

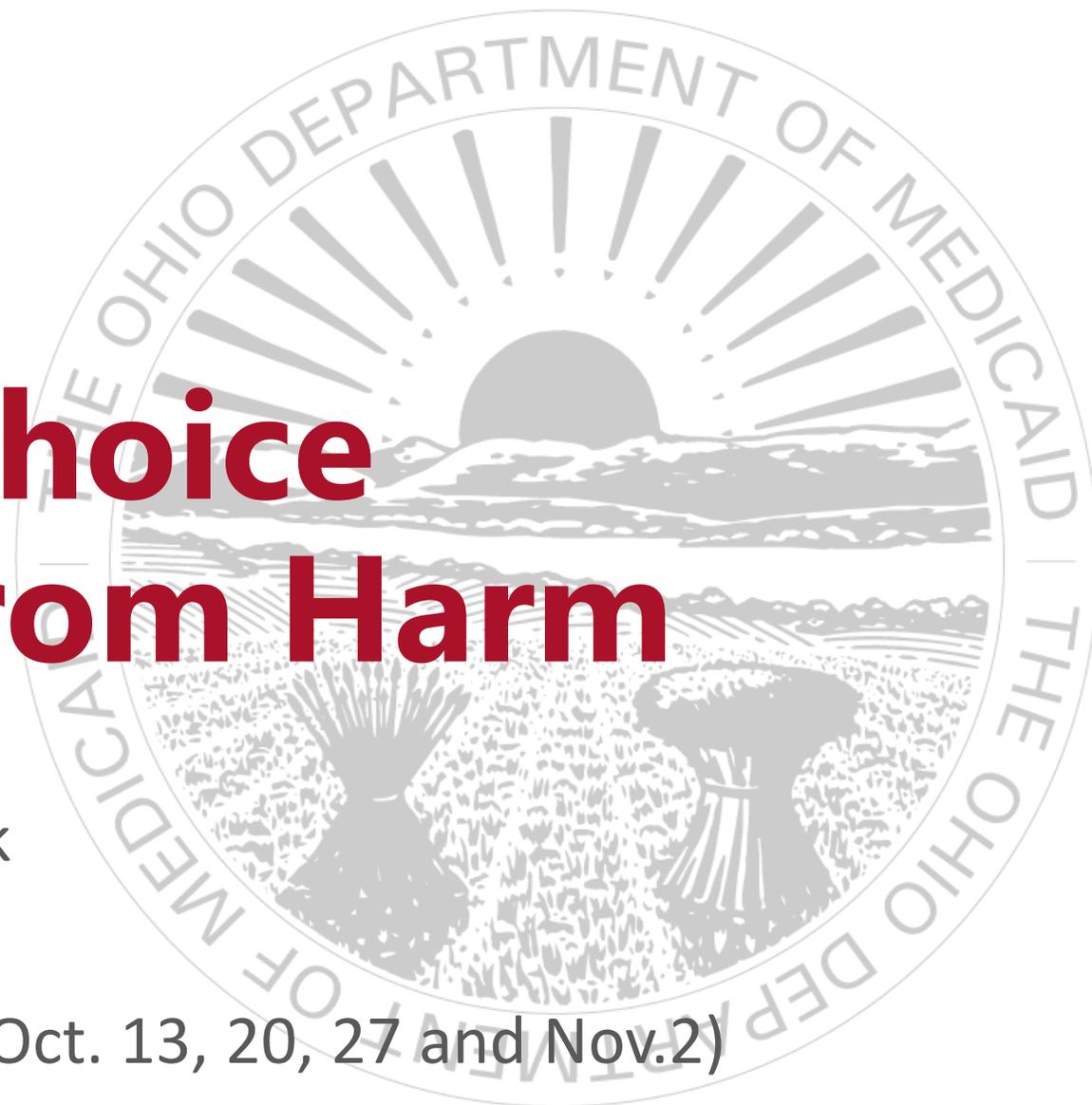
HOME Choice Protection from Harm

A presentation given by: Carol Schenck

HOME Choice, BLTCSS

HOME Choice Fall Trainings (Sept. 29, Oct. 13, 20, 27 and Nov.2)

Making Ohio Better



A Quality Management System

- CMS Policy Guidance
- Every state must have a **Quality Management strategy** consistent with the waiver requirements for all MFP participants

Quality Management/Protection from Harm

1

- Critical Incident Reporting System

2

- Risk Assessment & Mitigation Protocol

3

- Back up Strategy

Critical Incident Reporting System

What to Report

Who Reports

When to Report

How to Report

What to Report?

Q. What is an Incident?

A. An Incident is a situation may cause harm or have the potential to cause harm to a HOME Choice enrolled Participant. They are alleged, suspected or actual events that are not consistent with routine care or routine service delivery.

