



Indiana PathWays for Aging Required Critical Incident Training

Training overview



Overview of terms and definitions



Abuse, neglect and exploitation



Prevention, detection and intervention measures



Reporting



Critical incidents

Important terms and definitions

Abuse

Knowing or intentionally touching another person in a rude, insolent or angry manner, including placement of any bodily fluid or waste on another person. Also referred to as “battery.”

Neglect

Failure to provide adequate food, clothing, shelter or medical care for the endangered adult by the person responsible to care for the endangered adult.

Exploitation

A person or caregiver recklessly, knowingly or intentionally exerting unauthorized use of personal services or property intended for an endangered adult or a dependent 18 or older for the person’s or caregiver’s own profit or advantage, or the profit or advantage of another individual.

Endangered adult

An individual at least 18 or older who, by reason of mental illness, intellectual disability, dementia, habitual drunkenness, excessive drug use or other physical or mental incapacity, is incapable of managing or directing the management of their property or providing self-care and who is harmed or threatened with harm due to neglect, battery or exploitation of the individual’s personal services or property.

Potential abuse indicators

Physical

- Sprains, dislocations, fractures
- Burns
- Abrasions
- Cuts, lacerations, puncture wounds
- Internal injuries evidenced by pain, difficulty functioning or bleeding
- Bruises, welts or discolorations
- Injuries healing through secondary intention indicating member did not receive appropriate treatment

Sexual

- Vaginal or anal pain, irritation or bleeding
- Bruising on external genitalia, inner thighs, abdomen or pelvis
- Difficulty walking or sitting
- Stained or bloody underclothing
- Sexually transmitted diseases
- Urinary tract infections
- Signs of psychological trauma

Neglect

Potential indicators:

- Weight loss that cannot be explained by other causes
- Lack of toileting that causes incontinence
- Member sitting in own urine and feces
- Increased falls and agitation
- Indignity and skin breakdown
- Uncommon pressure ulcers
- Evidence of inadequate or inappropriate use of medication
- Neglect of personal hygiene; emotional withdrawal
- Lack of assistance with eating, drinking, walking, bathing and participating in activities
- Little or no response to member's requests for personal assistance

Exploitation

Potential indicators:

- Caregiver's excessive interest in the amount of money spent on the member
- Missing property
- Suspicious signatures on checks and/or documents
- Absence of documentation regarding financial arrangements
- Implausible explanations about the member's finances
- Member is unaware of or does not understand financial arrangement made on their behalf
- Unpaid bills
- Family and/or caregiver behavior, attitude or demeanor toward the member or the member's situation

Prevention



Report immediately; Indiana is a mandatory reporting state, so you are required to report.

If you suspect an incident occurred, report it.



Suspicion of abuse, neglect or exploitation:

Work with the member's Humana care manager via the Integrated Care team.



Member deemed at risk for abuse or neglect without signs or symptoms:

Utilize specific interventions in the care plan to reduce risk. Take notice of any signs of trauma, comments from the member or behaviors that indicate abuse and/or neglect.

