## Critical Event Reporting Update

**Title:** Critical Event Reporting Update  
**Created:** 8/8/2018  
**By:** Lora McCurdy  
**Electronic File Name:** CriticalEventPolicy_8.8.18  
**Effective Date:** 8/8/2018

### Operations Policy:
Community Care Program (CCP) workers, Care Coordinators and providers, are required to report and follow-up on all Critical Events that have occurred or are suspected to have occurred to participants under the CCP.

### Last Revisions:
- **8/8/2018**
- **By:** Michael Berkes

### Approved by:
- **Jamie Ewing**  
- **Approval Date:** 8/2/2018

### Search Word(s):
- CCP
- Critical Event
- APS
- Critical Incident
- SIP
- Request for Change in Status
- Event Reporting
- Risk Mitigation

### Pertains to:
- [ ] CCU
- [ ] Adult Protective Services
- [ ] Emergency Home Response Service Providers
- [ ] In-Home Service Providers
- [ ] Adult Day Service Providers
- [ ] Managed Care Organizations (MCO)

### Requirement:
Each Care Coordination Unit, Adult Protective Services and service provider agency will follow IDOA’s policy and procedure regarding the reporting and review of all Critical Events experienced by participants under the Community Care Program.

### Reference(s):
- 1915(c) Home and Community-Based Services Waiver, Appendix G: Participant Safeguards
- Adult Protective Services Act (320 ILCS 20/8)

### Rescinds Previous IDoA Policy:
- [ ] YES
- [ ] N/A

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<tr>
<td>CriticalEventPolicy_7.7.17</td>
<td>7/7/2017</td>
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**PURPOSE:**
The purpose of this policy is to inform Care Coordination Units (CCUs) and Community Care Program (CCP) provider agencies of mandatory discovery, reporting, remediation and follow-up requirements for when a critical event occurs under the CCP, including the Medicaid 1915(c) Home and Community-Based Services Waiver (HCBS). A critical event is any actual or alleged incident or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an individual.

Part of the mission of the Illinois Department on Aging (IDoA) is to assist older adults to remain in the community if they can safely do so. Once an older adult experiences a critical event, it becomes more likely that similar events will occur in the future. Therefore, critical event reporting and follow-up in response to these events should be viewed as opportunities to prevent unnecessary and premature institutionalizations.

This policy is centered on quality assurances set forth by federal Centers for Medicare and Medicaid Services (CMS) under version 3.5 of the HCBS waiver application. Specifically, Appendix G: Participant Safeguards, which requires Illinois to protect the health and welfare of participants receiving HCBS waiver services. To comply with the requirements of this assurance, it is essential that the Department on Aging, as an operating agency, implement an effective critical event reporting system. An effective critical event system requires the CCUs and provider network to report and review critical events in a timely manner, actively attempt to mitigate risk(s) associated with their occurrence, and develop strategies to reduce the likelihood that an individual experiences future critical events.

The critical event system will serve as an integral part of the Department’s global Continuous Quality Improvement (CQI) strategy that is required by the waiver. CQI requires the state to discover issues, remediate factors leading to the problem and seek continuous improvement in areas identified as problematic. In addition, the critical event system will serve as a method to streamline previously existing data entry and reporting processes using a centralized data system, the Critical Event Reporting Application (CERA). The CERA will allow for the Department and network to identify ongoing training needs while analyzing event data for trends, patterns and common themes. Through this policy, the Department’s intent is to provide consistency across the Aging network when responding to events that are critical in nature. Finally, the Department aims to increase and encourage communication throughout the network when working toward resolution. As such, accurate and timely communication is essential after learning of a critical event.

