Critical Incident Management Assessment

Trends and Findings from a National Assessment of States' Critical Incident Management Systems in 1915(c) Waivers

October 2023

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Objectives

- Review progression in health and welfare oversight and improvement since 2014 and provide a consistent understanding of future incident management initiatives across stakeholders.

- Introduce the background, purpose, and methodology of CMS's national Critical Incident Management Assessment (CIMA) initiative.

- Review key incident management system policy and operational areas measured through the assessment.

- Discuss opportunities to learn from the findings on strengths and potential gaps identified through assessments of each state's incident management system(s).

Critical Incident Management
in 1915(c) Waivers

Introduction to Incident Management

- An incident management system includes all technologies and processes used within a state to manage instances of abuse, neglect, and exploitation (ANE), unexpected death, and other critical incidents involving 1915(c) waiver participants, as defined by each state.

- Per the 1915(c) Technical Guide, states must assure the health and welfare of waiver participants, and as such must operate an incident management system which:

  – Assures that reports of incidents are filed.

  – Tracks that incidents are investigated in a timely fashion.

  – Analyzes incident data and develops strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future.

- CMS introduced the CIMA initiative to evaluate states' critical incident management systems' performance.

Key Elements Incident Management

Identifying · Reporting · Triaging · Investigating · Resolving · Tracking & Trending

Interagency & Stakeholder Collaboration

- The overall goal of the incident management system is to facilitate systemic interventions to address and prevent critical incidents.
- The incident management system does not end with tracking and trending. Systematic changes should follow based on trends identified in the system.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Recent Federal Initiatives to Engage States on Health & Welfare

2014 — CMS Review of Health & Welfare Quality Improvement Strategies (QIS) in Appendix G of 1915(c) Waiver Applications

2018 — Department of Health and Human Services (HHS) Office of Inspector General (OIG) Joint Report on Home and Community-Based Services

2018 — Center for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB) on Health & Welfare of HCBS Waiver Recipients

2019 — CMS Issuance and Analysis of First National Critical Incident Management Survey

2022 — CMS Critical Incident Management Assessment Pilot and Related Analysis of States' Definitions of Reportable Incidents

2023 — CMS National Critical Incident Management Assessment

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Revised 1915(c) Guidance for QIS Appendix G

- Following collaboration with state associations and state waiver administrators, in March 2014 CMS issued revised guidance for quality monitoring through a memo titled "*Modifications to Quality Measurements and Reporting in § 1915(c) Home and Community-Based Waivers*."*

- CMS revised guidance on quality assurances and monitoring related to Appendix G and CMS-372(S) reports, and emphasized the importance of tracking incidents to prevent future instances of abuse, neglect, and exploitation by modifying and expanding the assurance and sub-assurances related to the health and welfare of waiver participants.

  – This included an explicit focus on "more extensive tracking to benefit the individuals receiving services, for instance, by using data to prevent future incidents."

* CMS. "Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers." March 12, 2014. Available online: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/3-cmcs-quality-memo-narrative_0_61.pdf

Joint Report on HCBS

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

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

* OIG, *Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight*. Available Online: https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf
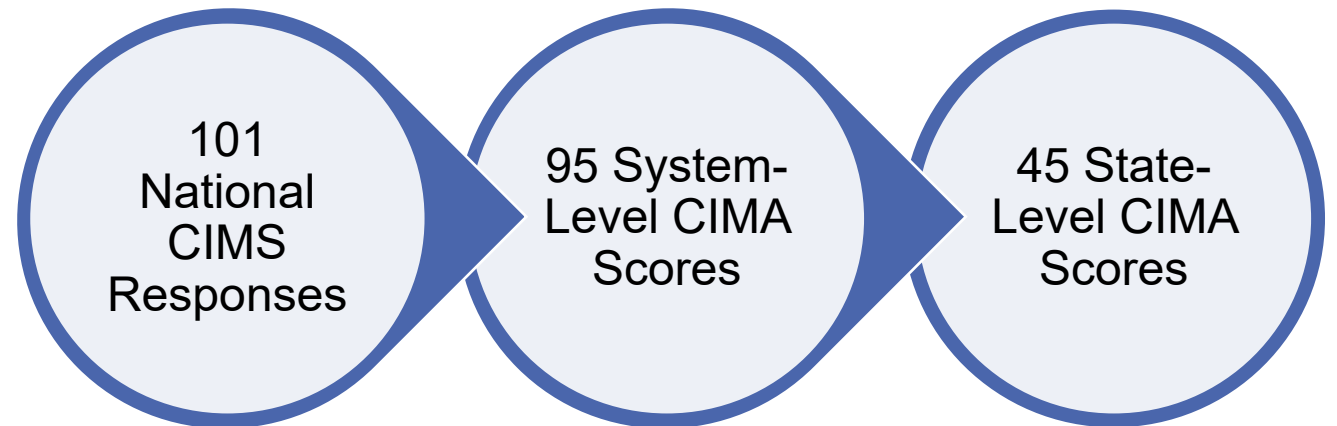
CMCS Informational Bulletin on Health & Welfare Addressing the Joint Report