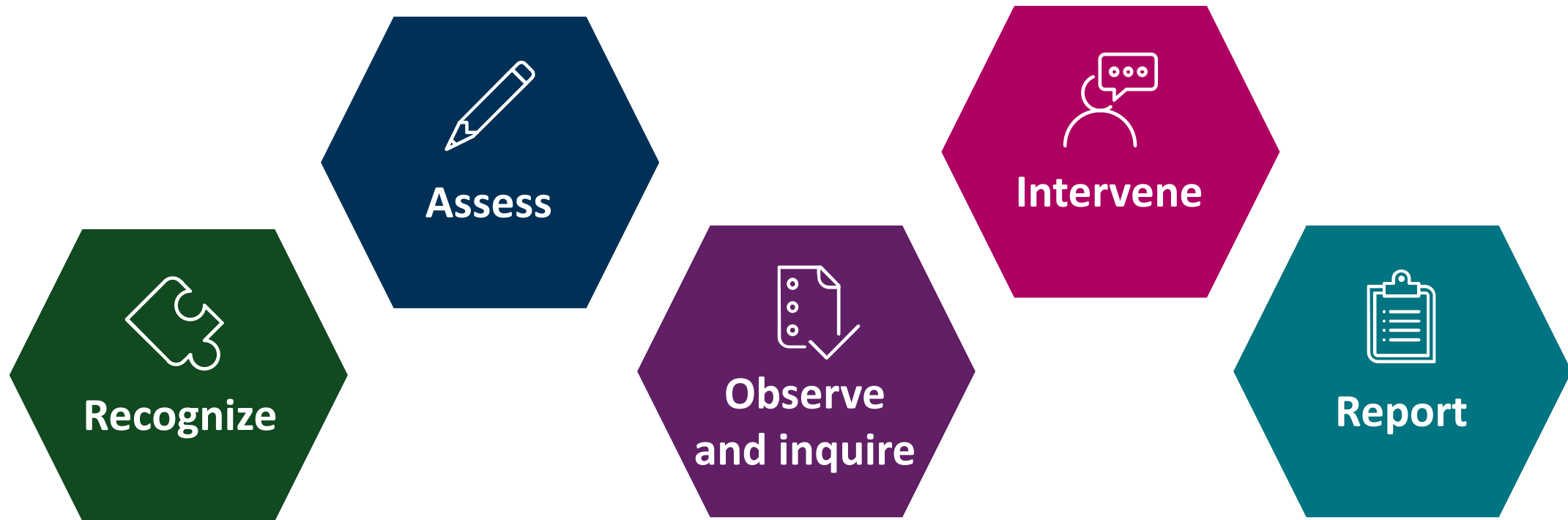
Intervention



Interventions tailored to member's particular risk factor(s)

- Increase in-person care-coordination visits
- Increase member education
- Alert the member's providers
- Increase vigilance and surveillance
- Offer/obtain respite for unpaid caregivers
- Increase social support for the member
- Include community activities or resources (e.g., senior center, worship)
- Refer the member to mental health/substance use disorder treatment
- Refer the member to social service agency

Handle with care



- Although the steps are separate, it's important to note that recognition, reporting and intervention can happen at any time in the process.
- If an intervention takes place to separate the member from an abuser/abuse, neglect and exploitation (ANE) situation, a required follow-up must be reported to the Office of Medicaid Policy and Planning (OMPP) via the Incident and Follow-Up Reporting (IFUR) tool within 7 days of the incident occurrence.
- If you feel you or the member are in any immediate danger, call 911.

Where to report critical incidents

Adult Protective Services (APS): **FSSA: Aging Home: Adult Protective Services**
Family and Social Services (FSSA)/OMPP via the incident and Follow-Up Reporting Tool
(IFUR): **Online Incident Report and Incident Follow-Up Report**

The screenshot shows the FSSA Incident and Follow-Up Reporting Tool (IFUR) form. The header is green with the FSSA logo and a 'Home' link. Below the header, a red warning message states: '*ONLY REPORTS THAT INCLUDE VICTIM INFORMATION AND COUNTY OF RESIDENCE WILL BE PROCESSED AND SENT TO ADULT PROTECTIVE SERVICES*'. Instructions follow: 'Please click on Add button on the top to Add information about Victim / Perpetrator / Other Associate involved.', 'Please click on Save & Next button to proceed to next page.', and 'Please complete the form and you will see a Finish button in the last page.' The form is divided into two main sections: 'GENERAL INFORMATION' and 'REPORTING PERSON'. The 'GENERAL INFORMATION' section includes fields for 'Source' (a dropdown menu with 'Web Site' selected), 'Incident Date' (a date picker), 'Reported Date' (a date picker), and 'Name / 211 Operator ID'. The 'REPORTING PERSON' section includes a checkbox for 'Reporter Unknown'.