**POLICY:**
Each Care Coordination Unit and CCP provider agency is required to report and follow-up on all critical events defined in this document, regardless of whether they occur during the provision of service hours. Event reports will be made through the completion of an electronic Critical Event report form housed in the CERA. The role of the CCUs and CCP providers will be one of astute observation, documentation and action. Failure to meet the intent of this policy - keeping participants safe - can bring serious consequences to the individuals we serve. While not all risk(s) can be avoided, the network must anticipate, rapidly report and effectively respond when they do occur. For critical incidents and SIP complaints, there is a two-step reporting requirement. First, at the time of initial discovery, and through a second follow-up report that must be completed within 60 days from the notification date, the date the first entity learns an event has occurred.
DEFINITIONS:
Critical events are comprised of three event sub-categories that must be reported to the Department on Aging.

The first sub-category of events that must be reported are critical incidents. Critical incidents place the health and welfare of CCP participants at risk and may increase the likelihood of premature nursing facility placement. All instances of abuse, neglect or exploitation (ANE) that have occurred or are suspected to have occurred, are critical incidents per Federal Centers for Medicare and Medicaid Services (CMS). All instances of ANE must be reported directly to Adult Protective Services (APS) for intake, investigation and follow up. It is important to note that the current APS reporting procedures and timeframes regarding ANE will not change in response to this policy.

The Department on Aging has expanded critical incident definitions to include hospital admissions, medication errors, missing person(s), emergency department visits, property damage, nursing facility placements, falls (with injury), falls (without injury), criminal activity, and contact with law enforcement. The previous processes for death and injury reporting will be replaced with the procedures below and the original policy is rescinded.

The second sub-category of events are complaints coming through the Department’s Service Improvement Program (SIP). The SIP is a complaint-based reporting initiative with the purpose of identifying and resolving problematic issues related to the provision of HCBS services. SIP reports come in several forms, but are most commonly specific to difficulties accessing services and delayed service starts. The previous processes for SIP reporting will be replaced with the procedures below and the original policy is rescinded.

The third sub-category of reportable events is a Request for Change of Status. A request for change of status should occur anytime the condition of a program participant changes or there is a change in circumstances, which affects the ability of the family and/or caregiver to safely provide support and assistance. A request for change of status could trigger a redetermination of need to ensure unmet need(s) are addressed, therefore reducing the risk and likelihood that a critical event occurs in the future. This event type is especially important as it may trigger the need for new or additional services.

The Department on Aging has standardized definitions for Critical events in order to ensure follow up that is accurate and timely. The tables below provide specific definitions regarding the three main event sub-categories:

1. Critical Incidents
   a. Abuse, Neglect, Exploitation (ANE)

2. Service Improvement Program (SIP) complaints

3. Request for Change of Status.

Critical Incidents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Anticipated Death</td>
<td>Any cessation of life, regardless of cause</td>
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<td></td>
<td>– Anticipated death is a death that was medically predicted to occur.</td>
</tr>
<tr>
<td>Unanticipated Death</td>
<td>Any cessation of life, regardless of cause</td>
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<td>– Unanticipated death is a death that was not predicted: accidental death, death resulting from suicide, death that occurs in questionable circumstances, resulting from any other unexpected or unknown reason.</td>
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<td><strong>Unanticipated Hospitalization</strong></td>
<td>A hospital admission that was not predicted or anticipated that may be the result of abuse, neglect, accident, mental health crisis, injury, or sudden decline from a pre-existing medical condition.</td>
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<td><strong>Medication Error</strong></td>
<td>Any situation in which a program participant experiences marked adverse reactions which threaten his/her health and welfare while under the supervision of a provider due to: refusing to take prescribed medication, taking medication in an incorrect dosage, form, or route of administration; taking medication on an incorrect schedule; taking medication which was not prescribed; or, the failure on the part of a provider to properly follow the plan for assisting the participant in self-medication.</td>
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<tr>
<td><strong>Serious Injury</strong></td>
<td>Any injury that requires treatment by medical personnel, including an RN, MD, Physician assistant or emergency medical technicians (EMTs).</td>
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<td><strong>Missing Person</strong></td>
<td>Unexpected absence of a participant from his/her home or scheduled program service(s) that constitutes a recognized danger.</td>
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<td><strong>Emergency Department Visit</strong></td>
<td>Any visit to an Emergency Department for medical care, monitoring or evaluation; the participant is discharged directly from the Emergency Department without the need for hospital admission.</td>
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<td><strong>Property Damage</strong></td>
<td>Damage to the program participant’s residence or belongings that presents a risk to the health and welfare of the participant or is the result of the action(s) by a program worker.</td>
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| **Nursing Facility Placement**| Admission to a nursing facility for long-term care services that:  
  - Is the result of an unanticipated change in health or mental status  
  - Results from the lack of sufficient or appropriate services |
| **Fall with Injury**          | An unplanned descent to the floor (or extension of the floor) resulting in injury. |
| **Fall without Injury**       | An unplanned descent to the floor (or extension of the floor) that does not result in injury. |
| **Special Circumstance**      | Any situation not otherwise defined as a critical incident that constitutes a threat to the health, safety or welfare of a CCP participant. |
| **Criminal Act/Law enforcement** | Must be reported when the program participant is the victim of a crime that requires intervention by law enforcement officials. |
| **Criminal Act/Law enforcement** | Must be reported when program participant is taken into custody for the alleged commission of an illegal act and/or is contacted by law enforcement officials for questioning. |