- To respond to the issues outlined in the Joint Report, CMS issued a CMCS informational Bulletin* in June 2018. This CIB:

  - Discussed one of three suggestions the Joint Report made to CMS: *encourage states to implement compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS.*

  - Endorsed the proposed Model Practices included in the Joint Report, including State Incident Management and Investigation, Incident Management Audits, State Mortality Reviews, and State Quality Assurance, and encouraged states to become acquainted with these practices.

  - Explained that CMS intended to provide further guidance by highlighting examples of how these practices were being successfully deployed in the delivery of HCBS.

* CMS. "Health and Welfare of Home and Community Based Services (HCBS) Waiver Recipients." June 28, 2018. Available online: https://www.medicaid.gov/federal-policy-guidance/downloads/cib062818.pdf

National Incident Management Survey

- Between July and October 2019, CMS issued a national survey to the 47 states (including the District of Columbia) that operate 1915(c) waivers, requesting information on their approach(es) to incident management.

- CMS received 101 survey responses, representing 95 unique incident management systems across 45 states and 237 waivers. The assessment excludes the four states that do not administer 1915(c) waivers as well as two states that did not respond to the survey.

- States with multiple incident management systems completed a survey for each system. As a result, states often submitted multiple unique surveys.

101 National CIMS Responses → 95 System-Level CIMA Scores → 45 State-Level CIMA Scores

CENTERS FOR MEDICARE & MEDICAID SERVICES

Background on the Critical Incident Management Assessment Initiative

Critical Incident Management Assessment (CIMA) Initiative

- The CIMA initiative is a national assessment of states' critical incident management systems with the goal of evaluating how states perform and progress across key health and welfare policy and operational areas.

- CMS will use results from the assessment to identify promising practices as well as challenges and opportunities for improvement, which may inform individualized technical assistance and trainings on health and welfare topics.

- States were evaluated based on 50 performance indicators, many of which mirror **priorities and findings** from recent CMS initiatives aimed at improving health and welfare among participants in 1915(c) waiver programs.

  – For example, CMS has recently reviewed how states define reportable and/or critical incidents under each waiver and each incident management system.

  – CMS refined and expanded an earlier pilot CIMA based on findings from a 5-state initial pilot and 25-state expanded pilot assessment.

Steps in CIMA Initiative

Step	Description	Date
1	**Initial Pilot Assessment**: Assessment of five states to determine efficacy and reliability of the assessment tool. As part of the initial pilot, CMS revised the assessment tool to be tested in an expanded pilot.	Completed in April 2022
2	**Expanded Pilot Assessment**: Assessment of half of states to ensure efficacy and reliability of the assessment tool. As part of the expanded pilot, CMS further revised the assessment tool, and expanded it from 34 indicators to 50 indicators, to be used for the national assessment.	Completed in September 2022
3	**National Assessment**: National assessment of states using the final assessment report tool. This assessment will serve as a baseline of states' performance based on existing data, including the 2019 CIMS.	Completed in May 2023

CENTERS FOR MEDICARE & MEDICAID SERVICES

Informing the Assessment

Findings from the Joint Report and national survey informed the development of the assessment approach and methodology, evaluating how states perform across key health and welfare policy and operational areas.

- Findings from the **Joint Report** emphasize that "reliable incident management and investigation processes" along with compliance with reporting and review requirements, effective mortality reviews, and quality assurance mechanisms are key components for ensuring participant health and welfare.

- The **national survey** comprehensively examined how states operate their incident management systems. Results from the CIMS demonstrated that the success of incident management systems depends on whether the six key elements of the incident management system operate cohesively.

