Molina 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

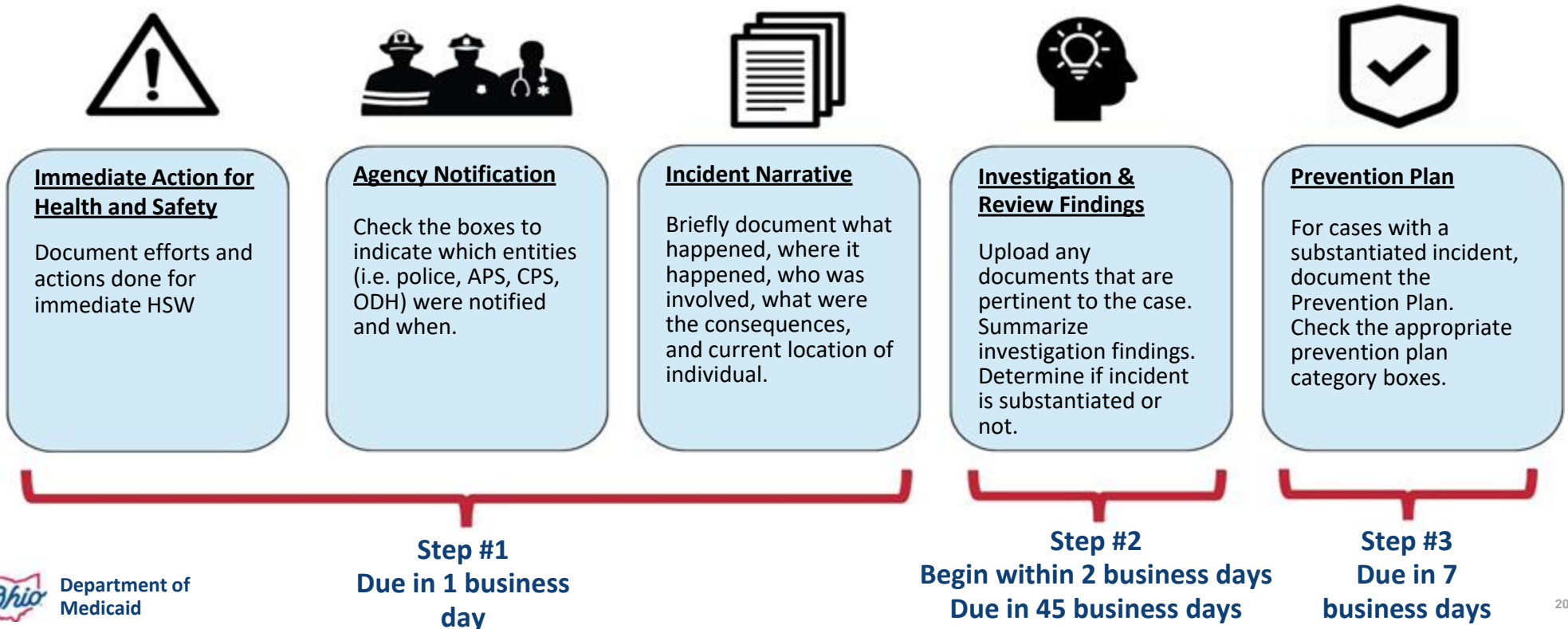
Incidents may be reported to you from someone outside of your agency, such as a member, a member's caregiver, a provider, or anyone else who might have contact with the member. If you receive a report of a critical incident or identify a critical incident, **the following steps must be completed as expeditiously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

Substantiated

- “Substantiated” means, there is a preponderance of evidence to indicate the reported incident is more likely to have occurred than not to have occurred.
- Molina will determine whether 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.