The screenshot shows the State of Indiana Incident and Follow-Up Reporting Tool (IFUR) welcome page. The header is yellow with the State of Indiana seal on the left, the text 'State of Indiana' and 'INCIDENT AND FOLLOW-UP REPORTING TOOL' in the center, and the FSSA logo on the right. Below the header, the code '(FSSWEBP012FW A)' is displayed. The main content area is titled 'Welcome to the Web-Based Incident And Follow-Up Reporting (IFUR) Tool'. It includes a 'NOTICE TO USERS' in red text: 'Please be advised, the Indiana Office of Technology (IOT) only supports Chrome and Edge web browsers. If you access this site via Mozilla (Firefox), Safari, or some other browser, errors may occur. Thank you.' Below this, a paragraph states: 'This website is for filing initial and follow-up incident reports required by the Indiana Family Social Services Administration (FSSA) Division of Aging and Bureau of Disabilities Services. Based on the 'Division' and 'Primary Funding Source' selected by the user at the beginning of the filing, only the appropriate fields will be available for data entry.' A final paragraph states: 'This site is maintained by the Division of Disability and Rehabilitative Services. Please report any problems with the website by directly submitting a helpdesk ticket [here](#). If you are unable to submit a helpdesk ticket, please email the support team [here](#).' The footer contains copyright information: 'Copyright © 2006 - 2024 State of Indiana, all rights reserved.'

For all ANE reports, please make a similar report to APS as well. OMPP should be notified via the IFUR system within 7 days. For all Home and Community-Based Services (HCBS) reports, please made a similar report to IFUR.

Please note: After the reporter receives the report via email, make sure to forward the report to **INCriticalIncidents@humana.com**.

Reporting of critical incidents


Mandated reporter

Individuals are required by law to report situations **immediately** if they suspect an adult or child may have been abused, neglected or exploited or is at risk of being abused, neglected or exploited.

Indiana is a mandatory report state, so everybody has the responsibility to report these incidents when they occur.

Every person is considered a mandatory reporter. You could be charged with a crime, jailed or fined for not reporting.

Responsibility to report

- All HCBS/ANE critical incidents must be reported to the Incident and IFUR tool. This can be performed by:
 - Submitting the report to the on-line site at [Online Incident Report and Incident Follow-Up Report](#)
 - If online reporting for IFUR is not possible, reports can be completed on the blank form below:

Microsoft Edge
PDF Document [DDRS Initial Blank Form](#)
- Forward the report to the INCriticalIncidents@humana.com mailbox after the report is routed to your personal inbox
- Any instance of ANE must be reported to Adult Protective Services. This can be performed by:
 - Submitting the report to the online site at [APS On-Line Reporting](#)
 - Calling the state hotline at **800-992-6978**
 - Forwarding the report(s) to the INCriticalIncidents@humana.com mailbox after the report is routed to your personal inbox

Time frame

Submit an incident report for any reportable HCBS critical incident **within 48 hours of the incident** or awareness of the incident (whichever is sooner).

If the report involves a member death or an allegation of abuse, neglect or exploitation, the report must be submitted **within 24 hours of first knowledge**.

Coordination with compliance on critical incidents

After report is submitted to IFUR/APS

Once you submit the report to APS or IFUR, as the reporter you **must** immediately forward the PDF report from APS or IFUR to the INCriticalIncidents@humana.com mailbox.

For initial incidents

- Once the email is received, an auto-generated email will be sent to the reporter with details concerning next steps for the critical incident.
- A compliance associate will reach out to you as quickly as possible via phone call, instant message or email with any necessary questions or additional information requests to validate the report and finalize it within our internal QuickBase tracking tool.
- Any planned follow-up steps or adjustments to the care plan based on the incident should be shared with Humana's compliance team so they can be documented/tracked in the system for proper reporting/ensuring adherence to completing the follow-up steps.

• For incident follow-up

- Not all critical incidents require follow up reporting by the managed care entity (MCE). For incidents that require follow up, Humana's critical incident team will contact and provide a follow-up template to the reporting staff member.
- The follow-up template should be completed and sent to the Critical Incident Team at INCriticalIncidents@humana.com.
- A compliance associate will reach out to you if any questions or concerns arise with the follow-up report.