Topics Assessed

- Topic areas scored through the assessment tool mirror the six key elements of incident management.

Key Elements of Incident Management	Sections of CIMA Assessment Tool
1. Identifying	1. General System
2. Reporting	2. Identifying
3. Triaging	3. Reporting
4. Investigating	4. Triaging
5. Resolving	5. Investigating
6. Tracking and Trending	6. Resolving
+ *Systematic Intervention*	7. Tracking, Trending, and Prevention

Performance Indicators Assessed

- The assessment tool consists of 50 performance indicators that are structured as binary "Yes/No" responses to support tabulation and allow for evaluation of states' incident management systems.
  - Each indicator awards one point for a "Yes" response and zero points for a "No" response for a **total of 50 possible points**.
- Each section includes between one and 12 performance indicators on which incident management systems are scored.

General System includes eight indicators assessing how the system is administered and accessed.

Identifying includes 10 indicators assessing how to define incident types and training on recognizing incidents.

Reporting includes eight indicators assessing the process for reporting incidents and training on reporting.

Triaging includes one indicator assessing whether the state triages incidents prior to investigation.

Investigating includes five indicators assessing how the state reviews and oversees incident reports.

Resolving includes six indicators assessing corrective actions in health and welfare.

Tracking, Trending, and Prevention includes 12 indicators assessing trends and data analysis.

Data Sources

- While scoring for most indicators is based on states' self-reported responses to the national survey, several of the 50 indicators were scored from information provided to CMS in states' 1915(c) waivers.

  - **Appendix G-1-b,** *State Critical Event or Incident Reporting Requirements,* informs how states define reportable and/or critical incidents.

  - **Appendix G-1-d,** *Responsibility for Review of and Response to Critical Events or Incidents,* and **Appendix G-1-e,** *Responsibility for Oversight of Critical Incidents and Events,* informs how states oversee incident reporting and systemwide patterns.

  - Quality monitoring findings for Appendix G performance measures included in state **CMS-372(S) Reports** inform how states implement corrective actions for health and welfare deficiencies.

- **States are not required to submit additional information for completion of the CIMA.**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Scoring Systems and States

Single-System States

- As each indicator awards one point, a single-system state may earn a maximum of 50 points. The score for the state is equal to the score for the one system operated in the state.

Multi-System States

- For states operating multiple systems, the state's overall score is based on the scores for each of its individual incident management systems. Multi-system states can also earn a maximum of 50 points, if all systems in the state earn 50 points.

- Individual system scores are weighted by the unduplicated number of participants served by waivers under that system.*

  – For example, if a state operates three separate systems across its 1915(c) waivers, the assessment tool will provide a score for each system, which then inform the state score.

* Based on the unduplicated number of participants served reported in Factor C for
Waiver Year 3 in Appendix B-3-a of the most recently approved 1915(c) waiver application.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Example of Weighted State Scoring

Example 1	Example 2	Example 3
• Two systems.	• Two systems.	• One system.
• System 1 covers 4,000 participants and scores **40**.	• System 1 covers 19,000 participants and scores **40**.	• System covers 20,000 participants and scores **40**.
• System 2 covers 16,000 participants and scores **36**.	• System 2 covers 1,000 participants and scores **36**.	• Unweighted and weighted state score equals **40**.
• Unweighted state score equals **38.0**.	• Unweighted state score equals **38.0**.	
• Weighted state score equals **36.8**.	• Weighted state score equals **39.8**.	

Scoring Individual Indicators

- States may earn up to a full point for each indicator, although a multi-system state may earn a partial point based on the performance of individual incident management systems.

- For example, one indicator asks, "***Does your system support a web or cloud-based reporting system?***" Example scenarios for scoring may include:

State 1's single system does. **State 1** earned the full point.	**1.00**
State 2's single system does not. **State 2** did not earn a point.	**0.00**
Two of **State 3**'s three systems do. **State 3** earned a partial point. Factor C for waivers in those two systems are 82 percent of unduplicated participants across 1915(c) waivers in the state.	**0.82**
One of **State 4**'s two systems do. **State 4** earned a partial point. Waivers under both systems serve the same number of unduplicated participants.	**0.50**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Findings from National Assessment

High-Level Findings across States and Systems

- States' weighted scores ranged from 20 to 41 points, out of a maximum of 50 points.