**Critical Incidents: Abuse, Neglect and Exploitation (ANE):** The definitions for ANE are consistent with definitions used by Adult Protective Services of Illinois (APS).

**Abuse**
- Causing any physical, mental, or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

**Physical Abuse**
- Causing the infliction of physical pain or injury to an eligible adult.

**Sexual Abuse**
- Touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an older person when the older person is unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.

**Psychological/ Emotional Abuse**
- Verbal assaults, threats of maltreatment, harassment, or intimidation intended to compel the older person to engage in conduct from which he or she wishes and has a right to abstain, or to refrain from conduct in which the older person wishes and has a right to engage.

**Confinement and Seclusion**
- Restraining or isolating, without legal authority, an older person for other than medical reasons, as ordered by a physician.
Deprivation  |  Willfully denying medications, medical care, shelter, food, therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial: except with respect to medical care or treatment when the depended person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences.

Neglect  |  A condition of deprivation in which a person’s health and welfare is jeopardized because of passive neglect or willful deprivation. Passive Neglect means a caregiver’s failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care. This definition does not create any new affirmative duty to provide support to eligible adults; nor shall it be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

Exploitation (Theft)  |  The misuse or withholding of an older person’s resources by another person to the disadvantage of the other person or the profit or advantage of a person other than the older person. Exploitation includes any theft of participant’s financial resources, valuables, personal belongings, etc.

Self-Neglect  |  A condition that is the result of an eligible adult's inability, due to physical or mental impairments or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

Restraint  |  Any use of manual, mechanical, or pharmacological means used to restrict or control the movement of a program participant. Restraints ordered by a physician for the purpose of supporting functional body position or proper balance, or seat belts used to protect an individual riding in a moving vehicle are not included. Medication prescribed by a physician and used as standard treatment for a physical or mental disorder must be documented in the program participant’s record.

Service Improvement Program Complaints (SIPs)

<table>
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<tr>
<td>SIP Complaint</td>
<td>Includes any oral or written communication by the program participant or other interested party expressing dissatisfaction with the operation or provision of service, service quality, or a failure to provide/offer services. SIP complaints include problematic issues pertaining to: Access to services Delayed service start</td>
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Request for Change of Status