Incident Types

- Abuse
- Accident /Injury
- Back Up Plan Failure
- Death
- Environmental Emergency
- Exacerbation of Health Problems
- Exploitation
- Hospitalization
- Inappropriate Services/Unmet Need
- Involvement with Criminal Justice System
- Location Unknown
- Loss of Caregiver
- Loss of Housing
- Loss of Income
- Medication Administration Error
- Neglect
- Nursing Facility Readmission
- Other
- Sentenced to Jail /Prison
- Substance Abuse/Overdose
- Suicidal thoughts/attempts
- Theft of Medication, Money or personal Property
- Victim of a Crime, Other

Incident Types

- **Abuse*** – includes any of the following:
 - » Emotional/Mental Abuse
 - » Physical abuse
 - » Sexual Abuse
 - » Verbal Abuse
 - Mandated reporting requirement.
- **Accident/Injury** – unexpected accident, injury or fall that requires medical assessment or treatment.

Incident Types, continued

- **Back-up Plan Failure** – identified back ups fail or unable/unavailable to provide crucial support
- **Death** - for any reason.
- **Environmental Emergency** - power outage, fire, flood, etc. disrupting living situation.

Incident Types, continued

- **Exacerbation of Health Problems** – increase in the severity of disease or its signs/symptoms.
- **Exploitation*** - using a person for profit or advantage
 - Mandated reporting requirement.
- **Hospitalization** – an unplanned admission

Incident Types, continued

- **Inappropriate services/unmet need** – services not in place to meet an identified need
- **Involvement with criminal justice system** –as a witness to a crime, involved in actual criminal activity, etc.
- **Location Unknown** - whereabouts are unknown, missing
- **Loss of Caregiver** – impacts ability to remain in the community or impacts health and safety

Incident Types, continued

- **Loss of Housing** - homelessness or the reasonable threat of homelessness
- **Loss of Income** – end of primary source of income
- **Medication Administration Error** – wrong amount, form, and/or timeframe that result in illness/injury or medical intervention

Incident Types, continued

- **Neglect*** –inaction that adversely affects health and/or safety
 - *Mandated Reporting Requirement
- **Nursing Facility Readmission** – admission to a NF, ICF, AL (that is not a HOME Choice Qualified Residence) or a Residential Treatment Facility
- **Other** – Used for ER visits, individual’s behavior, significant decline in mental health status, etc.