- Scores for individual systems had a much wider range than state scores, from a low of 11 to a high of 45 points.
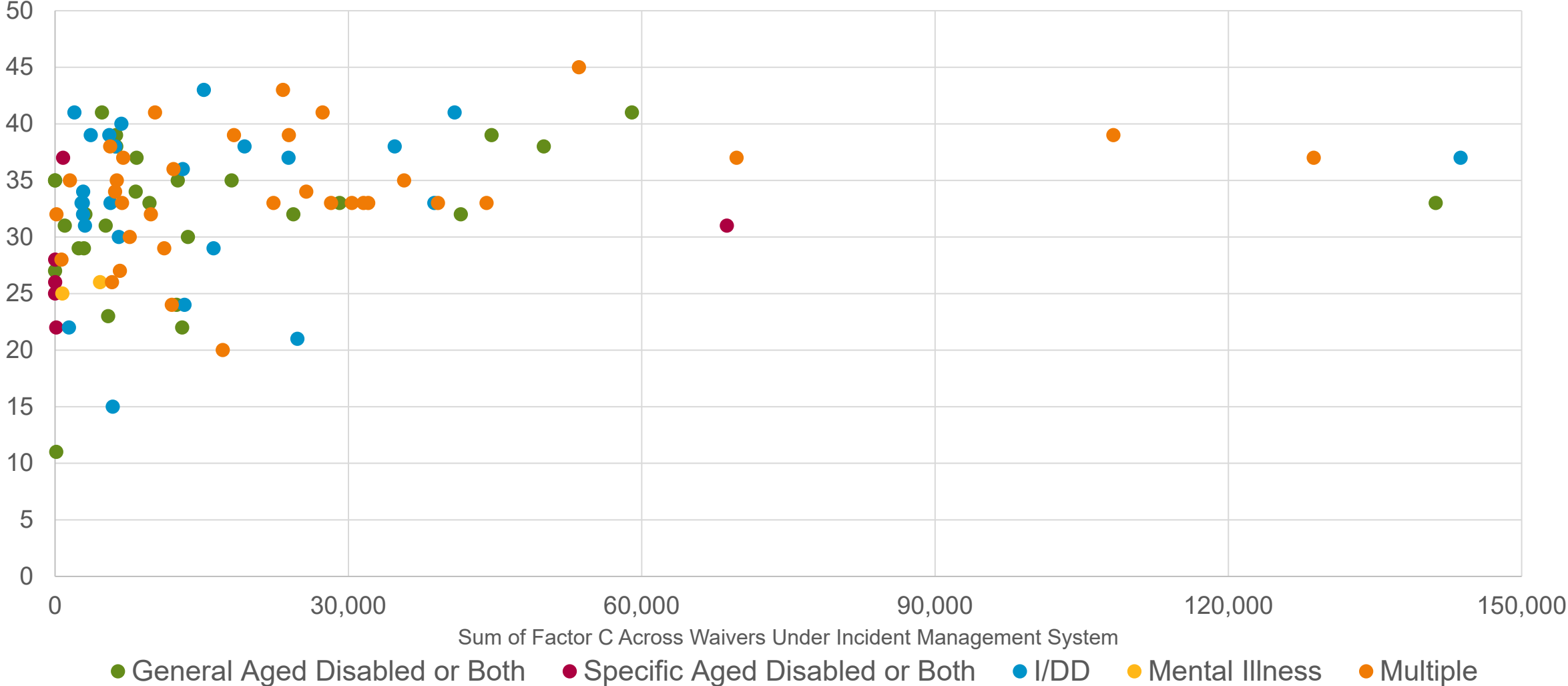
	Lowest	Highest
Weighted State Scores	20	41
Individual System Scores	11	45

- CMS evaluated individual system scores by quartile. While each quartile has the same number of systems, the range of scores by systems within each quartile varies.

  - The first quartile includes systems which scored between 11 and 29 points while the second quartile includes systems which scored between 29 and 33 points. Half of the 95 systems scored 33 or fewer points.

  - The third quartile includes systems which scored between 33 and 37 points while the fourth quartile includes systems which scored between 37 and 45 points. Only nine systems scored more than 40 points, out of the 50 potential points.