Managing critical incidents that take place in **other** settings

How to report a critical incident that took place in a **hospital or other acute care** setting:

Any incident that meets the IDOH definition must be reported to the Indiana Department of Health (IDOH). Reports can be made using the Gateway site. A link to the website is included below. If this is your first time making a report, you will need to create a Gateway Access account before submitting a complaint form.

You do not need answers to all the questions to submit your complaint. However, minimum guidelines for filing a submission require the name of the facility or entity and the address, including city or town, where the licensed healthcare facility or entity is located.

Definition and reporting:
<https://www.in.gov/health/cshcr/acute-and-continuing-care/report-an-incident-regarding-an-acute-care-facility/>

How to report a critical incident that took place in a **nursing facility**:

Critical incidents that take place in a long-term care (LTC) facility must be reported to the Indiana Department of Health (IDOH). Reports can be made through the Gateway site, follow the link below. If this is your first time making a report, you will need to create a Gateway Access account before submitting a complaint form.

You do not need answers to all the questions to submit your complaint. However, minimum guidelines for filing a submission require the name of the facility or entity and the address, including city or town, where the licensed healthcare facility or entity is located.

Definition and reporting:
<https://www.in.gov/health/long-term-care/nursing-homes/incident-reporting-by-long-term-care-facilities/>

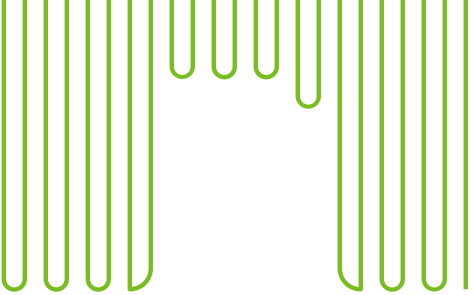
How to report a critical incident that took place at a **mental health facility**:

Examples:

- DMHA-contracted providers
- Private mental health institution
- State psychiatric hospital
- Opioid treatment programs
- Other residential reporting agencies

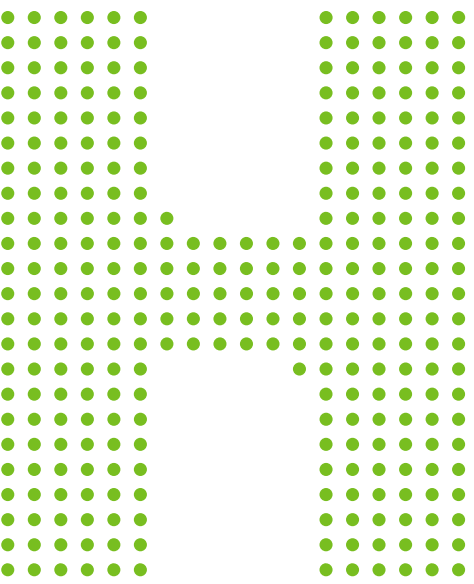
Critical incidents that take place at a mental health facility are reported to the Indiana Division of Mental Health and Addiction (DMHA).