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<tr>
<td>Request for Change of Status</td>
<td>Occurs when the condition of the program participant changes or there is a change in circumstances which effects the ability of the family and/or caregiver to safely provide support and assistance.</td>
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## Reporting Timeframes and Follow-Up Requirements for Abuse, Neglect, Exploitation (ANE) and Critical Incidents:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>CCU, In-Home &amp; ADS Provider Reporting Timeframe</th>
<th>CCU Follow-Up Requirement</th>
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<tr>
<td><strong>Critical Incident</strong></td>
<td>Anticipated death, unanticipated death, hospitalization, medication error, serious Injury, missing person, ED/ER visit, Property damage, nursing facility placements, falls (injury), falls (without injury), special circumstance, contact with law enforcement.</td>
<td>Initial event report must be made within 7 calendar days from the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU and documented on the event report “60-Day Review Summary”.</td>
<td>CCU must successfully complete phone contact with the participant or their emergency contact person within 15 calendar days from the “notification date”, the date the initial report taker learned of the event.</td>
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<td><strong>Critical Incident – specific to Abuse, Neglect and Exploitation</strong></td>
<td>Any instance of Abuse, Neglect or Exploitation that has occurred or are suspected to have occurred.</td>
<td>Referral to Adult Protective Services (APS) for intake must be made within 24 hours of learning of the actual or suspected instance of ANE. Referral must be made by calling the 24-Hour APS Hotline or the appropriate APS provider agency.</td>
<td>A case note confirming referral to APS must be documented in participant’s case file at the reporter's agency setting (CCU or provider office).</td>
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<tr>
<td><strong>SIP Complaint</strong></td>
<td>SIP complaints include problematic issues pertaining to:</td>
<td>Initial event report must be made within 7 calendar days from the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU and documented on the event report “60-Day Review Summary”.</td>
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<td>Initial event report must be made within 7 calendar days of the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU that aims to reduce risk and the likelihood a subsequent event occurs.</td>
<td>CCU must successfully complete phone contact with the participant or their emergency contact within 7 calendar days of the “notification date”, the date the initial report taker learned of the event, to determine if a face-to-face redetermination is necessary.</td>
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*Note: Timeframes are triggered by the “notification date”. This is the date that the initial reporter learned of the event.*
**General Procedures:**

1) The CERA is a web-based application that is located at:  
   [https://webapps.illinois.gov/AGE/EventReporting](https://webapps.illinois.gov/AGE/EventReporting)
2) The Department on Aging will provide training on critical event reporting initially, annually and mandatorily for new hires of CCUs and CCP provider agencies.
3) If the situation appears to be an emergency, such as an immediate medical situation, fire, gas leak, or a domestic violence in progress, the report taker should call emergency assistance (911) to report the need for first responders.
4) All actual and alleged instances of abuse, neglect and exploitation must be reported directly to Adult Protective Services (APS) for intake, follow-up and investigation. This policy does not change current reporting or intake procedures outlined in the APS standards and procedures manual.
5) All parties shall maintain the confidentiality of the Adult Protective Services (“APS”) records as mandated by Section 8 of the APS Act (320 ILCS 20/8). If any program records are released, other than APS records, such records shall be redacted to remove all information deemed confidential by the APS Act.
6) CCP Care Coordination Units and CCP service providers are required to report all critical incidents, SIP Complaints, and requests for change of status that have occurred or are suspected to have occurred when the event involves a CCP participant. Other individuals, including the participant, may also contact the Senior Helpline which will use this system to report a critical incident, SIP complaint, or request for change of status.
7) It is important that all information is filled out as completely and accurately as possible so that meaningful data can be obtained on all event reports.
8) A CCP service provider supervisor or CCU staff may generate the initial report for any critical event. The CCU will always be responsible for entering the “60 Day Review Summary” in response to critical incidents and SIP complaints.

**Procedures for Care Coordination Units (CCUs):**

1) CCUs must monitor their user dashboards in the CERA daily and respond to critical event notifications coming from APS, EHRS, In-Home and Adult Day Service providers.
   a. In cases where the In-home or ADS provider completes the initial report, the CCU will be responsible for following up with the participant and/or their emergency contact person within specified timeframes and completing the “60-Day Review Summary”, which finalizes the critical event report.
   b. The CCU must watch for critical event notifications from EHRS providers daily by monitoring:
      i. Online portal(s)
      ii. Emails
      iii. Scans
iv. Faxes

2) The CCU will respond to notifications from Adult Protective Services Provider Agencies (APSPAs) in specific cases where APS is not able to complete their formal intake or investigative process, and each time a substantiation decision is made:
   a. The CCU will receive the “Report of Substantiation Decision” from the APSPA in the event a CCP participant refuses APS services or there is “No ANE Substantiated”.
   b. The CCU will be notified of all substantiation decisions, regardless of outcome, made on any case of Abuse, Neglect or Exploitation (ANE), this includes cases where there is “No ANE Substantiated”. The APSPA will provide the CCU with an electronic copy of the “Report of Substantiation Decision” on all cases. The entire “Client Assessment Form” must accompany the “Report of Substantiation Decision” when a case is substantiated as “verified” or with “some indication”.