System Scores

- Characteristics of waivers covered under incident management systems have some correlation to scores, although underlying factors are likely the true driver of differences.
  - System scores rise slightly as the population covered by waivers (represented by Factor C) under incident management systems becomes larger.
  - Average scores differ slightly across target groups. The Intellectual/Developmental Disabilities (I/DD) target group has the highest average score among systems that cover one target group, although systems that cover multiple target groups have the highest average scores overall.
- Systems which cover larger populations and multiple target groups also tend to feature collaborative partnerships across operating agencies and centralized features of the incident management system across waivers and/or state entities.

System Scores by Waiver Population and Target Group(s)

Sum of Factor C Across Waivers Under Incident Management System

Legend: General Aged Disabled or Both • Specific Aged Disabled or Both • I/DD • Mental Illness • Multiple

Learning from Other States and Within States

- Just as state scores vary nationally, system scores range widely from 11 points to 45 points. Analyzing the driving factors behind differences in these scores will allow CMS to understand **interstate opportunities for learning in incident management**.

- Some multi-system states have one system in the lowest quartile and one system in the highest quartile, and many others have narrower but still-present differences in scores between systems in the same state. This implies **intrastate opportunities for learning**.
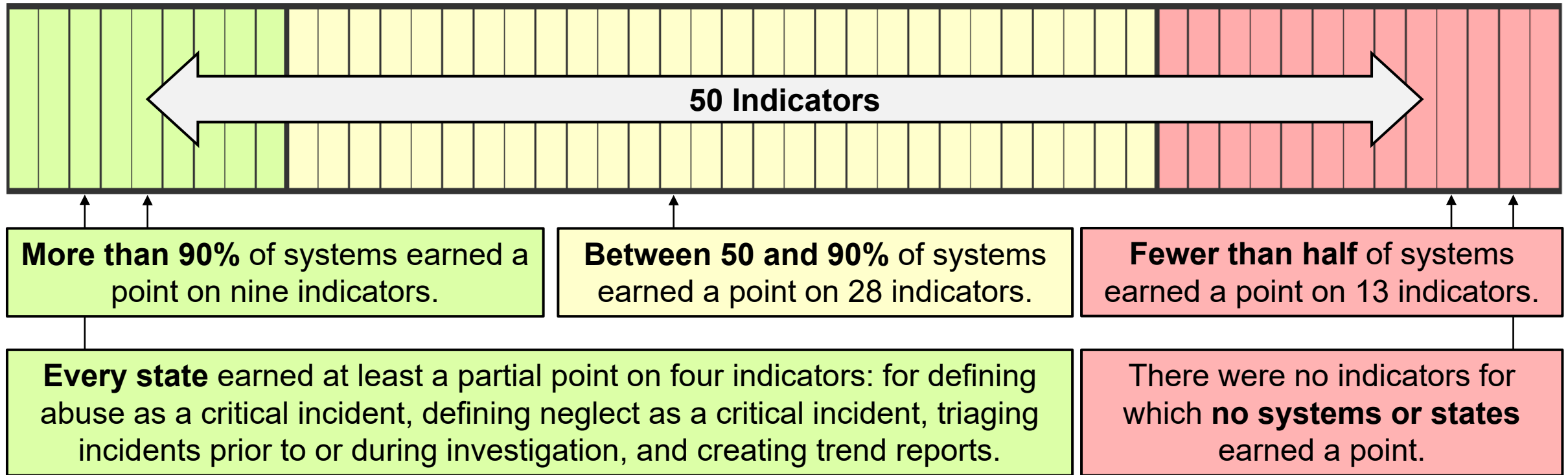
| Interstate Opportunities for Learning	Intrastate Opportunities for Learning
- Training, Technical Assistance, and Learning Collaboratives Based on Lessons Learned Across States	- Collaboration across State Medicaid Agencies and Operating Agencies - Centralization of Incident Management Systems and Processes

High-Level Findings Across Indicators

- Performance varied across the 50 indicators, with most systems earning a point on 37 indicators. Fewer than half of systems earned a point on 13 indicators, but there were no indicators for which no system earned a point.

50 Indicators

More than 90% of systems earned a point on nine indicators.

Between 50 and 90% of systems earned a point on 28 indicators.

Fewer than half of systems earned a point on 13 indicators.

Every state earned at least a partial point on four indicators: for defining abuse as a critical incident, defining neglect as a critical incident, triaging incidents prior to or during investigation, and creating trend reports.

