

# Discharge and Incident Report Training

Presented By: CDA CBAS Branch

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# Presenters

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# Agenda

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2:30	Welcome and Housekeeping	Lilit
2:35	Training Objectives	Lilit
2:40	Discharge and Incident Reporting Requirements	Denise
2:50	Walkthrough of Forms and Instructions	Adam, Lilit, Denise
3:30	Report Submission Review and Summary	Denise
3:40	Questions	All

# Housekeeping

- Webinar is being recorded and will be posted on the CDA website
  - [http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS\\_Training/Default.asp](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Training/Default.asp)
- The Discharge and Incident Reports and Instructions will be available on the CDA website
  - <http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Default.asp>
- Q & A at the end of webinar

# Training Objectives

- Introduce new Discharge and Incident Report forms

**AND**

- Provide clear direction regarding discharge and incident reporting requirements

# Discharge and Incident Reporting Requirements

# Incident and Discharge Reports in Law, Regulation, and Waiver

Reporting Requirement	Law – Welfare and Institutions Code (WIC)	Regulation – Title 22, California Code of Regulations	1115 Waiver – Special Terms and Conditions (STCs) and Standards of Participation (SOPs)
Discharge	WIC 14576	54411(a)(3) 54213(d)	STC 98(c) SOP H.6
Incident	WIC 14576	54411(a)(8) 78427	STC 98(c) SOP H.6

# Waiver Requirements for Discharge and Incident Reporting

- Special Terms and Conditions (STC) 98(c)
  - “Coordination with CBAS Providers: Coordinate member care with CBAS providers to ensure the following: *Exchange of participant discharge plan information, reports of incidents* that threaten the welfare, health and safety of the participant, and changes in participant condition are conducted in a timely manner and facilitate care coordination.”

# Waiver Requirements for Discharge and Incident Reporting

- Standards of Participation (SOP) H.6

CBAS center must have:

“Ability to comply with State reporting requirements as specified through Provider Bulletins, these SOPs, and as applicable, Medi-Cal managed care plan contract requirements. CBAS providers must report the following:

- (a) Discharge plan at time of disenrollment from the CBAS center:
  - i. Must be reported to CDA for fee-for-service CBAS participants and to the responsible managed care plan for managed care plan members.
- (b) Incident reports:
  - i. All incidents that threaten the welfare, safety, or health of the participant(s) shall be reported to CDA, and if applicable, the CBAS participant’s managed care plan within 48 hours of the incident and documented in writing in the required format. Such documentation shall be available to appropriate CDA/managed care plan staff at all times.

# Provider Reporting Practices to Date

- Inconsistent
- Discharge
  - Providers required to report FFS discharge
  - Few providers do
  - CDA has not consistently monitored and enforced individual discharge reporting.
  - CDA requires separate discharge report for center closure.
- Incidents
  - Providers report on their own forms, which vary widely
  - Providers report on a wide range of events - some over-report, some under-report, others never report.
- The new Discharge and Incident Report forms and instructions are an effort to ensure consistent reporting going forward

# How Does CDA Use Discharge and Incident Reports

- Monitoring:
  - To identify trends and issues for oversight, technical assistance, training
  - To follow up and ensure mitigation measures taken as needed
- Reporting:
  - State and Federal Agencies
  - Legislature
  - Advocacy Organizations
  - Providers
  - Public

# Walkthrough of Discharge Report and Instructions

# Definition - Discharge

- ADHC/CBAS law, regulations and Waiver do not specify timeframes for discharge
- So what is discharge and when does it occur?