Definition and reporting:
https://dmha.fssa.in.gov/dmha_mir/



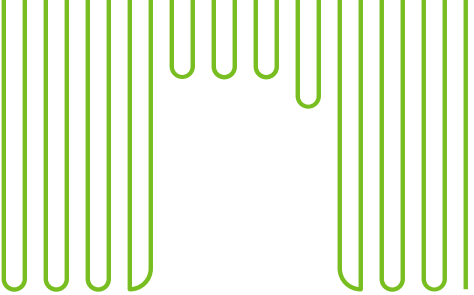
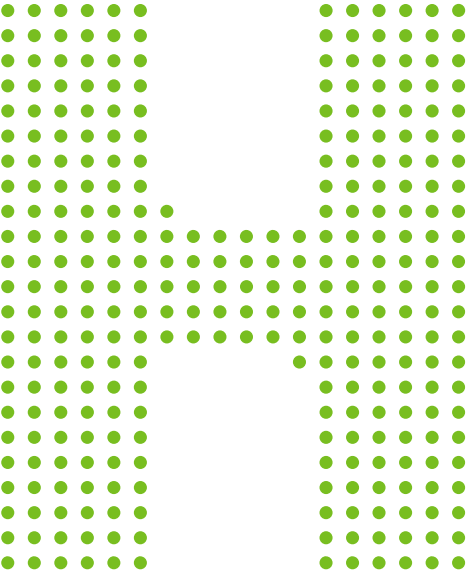
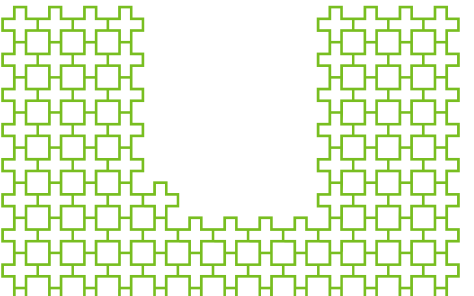
Humana employees, as mandatory reporters, are obligated to report certain incidents or unusual occurrences that would impact the health and safety of a member to Family and Social Services (FSSA) and APS.

In Indiana, these incident or event types are referred to as critical incidents. The following list of events could be considered HCBS critical incidents (not an exhaustive list):

- Any major injury to an individual including, but not limited, to:
 - Fracture or broken bones
 - Greater than a 1st degree burn
 - Choking incident that requires intervention
 - Bruises, lacerations or contusions
 - Injuries of an unknown origin
 - Suicide attempt by the member
 - Arrest/police involvement on behalf of member
 - Hospitalization due to significant change in health and/or mental status that may require change in service provision or admission of an individual to a nursing facility (excludes respite stays)
 - Member elopement or missing person
- 



List continues on the next slide

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- Inadequate formal or informal support for a member, including inadequate supervision that could endanger the member
 - Medication errors that result in medical treatment beyond an emergency room (ER)/physician evaluation or monitoring vital signs
 - Any instance of restrictive intervention (including chemical or physical restraints, or seclusion)
 - Living area or residence that risks health and safety due to:
 - Significant interruption of a major utility
 - Environmental, structural or other significant issue
 - Disturbance or threat to public safety created in the community by the member
 - Police arrest of the member or any person responsible for the care of the member
 - Falls with injury, in accordance with the U.S. Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS)

List continues on the next slide

- Residential fire that displaces, causes personal injury, relocation or property loss
- Suspected or observed criminal activity committed by:
 - Provider's staff when it affects or has the potential to affect the member's care
 - A family member of a member receiving services when it affects or has the potential to affect the member's care or services
 - The member receiving services

The following types of critical incidents are not considered HCBS critical incidents. However, these incidents do meet the definition of ANE and are categorized as "ANE Critical Incidents." They include:

- Alleged, suspected, reported, observed or actual abuse/battery, assault, neglect or exploitation of a member
- Unexpected death of a member



Everyone should be aware of other abuse indicators; the previous examples are not exhaustive lists. Please be vigilant. If you suspect a critical incident took place, please report it.