There were no indicators for which **no systems or states** earned a point.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Indicators by Assessment Section

- All 95 systems were evaluated on 50 performance indicators and awarded one point for a "Yes" response and zero points for a "No" response for a total of 50 possible points. The figure below displays the percentage of systems which scored a point on each of the 50 indicators, color-coded along seven assessment sections.

Percentage of Systems that Scored a Point for Each Indicator
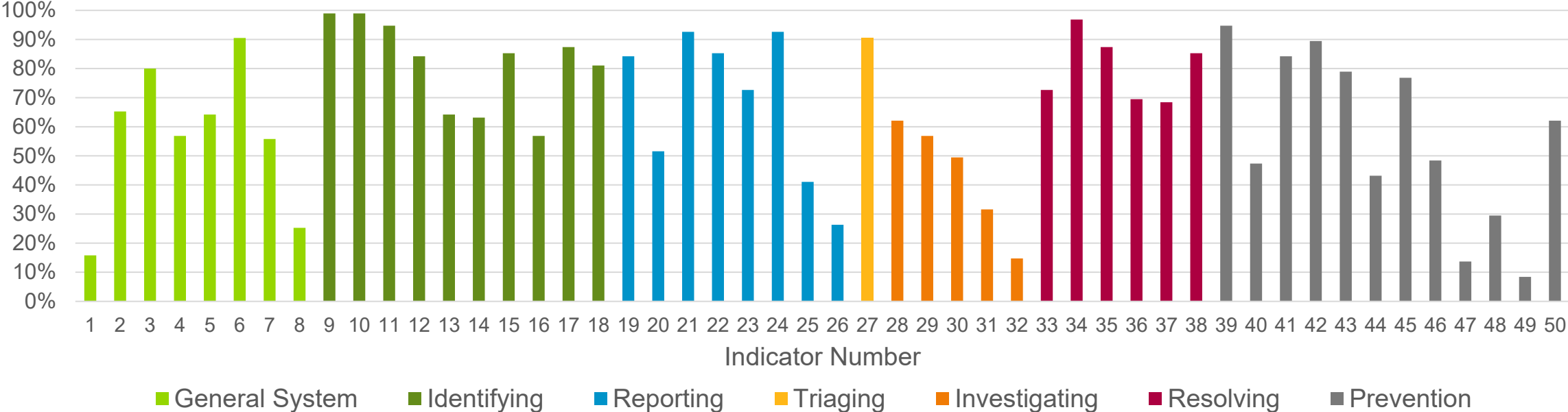
Key Strengths Demonstrated Among States: Identifying and Reporting Incidents

- States demonstrated strengths through indicators relating to:
  - **Identifying incidents**, as nearly all systems define abuse, neglect, exploitation, and unexplained and/or unexpected death as critical incidents in Appendix G-2-b.
  - **Reporting incidents**, as around 90 percent of systems have established standardized forms or database interfaces for reporting incidents to the state and have trained providers and state staff on the process of reporting incidents.

Selected Indicators and Percent of Systems Earning a Point

Indicator	%
Does the state include abuse in its definition of critical and/or reportable incidents?	99%
Does the state include neglect in its definition of critical and/or reportable incidents?	99%
Does the state include exploitation in its definition of critical and/or reportable incidents?	95%
Does the state provide training to providers on the process of reporting incidents?	93%
Are there standardized forms or database interfaces for reporting incidents to the state?	93%
Does the state provide training to state staff on the process of reporting incidents?	85%
Does the state include unexplained and unexpected death in its definition of critical and/or reportable incidents?	84%

Key Strengths Demonstrated Among States: Resolving Incidents

- States demonstrated strengths through indicators relating to:
  - **Implementing corrective actions** for relevant deficiencies in 1915(c) waiver performance measures, and otherwise resolving critical incidents, as more than two-thirds of systems earned points on each indicator in the Resolving section.
  - **Creating trend reports**; however, there is room for improvement in whether states are <u>using</u> trend reports to inform prevention activities or other systemic improvements.