# Definition - Discharge

- Section 54117 defines discharge as the termination of the participation agreement. The participation agreement specifies the types and duration of services to be provided each week, and represents the agreement between the CBAS provider and the participant regarding care at the CBAS center.
- Section 54213 describes conditions for participant discharge. Section 54223(a) specifies that attendance shall be regular and planned.
- Because Title 22 does not specify a specific timeframe for discharge (i.e., the maximum number of days of absence from regular attendance at the center that terminates the participation agreement), for the purpose of uniform reporting on the CBAS Participant Discharge Summary Report (CDA 4008), CDA requests discharge data as follows:
  - EITHER
  - 1. Participants discharged per the center's policies and procedures;
  - OR
  - 2. Participants who are not in attendance for 60 days AND their authorization has expired

# Discharge Reporting - Overview

- Standard form, Excel format
- Developed to reflect statutory, regulatory and Waiver requirements
- Tracks entire year of discharge – cumulative report
- Provided to CDA when FFS participant discharged
- FAX only. Do not email. Contains PHI



# Discharge Reporting - Review

- The CBAS Discharge Summary Report (CDA 4008):
  - Is a cumulative report of Medi-Cal participant discharge data
  - Must be maintained by the center, provided to CDA when FFS participant discharged, and made available to CDA upon request
  - Contains PHI. Do NOT email to CDA. Fax Only!

# Walkthrough of Incident Report and Instructions

# Definition – Incident

- Title 22, CCR, Section 78427
  - Unusual Occurrence
  - Death, Injury, Unusual Incident
- The CBAS/ADHC Incident Report Instructions provide definitions and further guidance regarding unusual occurrences and incidents.

# Definition – Incident

Section 78427, T-22, CCR, specifies types of unusual incidents and occurrences that must be reported.

- ❑ **Unusual occurrences** are generally widespread in their effect, threaten the welfare, safety, or health of center participants, and are largely those that happen:
  - In the environment – such as earthquake or flood; or
  - In the facility – such as fire or explosion

**Reports of unusual occurrences must be submitted within 24 hours of occurrence.**

- ❑ **Unusual incidents** affect the welfare, safety, or health of one or more participants in a significant manner and are not consistent with the center’s routine operations or participant care. Such unusual incidents include: death, serious injury, participant missing from center, abuse, unexplained absence with inability to contact, breach of protected health information.

**Reports of death, serious injury, or unusual incidents must be submitted within 48 hours of adverse event.**

# Incident Reporting - Overview

- Standard form, Excel format
- Developed to reflect statutory, regulatory and waiver requirements
- Provided to CDA and CDPH within 24 or 48 hours of adverse event
- Includes two parts –
  - One provides general information about the adverse event being reported
  - One provides participant-specific information
- Two part design allows for sharing managed care plan if incident affects more than one participant from different plans
- FAX only. Do not email. Contains PHI

# CBAS/ADHC Incident Report (CDA 4009) – page 1

State of California  
California Department of Aging  
CBAS Incident Report  
CDA 4009 (New, 01/2015)



## Community-Based Adult Services/Adult Day Health Care Incident Report

7 Center Name \_\_\_\_\_

8 NPI \_\_\_\_\_

9 Name/Title of Person Completing Report \_\_\_\_\_

11 Incident Date: *mm/dd/yyyy* \_\_\_\_\_

12 Report Date: *mm/dd/yyyy* \_\_\_\_\_

**SECTION I - Incident Information**  
Complete this section once only, even if multiple participants were affected. Report only adverse events that occur at the center or in transit to or from the center.

### A. Nature of Adverse Event

16 Number of Participants Affected \_\_\_\_\_

18 Unusual Occurrences in Environment or Facility (Report within 24 hours)

19 Fire	<input type="checkbox"/>	Catastrophes or major accidents	<input type="checkbox"/>
20 Flood	<input type="checkbox"/>	Epidemic outbreaks reportable to local or state public health officials	<input type="checkbox"/>
21 Explosion	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>
22 Earthquake	<input type="checkbox"/>	Other	<input type="checkbox"/>
23 Equipment or utility failures resulting in closure	<input type="checkbox"/>		

25 Death, Serious Injury and Unusual Incidents (Report within 48 hours)

26 Death	<input type="checkbox"/>	Unexplained absence and inability to make contact	<input type="checkbox"/>
27 Serious injury	<input type="checkbox"/>	Protected Health Information Security Breach	<input type="checkbox"/>
28 Participant missing from center	<input type="checkbox"/>	Other	<input type="checkbox"/>
29 Abuse	<input type="checkbox"/>		

