

CARESOURCE PASSE™

Incident Reporting for HCBS Providers



CareSource PASSE Mission

MISSION

To make a lasting difference in our members' lives by improving their health and well-being

PLEDGE

- Make it easier for you to work with us
- Partner with providers to help our members make healthy choices
- Direct communication
- Decrease administrative load for providers
- Accurate and efficient claims payment



CareSource PASSE Partners



CareSource is nationally recognized for leading the industry in providing member-centric health care coverage. The company's managed care business model was founded in 1989 and today CareSource is one of the nation's largest Medicaid managed care plans. CareSource serves 2 million members across five states supported by a growing workforce of 4,500.



Rehab Net is a collaborative group of independent therapists (OT/PT/SLP) that work together to provide the highest level of physical therapy, occupational therapy, and speech therapy to patients in Arkansas. They support independent therapy clinics through professional and administrative education on best practice, regulatory education, and billing education.



Ashley County Medical Center is a licensed 33-bed Critical Access Hospital located in the town of Crossett in South Arkansas. They presently have 6 CCU beds, 6 labor/delivery beds, 8 generation beds, 13 med-surg beds, 2 OR suites, 1 endoscopy suite, 6-day surgery suites and 9 emergency beds. The hospital has served Ashley County for over 100 years.



Chenal Family Therapy (CFT) is one of the fastest growing behavioral health providers in the United States according to Inc Magazine. They've grown from a single clinician in 2010 (Ken Clark, a Licensed Marriage and Family Therapist) to over 125 licensed mental health professionals in various locations throughout the state.



Acadia is a leading provider of behavioral healthcare services across the United States. Acadia operates a network of 227 behavioral healthcare facilities with approximately 9,900 beds in 40 states and Puerto Rico. With more than 20,000 employees serving approximately 70,000 patients daily, Acadia is one of the largest stand-alone behavioral health companies in the U.S.



Dr. James E. Zini, DO

Dr. James E. Zini is an osteopathic physician who has been practicing in Mountain View for 43 years and is affiliated with multiple hospitals in the area. Dr Zini started his family practice in 1977, providing primary care and community-focused public health for the people of rural Mountain View. He was the first osteopathic physician to be appointed to the Arkansas State Medical Board.



Agenda

HCBS Providers

Provider Responsibilities

Reportable Events

Completing the Form

Reporting Timeframes

How to Report





Home and Community Based Providers (HCBS)

What is a HCBS *Provider*

Home & Community Based Services

Home and community based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

1915(i) and 1915(c) Waivers - Arkansas

In Arkansas today, under the PASSE system, certain providers are allowed to provider HCBS Services. These include:

- 1) **Community and Employment Support (CES) Waiver Providers** – Traditional Intellectual and Developmental Disability Providers (IDD) – can provide 1915(c) services
- 2) **Behavioral Health Agencies** – Providers that are certified as Outpatient Behavioral Health Agencies and can provide 1915(i) services
- 3) **Community Service and Support Providers (CSSP)** – a new certification that allows Providers to provide both 1915(i) and 1915(c) services



Other *Providers*

Incidents will happen in other provider settings.

- Reportable events occurring at Inpatient Psychiatric Facilities including Residential care and Intermediate Care Facilities are required to report incidents to the Division of Provider Services & Quality Assurance

If in doubt, go ahead and collect the information for the Incident Report and submit through the normal workflow.



Provider *Responsibilities*

Member Rights

Each HCBS Provider must, at a minimum, ensure the following Member Rights:

- 1) The right to be free from: Physical or psychological abuse or neglect, retaliation, coercion, humiliation, financial exploitation, and discrimination
- 2) Corporal punishment is prohibited
- 3) The right to live in a manner that optimizes, but does not regiment, member initiative, autonomy and independence in making life choices
- 4) The right to be free from the inappropriate use of physical or chemical restraints, medication or isolation as punishment
- 5) The right to be treated with dignity and respect

(See full list of Member Rights in the CareSource PASSE Provider Manual)



Provider *Responsibilities*

Mandated Reporters

The Arkansas Child Maltreatment Act and the Arkansas Adult Maltreatment Act deem all staff of HCBS providers to be mandated reporters of any suspected adult or child abuse, neglect, exploitation, and maltreatment. Failure on the part of a HCBS provider to properly report suspected abuse, neglect, exploitation, and maltreatment to the appropriate hotline is a violation of these minimum standards.

Resources

Arkansas Child Abuse Hotline **1-800-482-5964 (TDD: 1-800-843-6349)**

Arkansas Adult Protective Services **1-800-482-8049**

[Arkansas Department of Human Services](#) – Find out more about how to report child abuse and neglect.

[Training for Arkansas Mandated Reporters](#) – Access training on how to recognize and report suspected abuse.

To report adult maltreatment online, please access the [Arkansas LEAPS form](#).



Provider *Responsibilities*

Incident Reporting

- ☐ HCBS providers must submit an incident report to the DHS PASSE Quality Assurance unit and the appropriate PASSE, using the reporting form via secure e-mail upon occurrence of any of the required reportable incidents.
- ☐ HCBS providers are to also forward a copy of each incident report to the client's assigned PASSE.
- ☐ If the incident involves an employee of a HCBS provider and they are in network at multiple PASSEs, the incident must be sent all.
- ☐ Incident reports involving unexpected occurrences involving actual or risk of death or serious physical or psychological injury to a member are considered sentinel events and will be investigated by the DHS. In addition to sentinel events, the DHS will also investigate if the network provider and/or network provider staff, is suspected to be at fault.
- ☐ All other incidents will be investigated by the appropriate PASSE.