Critical incidents

Requirements for providing notice of incident reports

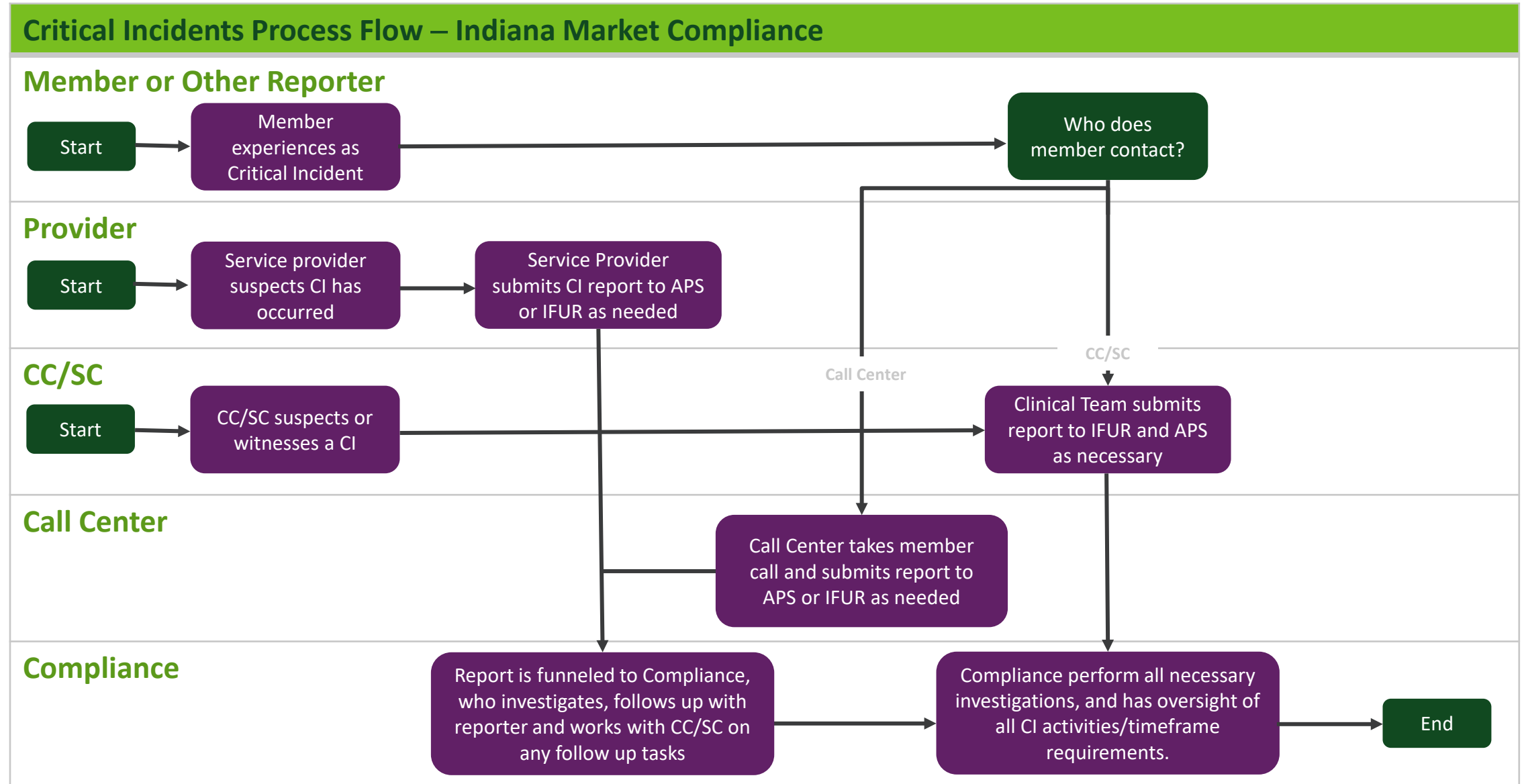
As a Humana employee, you are responsible for submitting all critical incidents to FSSA via the IFUR and APS websites within the expected time frames. Indiana is a mandatory reporting state, meaning everyone is required to report cases of suspected neglect, battery or exploitation of any adult to APS or law enforcement.

ANE critical incidents must be reported within 24 hours of first knowledge of the incident to APS and OMPP. HCBS critical incidents must be reported within 48 hours of the incident or becoming aware of the incident (whichever is sooner) to IFUR.

When submitting any report to APS or IFUR, electronically or by phone, make sure to forward the report to the [**INCriticalIncidents@humana.com**](mailto:INCriticalIncidents@humana.com) mailbox when the report is sent. This allows our compliance team to coordinate with the reporter to validate/document actions taken after the report is submitted.

All HCBS incidents should be reported to the IFUR site, [**Online Incident Report and Incident Follow-Up Report**](#). Any incidents of ANE should be reported to APS, as well as the IFUR site, [**FSSA: Aging Home: Adult Protective Services**](#).

Humana internal critical incidents process flow



Thank you

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