Incident Management Process – Delegate Responsibilities – Step 1

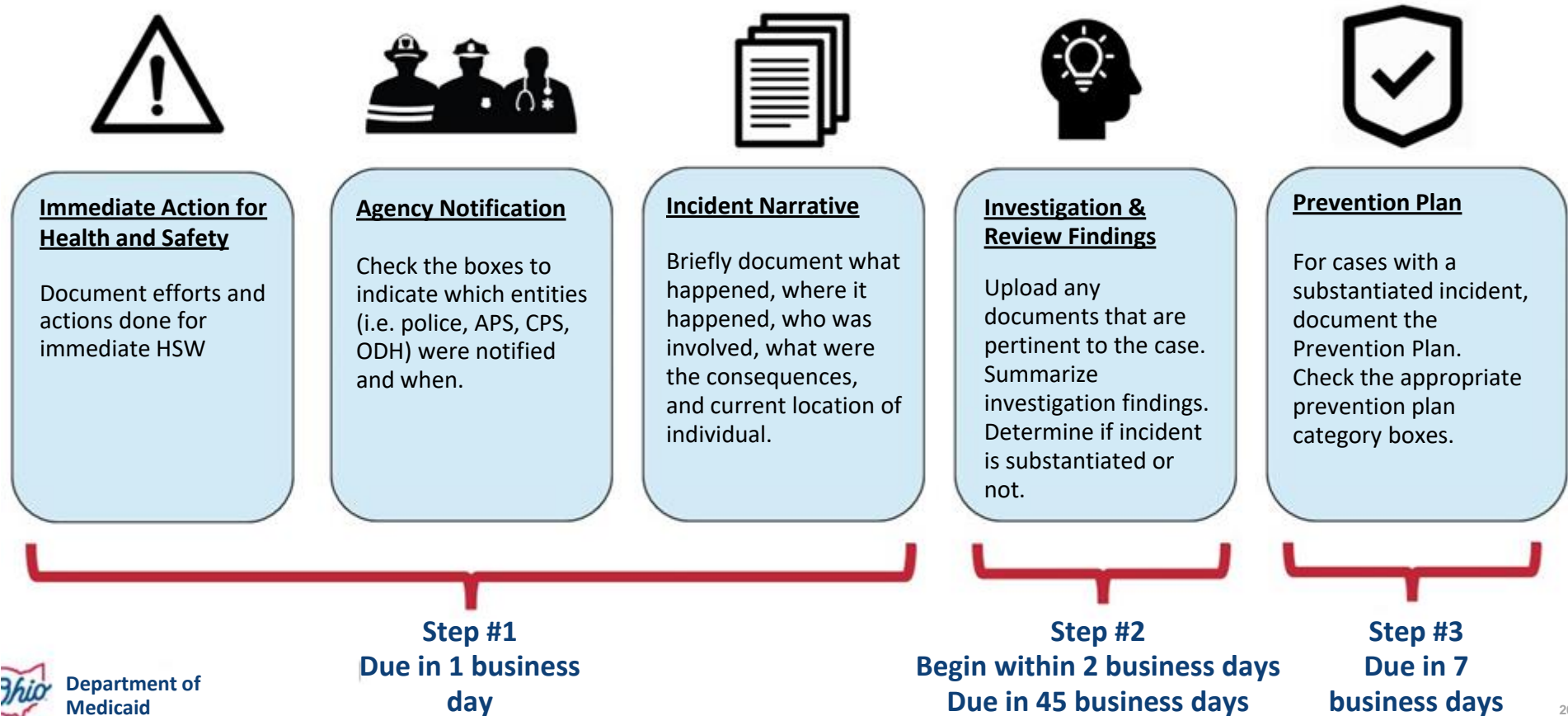
Incident Management Timeline



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 4 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, where applicable (e.g. Review/Investigation; Prevention Plan).

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

Incident Management Timeline



Delegate will ensure HSW of member and will continue to collaborate/communicate in bi-directional manner with Molina throughout duration [closure] of CI process. In addition, the Delegate (CM) is expected to fully contribute to review/investigation aspect and prevention plan component of incident management process and ensure ongoing HSW of member.