31 Summary/Additional Information: Briefly describe adverse event and center's response.

32 \_\_\_\_\_

34 <b>B. Center Response (select all that apply)</b>	<b>C. Notification Submitted (select all that apply)</b>
35 Called 911 <input type="checkbox"/>	CBAS Branch, California Department of Aging <input type="checkbox"/>
36 Completed Report of Suspected Dependent Adult/Elder Abuse (SOC 341) <input type="checkbox"/>	Licensing District Office, California Department of Public Health: <input type="checkbox"/>
37 Initiated 5150 <input type="checkbox"/>	Orange County <input type="checkbox"/>
38 Closed center <input type="checkbox"/>	San Jose <input type="checkbox"/>
39 Coordinated with:	Emergency Contact(s) <input type="checkbox"/>
40 <i>Emergency Contact(s)/Authorized Representative(s)</i> <input type="checkbox"/>	Authorized Representative(s)/Conservator <input type="checkbox"/>
41 <i>Authorized Representative(s)/Conservator</i> <input type="checkbox"/>	Managed Care Health Plan(s) <input type="checkbox"/>
42 <i>Personal Health Care Provider(s) (PHCP)</i> <input type="checkbox"/>	Local Long-Term Care Ombudsman <input type="checkbox"/>
43 <i>Managed Care Health Plan(s)</i> <input type="checkbox"/>	Adult Protective Services <input type="checkbox"/>
44 <i>County Public Health</i> <input type="checkbox"/>	Regional Center(s) <input type="checkbox"/>
45 <i>County Mental Health</i> <input type="checkbox"/>	Law Enforcement <input type="checkbox"/>
46 Other (specify in box below) <input type="checkbox"/>	County Public Health <input type="checkbox"/>
47 _____ <input type="checkbox"/>	County Mental Health <input type="checkbox"/>
48 _____ <input type="checkbox"/>	Personal Health Care Provider(s) (PHCP) <input type="checkbox"/>

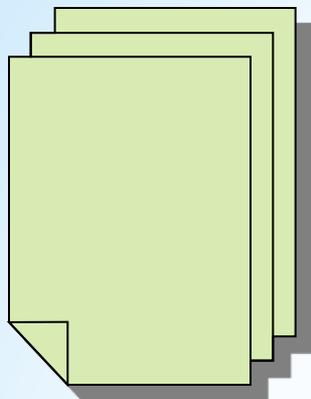


# Incident Reporting - Review

- The CBAS/ADHC Incident Report (CDA 4009):
  - Is a two part form that provides general and participant-specific information about an adverse event that happens at the CBAS center or during transit to or from the center.
  - Has two part design that allows for sharing with managed care plans if the reported event affects more than one participant from different plans.
  - Is provided to CDA and CDPH within 24 or 48 hours of the reported event
  - Contains PHI. Do not email to CDA. Fax only!

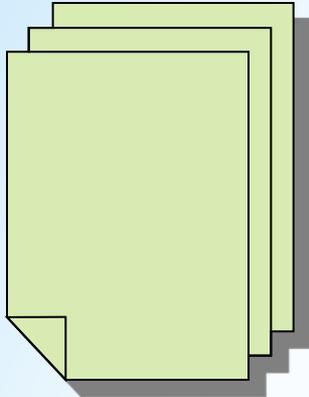
# Report Submission Review

# Submission – Discharge Summary Report



- Provider:
  - Maintains on continuous annual basis
  - Submits to CDA only when a FFS participant is discharged
  - Submits via fax, NEVER e-mails

# Submission – Incident Report



- Provider:
  - Submits **only** for adverse events meeting definitions in instructions
  - Submits to both CDA and CDPH
    - Reports of unusual occurrences within 24 hours
    - Reports of death, serious injury, or unusual incidents within 48 hours
  - Submits via fax, **NEVER** e-mails

# Q & A



# CDA Contact Information

<b>CDA on the Web</b>	<b><a href="http://www.aging.ca.gov">www.aging.ca.gov</a></b>
Addresses	California Department of Aging CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834  <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a>
Phone	(916) 419-7545
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**Thanks for Participating!**