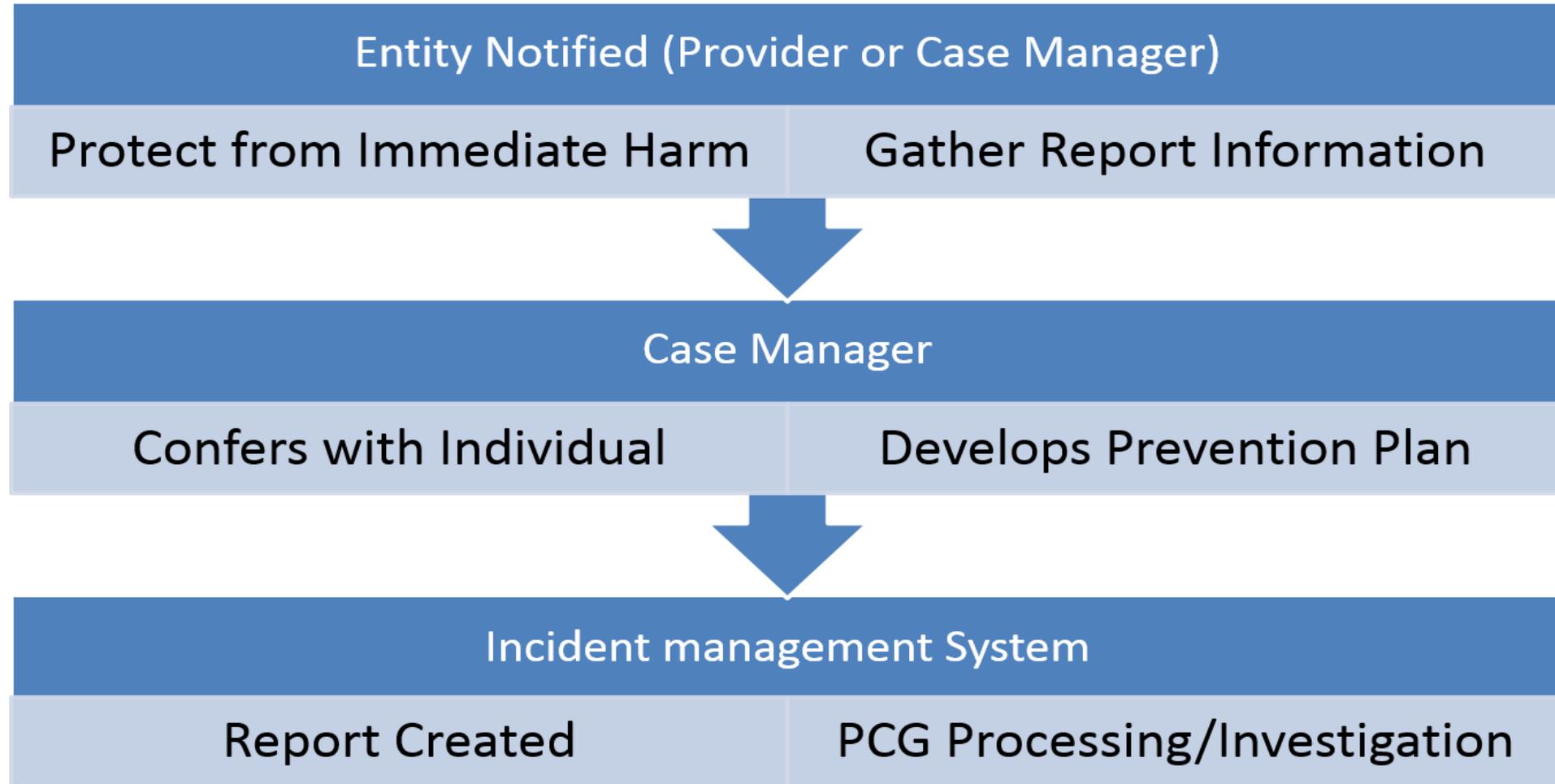
Incident Types, continued

- **Sentenced to jail/prison** – sentenced to serve time in jail/prison facility, or court ordered to participation in residential treatment
- **Substance abuse/overdose** – accidental or intentional use of a drug greater than normally used or illegal substances with serious consequences
- **Suicidal thoughts/attempts** – communicates or attempts to take his/her life

Incident Types, continued

- **Theft** - includes any of the following:
 - » Medication
 - » Money
 - » Personal Property
- **Victim of a Crime, other** - victim of an illegal action in a way not captured by another category

Incident Process



Incident Reporter

- Collection of incident information
 - » Participant's name
 - » Description of the incident
 - » Date and time of the incident
 - » Participants current location
 - » What actions taken to secure safety
 - » Other key people involved
 - » Perpetrator
 - » Your name and contact information
 - » Who reported information to you, if not the participant

Incident Reporter

- Report information to the Participant's Case Manager (Care Star, Waiver or MyCare)
- Report Immediately!
 - » Case manager responsible for submitting a formal incident report within 24 hours of being notified

Home Choice Operations Unit

- Incident Reports are forwarded to Operations Unit
- 100% of the incident reports are reviewed
- Most reports are forwarded on to the appropriate CLA
- CLA may provide input with prevention planning