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 to MedicaidCriticalIncident@MolinaHealthCare.Com within 4 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 business days
- Prevention Plan completed in 7 business 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, 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 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, including as applicable:

- 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



Examples of agency notifications

When to Notify Which Agencies

- **Law Enforcement** - legal actions need to be taken, crime committed, member involved with justice system
- **Coroner's Office** - Death
- **County BODD** - member is linked with BODD and/or receiving services from BODD
- **Public Children's Services Agency** - reportable abuse, neglect, exploitation, H&W at risk (PRTF) of a child, current involvement or open case plan, involvement due to out of state or long-term treatment placement
- **ADAMHS Board** - reporting of alleged abusers and/or concerns with a provider, staff person and/or facility overseeing ADAMH funded services and/or behavioral health/SUD treatment
- **State Long Term Care Ombudsman** - major events, natural disasters, closing facilities, etc.
- **Ohio Board of Nursing** - reporting an alleged violator that is licensed with the board, such as nurses, STNAs and doulas.
- **Local Probate Court** - adults with guardianship and/or guardianship concerns (individuals that may need a guardian)
- **Individuals Primary Care Physician** - medical needs and follow up care
- **Counselor/Social Work Board** - reporting an alleged violator that is licensed with the board.

Ohio Department of Medicaid IMS Managers

- IMS Manager position was created by ODM effective August 5, 2024.
- Provide training and guidance related to the incident management process
- Documentation, prevention planning, etc.
- Review all MCO and OhioRISE critical incidents and reportable natural deaths involving children and youth under 21
- Review critical incidents involving special circumstances
- Alleged violator is the member's case manager or care coordinator
- Direct procedures and processes for MCO and OhioRISE incident submissions
- Carry out oversight of the MCOs and OhioRISE in completing required incident management actions
- Review, analyze, and interpret data related to incidents involving children and youth
- Identify trends and make recommendations based on findings
- Collaborate other sections and agencies to formulate an understanding of the statewide incidents involving children and youth

Provider and MCO responsibilities versus IMS Managers

| MCO; CME; Aetna | IMS Manager |
|--|--|
| Enters the case in IMS upon discovery | Confirms health, safety, and welfare of the individual |
| Ensures the individuals health, safety, and welfare | Confirms that all appropriate entities were notified |
| Notifies appropriate entities such as CPS, APS, law enforcement, etc. | Creates tasks in IMS for the MCO to gather and provides relevant documents or conduct outreach to the individual or other relevant parties |
| Responds to tasks assigned in IMS with the requested information by the due date | Documents all relevant information and actions in IMS |
| Develops a person-centered prevention plan based on identified causes & contributing factors by the due date | Determines whether each incident is substantiated & complete the summary of investigation |
| Makes updates to the prevention plan, if needed | Identifies causes and contributing factors |
| Closes the once the IMS Manager has reviewed the prevention plan | Reviews the prevention plan and works with the MCO to make edits as needed |

Medicaid Critical Incident Referral Template

CRITICAL INCIDENT REFERRAL TEMPLATE (Medicaid Members Only)

*Denotes when a response is required

*Template Completed by:

*Delegate Care Manager:

*Delegate:

*Delegate/CM Email Address:

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

Medicaid Critical Incident Referral Template, continued

Reminder to staff: must complete if yes

Name:

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:

Medicaid Critical Incident Referral Template, continued

*Reporter's relationship to the member:

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

Medicaid Critical Incident Referral Template, continued

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

***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}

Medicaid Critical Incident Referral Template, continued

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

***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 Delegate CM

- Collaborate with appropriate third-party entities that have authority to investigate incidents.
- Conduct a review of relevant documents as appropriate, which may include:
 - Person-centered care plans
 - Service plans
 - Assessments
 - Clinical notes
 - Communication notes
 - Available results from an investigation conducted by a third-party entity
 - Provider documentation
 - Provider billing records
 - Medical reports
 - Police and fire department reports
 - Emergency response system reports
- Discuss incident with the following:
 - The individual (member/guardian as applicable/appropriate) [Please utilize trauma-informed principles when discussing the incident with the individual to avoid retraumatizing].
 - Family members, guardians, or witness(es) (if applicable)
 - Providers (if applicable)
- Identify and document root causes (RC) and contributing factors (CF) for the incident. RC/CF provide explanation of “why” the incident happened. Identify opportunities for intervention/improvement.

Prevention Plan Guidance for Providers

The purpose of a Prevention Plan is to prevent the same or similar incident from recurring. Prevention Planning must include an evaluation to determine how to mitigate the effects of the incident, how to eliminate/minimize the risk to the individual from the root causes (RC) and contributing factors (CF), and how to remove the RC/CF that pose a continued risk to the individual. In addition, we should strive to address related Social Determinants of Health

- 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.