3) In cases where the CCU is the first entity to learn of a critical event, the CCU must complete the entire event report housed in the CERA while adhering to the follow-up and reporting timeframes outlined in this policy.

**Procedures for Office of Adult Protective Services (APS):**

1) Adult Protective Services (APS) will assist CCUs in their critical event reporting and risk mitigation efforts by providing notification under specific circumstances:
   a. In the event a CCP participant refuses APS services or there is “No ANE Substantiated”, the “Report of Substantiation Decision” must be sent by the APSPA to the appropriate CCU and OCCS. The APSPA has 2 business days from the date of substantiation decision to notify the CCU and copy OCCS on the same e-mail using Aging.Occs@illinois.gov.
   b. The APSPA will notify the appropriate CCU and/or Managed Care Organization (MCO) of all substantiation decisions, regardless of outcome, made regarding a case of Abuse, Neglect or Exploitation (ANE). The APSPA will provide the CCU/MCO and Illinois Department on Aging’s Office of Community Care Services (OCCS) with an electronic copy of the “Report of Substantiation Decision” via e-mail within 2 business days from the date of substantiation. The entire “Client Assessment Form” must accompany the “Report of Substantiation Decision” when a case is substantiated (verified or some indication). The APSPA must copy the OCCS on the e-mail going to the CCU or MCO using Aging.Occs@illinois.gov.
**Procedures for Emergency Home Response Service Providers (EHRS):**

1) EHRS providers will assist CCUs in their critical event reporting and risk mitigation efforts by providing notification each time an emergency responder unit is activated.
2) It is the responsibility of each EHRS provider to contact and notify the appropriate CCU, within one (1) business day, after the emergency responder unit is activated.
   a. This notification may be in the form of email, scan, fax, phone, or through provision of access to an electronic system/portal.
   b. EHRS providers who operate an online system or portal for notification purposes must ensure each CCU has current access to the system(s); CCUs must monitor for critical event notifications daily.

**Procedures for In-Home and Adult Day Service (ADS) Providers:**

1) In-Home and Adult Day Service Providers will assist CCUs in their critical event reporting and risk mitigation efforts by providing “eyes” and “ears” in the field during their interaction(s) with CCP participants while providing services.
2) When an In-Home or Adult Day Service worker learns of an actual or alleged critical incident, SIP, or need for a Request for change of status, they are to contact their supervisor who will initiate the reporting process using the event reporting form housed in the CERA while adhering to the timeframes outlined in this policy:
   a. For events defined as critical incidents or SIP complaints, the In-Home or ADS provider supervisor will login to the CERA and complete all sections of the initial event report. The “60-Day Review Summary” must be completed by CCU responsible for the case.
   b. For cases that require a Request for Change of Status, the In-Home or ADS provider supervisor will complete the initial event report in the CERA which will, in turn, populate the CCU’s user dashboard.

**Procedures for Senior HelpLine Staff:**

1) Senior HelpLine Staff will assist CCUs and service providers in their critical event reporting and risk mitigation efforts by taking SIP complaints, Requests for Change of status, and in rare instances, critical incidents over the phone from a participant and/or interested party.
   a. For events defined as SIP complaints, Senior HelpLine staff will login to the CERA and complete all sections of the initial event report. The initial report will then be reflected on the user dashboard of the corresponding CCU.
   b. For cases that require a Request for Change of Status, Senior HelpLine staff will login to the CERA and complete the initial event report in its entirety. The initial report will then be reflected on the user dashboard of the corresponding CCU.