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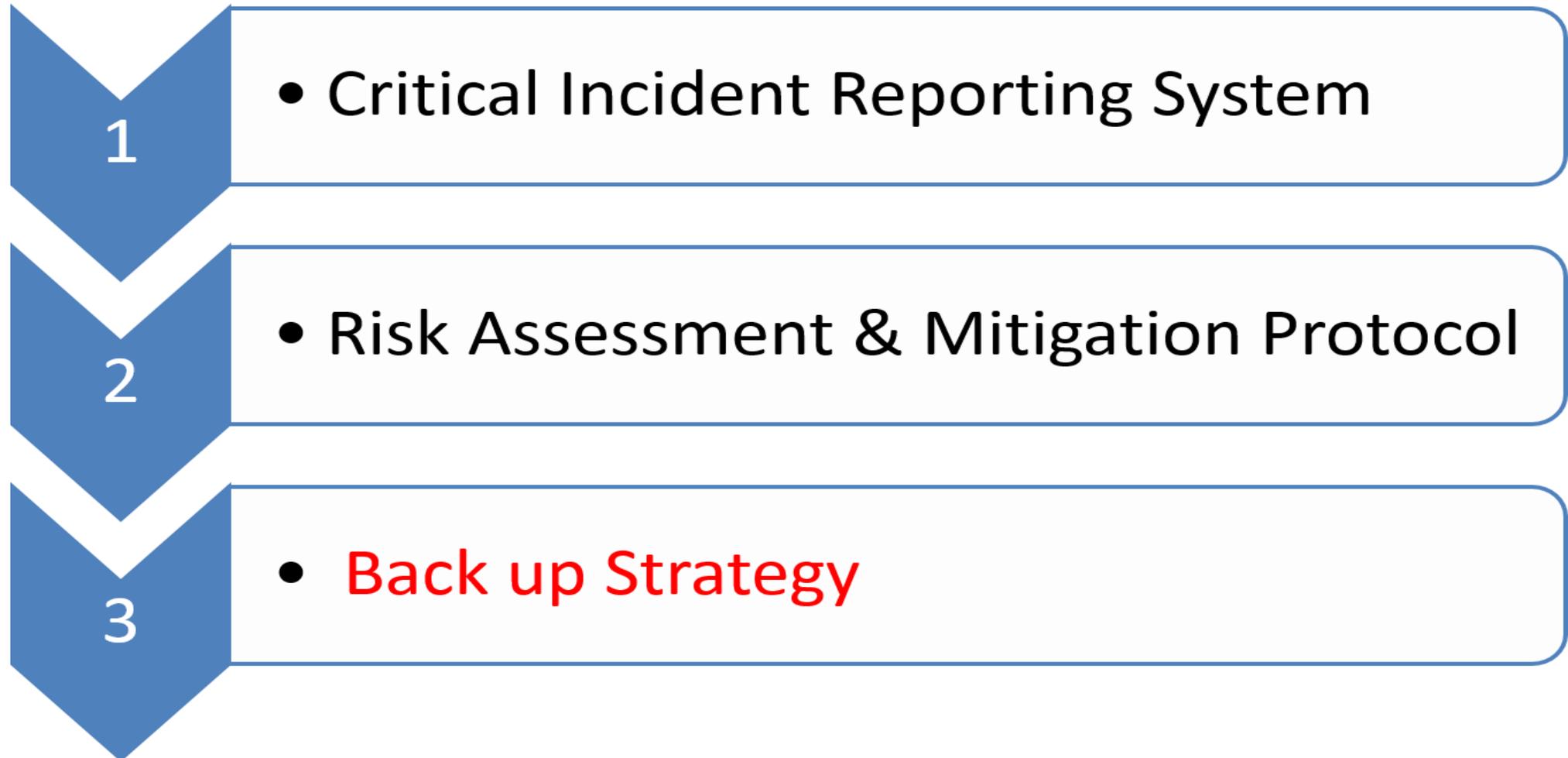
Risk Mitigation

- What are the participant's needs?
- What challenges may be encountered while living in the community?
- How can putting services in place help overcome challenges & reduce risks?
- What community supports exist?

Risk Assessment / Mitigation Protocol

- Discharge Planning
- Contacts with the Participant
- Service Planning
 - » HOME Choice Services
 - » Waiver or State Plan Services
 - » Community Services
- Incident Report Prevention Planning

Quality Management/Protection from Harm



Back up plans must be...

- Individualized
- Available 24/7 – On call, live assistance
- Participation and Education of individual – who to call for what.

**MyCare,
Medicaid Managed Care
and HOME Choice**



Making Ohio Better

MyCare

- A Medicaid delivery method utilizing five regional providers
- Aetna, Buckeye, CareSource, Molina and United Healthcare
- Eligibility:
 - » Adult
 - » Dual Eligible (has both Medicaid and Medicare)
 - » Lives in one of the 29 Demonstration Counties
 - Seven delivery regions in the state
 - Each region has a choice of at least two providers
 - » Mandatory enrollment

MyCare

- The plan oversees/provides
 - » Long-term services (nursing facility care)
 - » Acute care (Hospital services)
 - » Community health **and** behavioral health services
 - » Waiver services, if eligible
 - » Case Management
 - » And, for under 60 age participants, is the HOME Choice Case Manager

Medicaid Managed Care

- A Medicaid delivery system utilizing five statewide providers
- Buckeye, CareSource, Molina, Paramount and United Healthcare
- Eligibility:
 - » CFC (Covered Family and Children)
 - Not required: <19, in foster care , receiving foster or adoption assistance or receiving services through BCMH
 - » ABD
 - Except:<21, institutionalized, those with spenddowns, duals or Waiver individuals
 - » MAGI
 - » And Medicaid extension, know as MAGI Adults, or Group 8

MCOP and MCP Issues

- MCOP (MyCare)
 - » Limited provider network
 - » Slow payment of providers
- MCP (Medicaid Managed Care)
 - » Quick discharges from NF's with little advanced notice
 - » Different eligibility categories have different rule/expectations

What we are doing...

- » Met with all of the plans prior to MyCare rollout in Spring 2014
- » Met with each plan individually in Summer/Fall of 2015
 - Explain HC
 - Eligibility for HC
 - Role with discharge planning
 - Case Management Role with HOME Choice, when applicable
- » Been working with ODM staff

What we need to do...

- Improve MyCare and Medicaid Managed Care enrollment information sent on Service Plans
 - » Home Choice data base changes planned
- Post Managed Care Plan training on HC website
- Continue to work with ODM staff
- Include Managed Care Plans in discharge planning

HOME Choice Contact Information

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