The Prevention Plan must:

- Be objective, person-centered, measurable, attainable, reasonable, realistic, enforceable, verifiable, and sustainable and timely. (SMART)
- Include care coordination activities
- Consider and address all RC/CF of the incident and SDOH concerns
- Be comprehensive and meet appropriate legal, ethical, industry, and professional standards, and be an acceptable practice.

Prevention Plans may require multiple strategies and actions, which may include:

- Revised procedures or processes revisiting prevention plans as we speak with the member
- Staff training
- Revised case management
- Training and Education (please be mindful when including, does not always address root causes)

Five Quality Criteria for all Prevention Plans



Care Coordination Activities: The prevention plan strategies and activities specify what the MCO or OhioRISE MCE will do to assist the individual. This may include referrals for community resources, added services, counselling, or education.



Potentially Effective: There is a good chance that, if implemented, the prevention plan strategies will help prevent another similar incident from happening.



Person-Centered: The prevention plan strategies are trauma informed, reflect the individual's unique strengths, interests, cultural considerations, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.



Realistic: The prevention plan strategies and activities are doable, feasible, and can be accomplished.



Addresses Root Causes: The prevention plan strategies address the contributing factors and root causes (“The Five Whys”) which help explain why the incident happened.

Don't
copy and
paste!

Unable to Contact and Refusal Members

- Molina will attempt a minimum of 3 telephonic outreaches on different days at different times to reach our mutual members.
- If a member is unable to contact or refuses case management services, the efforts should be clearly documented and communicated to Molina. The provider will be responsible for working with Molina and delegates to facilitate the completion of a prevention plan for the refusal or UTC member when this is the outcome of their investigation.
- Prevention plans are required for all substantiated Medicaid critical incidents even if the member is UTC with a goal of future engagement.
- Prevention plans should address the Critical Incident and contributing factors, as well as any information or resources sent to the member or authorized rep.



Resources and references

The following materials will be provided to Delegates via email:

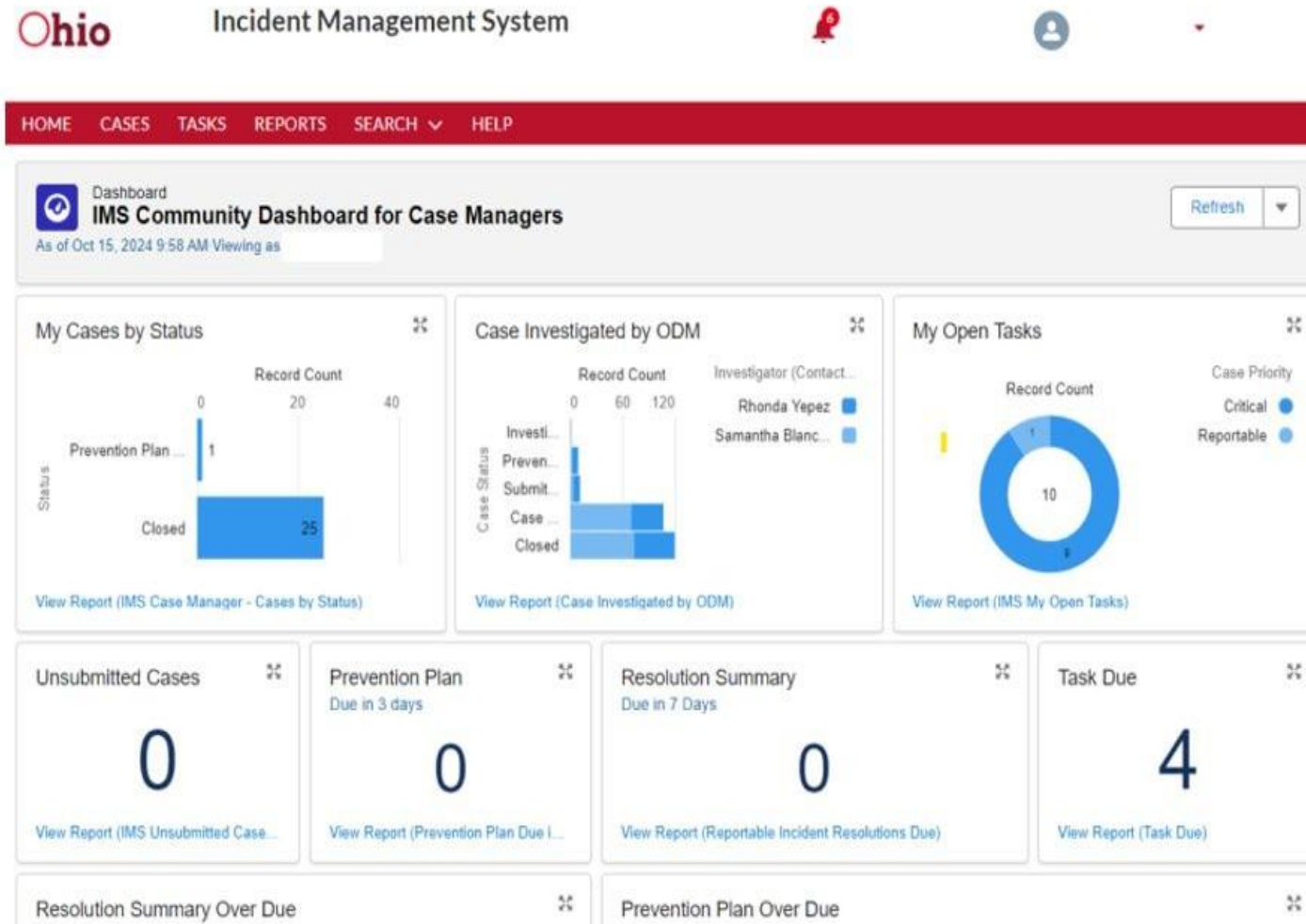
- Incident Reporting (Medicaid) PowerPoint Presentation
- Medicaid Critical Incident Referral Template – To be utilized prior to entering documentation into IMS in order to acquire pertinent information surrounding incident. The Medicaid Critical Incident Referral Template is to be completed in its entirety and shared with Molina by submitting to MedicaidCriticalIncident@MolinaHealthCare.Com within 4 hours of incident discovery.
 - Delegates need to please supply email for collaborative communication (There is a component on Medicaid Critical Incident Referral Template to include email).
- Appendix A: IMS
- OAC 5160-44-05 (Revised 10/6/2024)
 - [Rule 5160-44-05 - Ohio Administrative Code | Ohio Laws](#)
- Previously Provided ODM Materials
 - IMS 101 Training (Ohio Department of Medicaid), October 23, 2024
 - Incident Rule 5160-44-05 effective July 1 2022 Webinar June 22 2022 Final
 - Critical Incident Reviews 101 Training
 - Incident Management Overview for OhioRISE June 1 2022 Training
 - Incident Management Overview for MCEs October 2021
 - Prevention Planning 101 Webinar PowerPoint 2021
 - Person-Centered Planning 3-minute Training Video:
 - <https://www.youtube.com/watch?v=qURHeOx0DKY>
 - Incident Management 14-minute Training Video:
 - <https://www.youtube.com/watch?v=i9K38QRem6s>

Please contact your supervisor if you have any questions regarding this process.

THANK YOU!

Appendix: Incident Management System (IMS)

IMS Home Screen and Dashboard



IMS, continued

Creating a New Case

Ohio

Incident Management System



HOME **CASES** TASKS REPORTS SEARCH ▾ HELP



Cases

Recently Viewed ▾



New

40 items • Updated 8 minutes ago

Search this list...



| Case Number ▾ | Medicaid ID ▾ | Recipient Name ▾ | Priority ▾ | Program / Waiver Na... ▾ | Submitted Date ▾ | |
|---------------|---------------|------------------|------------|--------------------------|------------------|--|
|---------------|---------------|------------------|------------|--------------------------|------------------|--|

IMS, continued

Individual Information

New Case

Individual Information

Recipient Search

* Medicaid ID

* First Name

* Last Name

* Date of Birth

Email

* Phone Number (xxx-xxx-xxxx)

* Individual Organization

* Waiver/Program

* Mailing Street

* Mailing City

* State

* Zip Code

Gender

Alt Phone Number

Care Coordination Tier

Using the Recipient Search function:

- Helps avoid typos in names, DOBs, Medicaid IDs, etc.
- Ensures cases are linked to the correct individual and ensures historical incidents are easily accessible for review
- Automatically pulls in waiver and program information to provide proper access on cases involving shared members

IMS, continued

Recipient Search

Recipient Search

?