Selected Indicators and Percent of Systems Earning a Point

Indicator	%
Did / Does the state provide corrective action for any Health and Welfare deficiencies reported in their most recent CMS-372 Reports, if applicable?	97%
Does the state create trend reports?	95%
Did / Does the state provide corrective action for all Health and Welfare deficiencies reported in their most recent CMS-372 Reports, if applicable?	87%
Does the state revisit or address unresolved reports or incidents?	85%
Does the state monitor whether staff are trained in performing follow-up?	73%
Does the state have a plan (i.e., backup provider) for providing alternative providers to an individual when providers are under investigation for ANE?	69%
Does the state share confirmed reports of ANE with the state provider licensing and / or credentialing department?	68%

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Opportunities for Improvement Across States: Systemwide Approach to Incident Management

- Analysis highlighted potential gaps in incident management processes, which states should consider focusing attention and resources to address, including in:
  - **Consolidating incident management systems and processes** across 1915(c) waivers to promote centralization. Of the 45 states included for analysis, only 15 states have one incident management system across all HCBS waivers.
  - **Implementing systemic changes** based on systemwide findings and analysis. While most systems develop trend reports, only 45 of 95 systems (47 percent) have implemented systemic interventions based on findings from trend reports and 59 systems (62 percent) have created new trainings based on findings from trend reports.

Selected Indicators and Percent of Systems Earning a Point

Indicator	%
Has the state created new trainings based on findings from trend reports?	62%
Has the state implemented systemic interventions based on findings from trend reports?	47%
Does the state have one incident management system across all waiver programs?	16%

Opportunities for Improvement Across States: Collaborating on Incident Management

- Analysis highlighted potential gaps in **collaborating across state agencies** to improve incident management.
  - States have significant opportunity to improve on indicators highlighting interagency collaboration, such as those in the table to the right, in which fewer than half of systems earned a point.
  - Fewer than half of systems have developed multi-department or multi-agency solutions intended to reduce the number of incidents or allow access across agencies through a combined database.

Selected Indicators and Percent of Systems Earning a Point

Indicator	%
Are results of incident investigations shared with other branches of the state Medicaid agency (e.g. persons in charge of staffing)?	49%
Has the state developed multi-department or multi-agency solutions intended to reduce the number of incidents?	43%
Do investigation staff collaborate with other agencies using a combined and/or accessible database?	32%
At the minimum, do the following entities have access to the information in the incident management system: Adult Protective Services / Child Protective Services (APS / CPS)?	25%
Is there a combined report for all the information found from different investigative entities?	15%
Does the state communicate with neighboring states regarding providers found guilty of ANE?	14%

Takeaways from CIMA Findings

Strengths and gaps demonstrated across systems will help CMS and states improve processes across each of the key elements of incident management.

- CMS selected the 50 indicators included in the assessment to reflect priorities expressed by states and to comprehensively represent activities involved in the incident management process. Each indicator and the weighting process was designed so the assessment could be applied equitably across states.

- Findings will inform targeted trainings and Learning Collaboratives for all states as well as individualized technical assistance. Evaluating results across states and systems also allows for CMS to leverage promising practices from states demonstrating key strengths and best assist states demonstrating potential gaps.

- State Medicaid Directors will be able to request their state's scores. Communication from CMS on how to request scores is forthcoming, and CMS will work with states to ensure they understand their state-specific results.

Critical Incident Management Survey

- States have made changes to and progress in their incident management systems and processes since completing the CIMS in 2019. The CIMA reflects a point-in-time assessment of states' baseline performance.

- To assess states' progress and secure a more current understanding of states' performance, CMS plans to issue a more targeted version of the survey to states.
  - The survey is based on the 2019 survey, which CMS has refined to reflect priority areas in incident management.
  - CMS expects to launch the survey in calendar year 2024, pending the Paper Reduction Act (PRA) process. States and other stakeholders, including the public, will be able to review the survey when it is released for public comment.

For Further Information

For further information on incident management, contact:
HCBS@cms.hhs.gov

Additional Resources

Additional resources from CMS and federal partners, including those referenced as footnotes in the slides, include:

- [Analyses of State Incident Management Systems: Meeting 1915(c) Requirements for Health and Welfare](#) (HCBS Conference Training) from December 2021

- [A National Overview of Incident Management Systems: Part 3: Incident Management in 1915(c) Waiver Programs: Incident Management Recommendations](#) from September 2020

- [A National Overview of Incident Management Systems: Part 2: Findings from the 1915(c) Incident Management Survey: Improving Quality and Preventing Incidents](#) from July 2020

- [CMCS Informational Bulletin](#) on the Joint Report from June 2018

- [OIG HCBS Joint Report](#) from January 2018

- [Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers](#) from March 2014