* Medicaid ID

OR

Recipient Search

?

| | | |
|---|---|---|
| <p>First Name</p> <input type="text" value="Enter First Name"/> | <p>Date of Birth</p> <input type="text" value="Choose Date of Birth"/> | <p>County</p> <input type="text" value="--None--"/> |
| (OR) | | |
| <p>Last Name</p> <input type="text" value="EnterLast Name"/> | <p>Medicaid last 4 digits</p> <input type="text" value="Last 4 Digits of Medicaid Id"/> | |

Authorized Representative/Guardian/POA Information

Authorized Representative/Guardian/POA Information

Is there an Authorized Rep/Guardian/POA

Authorized Rep/Guardian/POA

[Add Authorized Rep/Guardian/POA](#)

| | |
|------------------------------|----------------------|
| First Name | * Last Name |
| <input type="text"/> | <input type="text"/> |
| * Relationship to Individual | Guardian/AR/POA |
| --None-- | --None-- |
| Provider/Agency Name | Email |
| <input type="text"/> | <input type="text"/> |
| Phone Number (xxx-xxx-xxxx) | Address |
| <input type="text"/> | <input type="text"/> |
| City | State |
| <input type="text"/> | <input type="text"/> |
| Zip Code | |
| <input type="text"/> | |

IMS, continued

Case Information

Case Information

Media Reported Media Text and Media Story Link

Drug Misuse: Select an Option *Location of Event: Home

Case Manager(External): *CMA/RMA Contact: Waiver Service Coordinator:

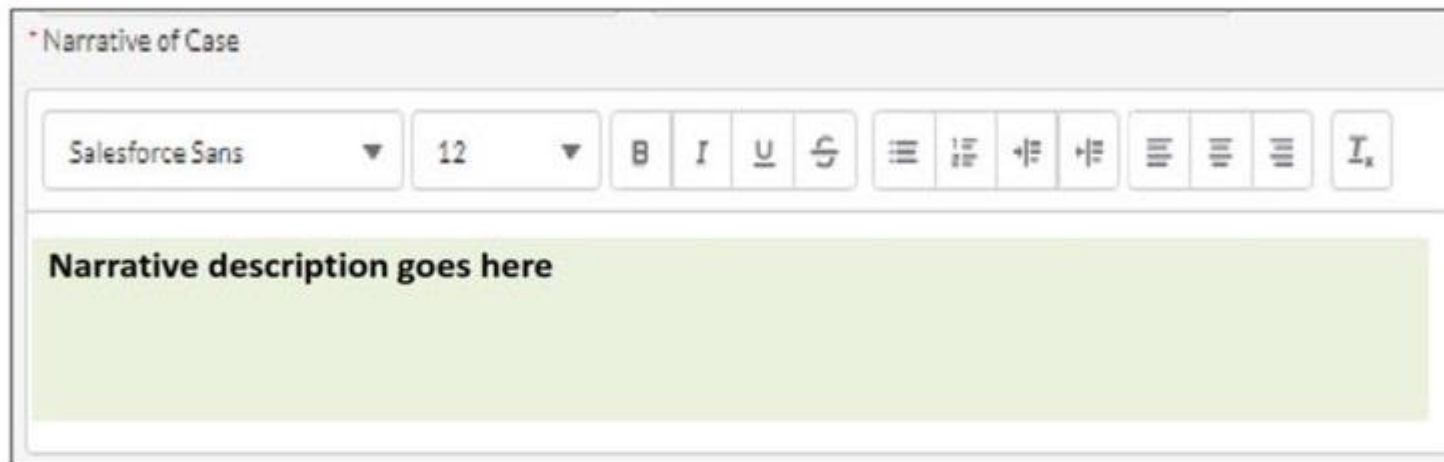
*Narrative of Case

Salesforce Sans 12 B I U

*Date of Occurrence: Oct 3, 2024 *Reporter Date of Discovery: Oct 4, 2024 *Case Manager Date of Discovery: Oct 4, 2024

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: a font dropdown menu set to "Salesforce Sans", a font size dropdown menu set to "12", and buttons for bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent left, indent right, decrease indent, increase indent, 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

Reporter Information

Reporter Information

Is Anonymous Is Unknown

* Last Name

Phone Number (xxx-xxx-xxxx)


* Incident Reported by

Email

Street

City State Zip Code

Incident Information

| Incident Information | | |
|----------------------|--------------------------|---|
| Incident Category | Incident Sub Category | |
| --None-- | --None-- | |
| Incident Type | Incident Range | Incident Date of Occurrence |
| | <input type="checkbox"/> | |
| | | |
| Incident Category | Incident Sub Category | |
| --None-- | --None-- | |
| Incident Type | Incident Range | Incident Date of Occurrence |
| | <input type="checkbox"/> | |
| | | |
| | |  |

IMS, continued

Adding Notifications to Agencies

Add Notification to Agencies

Notification to Agencies ⓘ

Available

- Alcohol, Drug Addiction and Mental Health Services Board
- Coroner's Office
- Counsellor/Social Work Board
- County Board of Developmental Disabilities
- Individual's Primary Physician
- Law Enforcement

Selected

- Adult Protective Services
- Area Agency on Aging (AAA)

Add

Notification to Agencies





Add Notification to Agencies

| AGENCY NAME | DATE | | |
|----------------------------|--------------|--|--|
| Adult Protective Services | Oct 15, 2024 | | |
| Area Agency on Aging (AAA) | Oct 15, 2024 | | |

Save vs Submit

Notification to Agencies

Add Notification to Agencies

| AGENCY NAME | DATE | |
|----------------------------|--------------|---|
| Adult Protective Services | Oct 15, 2024 |   |
| Area Agency on Aging (AAA) | Oct 15, 2024 |   |

Cancel Save Submit



Success!

The Case record has been Created successfully.



IMS, continued (after case creation)

Alleged Person Responsible

DETAILS **INCIDENTS** RECIPIENT REPORTER INVESTIGATIONS/REVIEW N... RELATED



Incidents (1)

Add Incident



- Critical - Abuse - Physical abuse

| INCIDENT CATE... | INCIDENT SUB C... | INCIDENT TYPE | SUBSTANIATED/... | | |
|------------------|-------------------|---------------|------------------|--|--|
| Abuse | Physical abuse | Critical | | | |

Alleged Person Responsible (0)

Add Alleged Person Responsible

IMS, continued (after case creation)

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"/> |

Entering Case Notes

New Review

Review
















Case

Type

Other Text

Review Notes

Investigator Notes

Salesforce Sans 12 **B** *I* U               

IMS, continued (after case creation)

Case Notes


DETAILS INCIDENTS RECIPIENT REPORTER INVESTIGATIONS/REVIEW N... RELATED


| Review Notes (3) | | | | | Print Review Notes | New |
|------------------|--------------------|--------------|---------------------|--|--------------------|-----|
| Review Number | Type | Created By | Created Date | | | |
| A-553784 | Case Note | | 10/3/2024, 08:45 AM | | | ▼ |
| A-552085 | Investigator Notes | Rhonda Yopez | 9/30/2024, 01:37 PM | | | ▼ |
| A-551845 | Case Note | | 9/30/2024, 10:04 AM | | | ▼ |
| | | | | | | |

IMS, continued

File Uploads

DETAILS INCIDENTS RECIPIENT REPORTER INVESTIGATIONS/REVIEW N... RELATED

 Files (0) Add Files

 Upload Files

Or drop files

If you are tasked by an ODM Investigator with providing additional documentation regarding a member or an incident (service plan, HSAP, etc.) you will upload the document here.

New

 Case History (6)

| Date | Field | User | Original Value | New Value |
|------|-------|------|----------------|-----------|
|------|-------|------|----------------|-----------|

IMS, continued

Causes & Contributing Factors

▼ Contributing Factors/Root Causes

Save

Cancel

Contributing Factors

Rich text editor toolbar with options for font (Salesforce Sans), size (12), color (black), bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent, and outdent. Below the toolbar are icons for bulleted list, numbered list, link, image, and link removal.

This information is added by the investigator. If the case is being investigated by ODM, the ODM investigator will enter the causes and contributing factors; however, please add any contributing factors you discover during the investigation that the ODM investigator may not know about.

Individual's Physical Conditions
Care Coordination Factors
Individual's Mental Health Conditions

Other

Other(Contributing Factors)


Text input field for "Other(Contributing Factors)".

- Individual's Risk-taking Behavior
- Individual with Unmet Service Needs
- Individual's Home Environment
- Individual's Substance Use or Abuse
- Provider or Caregiver Factors



IMS, continued

Substantiation/Verification

DETAILS INCIDENTS RECIPIENT REPORTER INVESTIGATIONS/REVIEW N... RELATED

 **Incidents (1)** [Add Incident](#)

▼ - Critical - Abuse - Physical abuse

| INCIDENT CATE... | INCIDENT SUB C... | INCIDENT TYPE | SUBSTANIATED/... | | |
|------------------|-------------------|---------------|------------------|--|--|
| Abuse | Physical abuse | Critical | |  |  |

▼ Alleged Person Responsible (0)

[Add Alleged Person Responsible](#)

Substantiation/Verification

Edit Incident

The screenshot displays the 'Edit Incident' form with the following fields and values:

- Incident Category:** Self-harm or suicide attempt resulting in Hosp/ER
- Incident Sub Category:** --None--
- Incident Type:** Critical
- Substantiated / Verified:** --None-- (highlighted with a blue border)
- Incident Status:** --None--
- Incident Date of Occurrence:** Sep 14, 2024
- Radio buttons:** Yes, No, Submitted in Error
- Save button:** Save

Substantiation is determined by the investigator. If the case is being investigated by ODM, the ODM investigator will enter the substantiation decision.

IMS, continued

Prevention Plan

Required for cases with a substantiated incident

▼ Prevention Plan

Save

Cancel

Prevention Plan

Rich text editor toolbar with options for font (Salesforce Sans), size (12), color (black), bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent, and outdent. Below the toolbar are icons for link, image, and link removal.

Checking the Prevention Plan Completed box closes the case. **If the case is being investigated by ODM, do not check the Prevention Plan Completed box until tasked to do so.**

Prevention Plan Completed

Provider Education

Member Education

Other

Revised Service Plan

Health Safety Action Plan

Revised Back-up Plan

Revised Process

IMS, continued

Closing Substantiated Cases

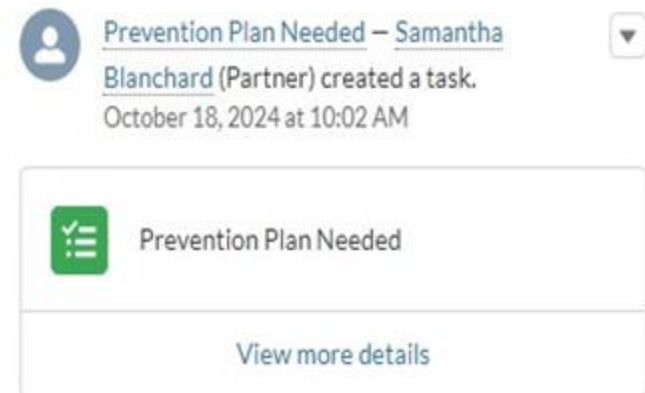
If at least one incident on a case is substantiated, a prevention plan is required.

Cases Investigated by ODM

- When tasked by the ODM Investigator, enter the prevention plan, but **do not** check the “Prevention Plan Completed” box
- After reviewing, the ODM Investigator may create an additional task providing feedback on the prevention plan
- Once the prevention plan meets all criteria, the ODM Investigator will mark the case review complete
- The system will generate a task called “Prevention Plan Needed”
- At this point, mark the “Prevention Plan Completed” box to close the case

Cases Investigated by the MCO, CME, or Aetna

- Once the case review is complete, the system will generate a task called “Prevention Plan Needed”
- Enter the prevention plan, and check the “Prevention Plan Completed” box
- Close the case



IMS, continued

Close Case in IMS