Reportable Incidents

Reportable Incidents

CareSource PASSE HCBS providers must submit an incident report to CareSource PASSE and to the DHS PASSE Quality Assurance unit using the required forms upon the occurrence of:

- The death of beneficiary
- The use of restrictive intervention, including seclusion, or physical, chemical, or mechanical restraint on a beneficiary
- Suspected maltreatment or abuse of a beneficiary
- Any injury to a beneficiary that:
 - Requires the attention of an emergency medical technician, paramedic, or physician
 - May cause death
 - May result in a substantial permanent impairment
 - Requires hospitalizations
 - Threatened or attempted suicide by a beneficiary



Reportable Incidents

- The arrest of a member, or commission of a crime by a beneficiary
- Any situation in which the whereabouts of a beneficiary is unknown for more than two (2) hours – elopement or wandering, or when services are interrupted for more than two (2) hours
- Any event where a staff member threatens a member
- Unexpected occurrences involving actual risk of death or serious physical or psychological harm to a beneficiary
- Medication errors made by staff that cause or have the potential to cause serious injury or illness to a beneficiary, including, but not limited to, loss of medication, unavailability of medication, falsification of medication logs, theft of medication, a missed dose, wrong dose, a dose being administered at the wrong time, by the wrong route and the administration of the wrong medication
- Any violation of a beneficiary's rights that jeopardizes the health, safety or quality of life of the beneficiary



Reportable Incidents

- Any incident involving property destruction by a beneficiary
- Vehicular accidents involving a beneficiary
- Biohazard incidents involving a beneficiary
- An arrest or conviction of a staff member providing direct care services
- Any use or possession of a non-prescribed medication or an illicit substance by a beneficiary
- Any other event that might have resulted in harm to a beneficiary or could have reasonably endangered the health, safety or welfare of the beneficiary



How to make an Incident Report?

Submit completed DHS QA Incident Report Form to

DHS PASSE Quality Assurance

Email: dhs.dds.central@Arkansas.gov

Fax: 501.371.1474

CareSource PASSE

Email: Incident.Reporting@CareSourcePASSE.com

Incident Reporting Form can be found on the CareSource PASSE website

https://www.caresource.com/documents/ar-pas-p-1076321-incident-report-form_final/

Providers>Health, Safety, & Welfare – Incident Reporting



ARKANSAS PASSE Incident Report Form		
Type of Report	<input type="checkbox"/> Initial Written <input type="checkbox"/> Follow-Up <input type="checkbox"/> Final	Date/Time: _____ Date: _____ Date: _____
<input type="checkbox"/> APC LLC (DBA Summit) 1-844-462-0022 ArkansasQuality@anthem.com <input type="checkbox"/> Empower 866-261-1286 Incident.Reporting@EmpowerArkansas.com <input type="checkbox"/> Arkansas Total Care 866-282-6280 Incident@ArkansasTotalCare.com <input type="checkbox"/> CareSource PASSE 833-230-2005 Incident.Reporting@CareSourcePASSE.com		
Incident Date: _____ Incident Time: _____		
Injured Person's Name: _____		
Address: _____		
Phone Number(s): _____		
Date of Birth: _____ Age: _____		
Gender: _____ Race: _____		
Legal Status: _____ Medicaid#: _____ Member ID#: _____		
Incident Type:		
<input type="checkbox"/> Death; Suspected Cause? _____		
<input type="checkbox"/> Suicidal Behaviors <input type="checkbox"/> Rape		
<input type="checkbox"/> Maltreatment/Abuse/Exploitation:		
<input type="checkbox"/> Neglect <input type="checkbox"/> Verbal <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Other; _____		
<input type="checkbox"/> Missing Client <input type="checkbox"/> Injury <input type="checkbox"/> Disturbance <input type="checkbox"/> Property Destruction <input type="checkbox"/> Theft <input type="checkbox"/> Arrest		
<input type="checkbox"/> Other; _____		
Does Incident/Injury Require Medical Attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician/Hospital Name: _____		
Address: _____		
Phone Numbers: _____		
Designation of Incident:		
<input type="checkbox"/> Member to Member <input type="checkbox"/> Member to Staff <input type="checkbox"/> Self-inflicted <input type="checkbox"/> Member to Public <input type="checkbox"/> Public to Member		
<input type="checkbox"/> Other; _____		
Roles (Relationship to Subject) and Names of Others Involved:		
Role	Name	Address and Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Continue, if needed, in the Additional Information as Needed section, on the next page.)		
Notifications (Enter method, date and time when communicated as appropriate.)		
<input type="checkbox"/> Adult Protective Services Hotline (1-800-482-8049): _____		
<input type="checkbox"/> Child Abuse Hotline (1-800-482-5964): _____		
<input type="checkbox"/> DHS PASSE Incident report line (501-371-1329 Fax 501-371-1474): _____		
<input type="checkbox"/> DHS PASSE Ombudsman: _____		
<input type="checkbox"/> Next of Kin: _____		
<input type="checkbox"/> Responsible Party (if different from above): _____		
<input type="checkbox"/> Law Enforcement: _____		
<input type="checkbox"/> Other: _____		

ARKANSAS PASSE Incident Report Form		
Type of Report	<input type="checkbox"/> Initial Written <input type="checkbox"/> Follow-Up <input type="checkbox"/> Final	Date of Incident: _____ Time of Incident: _____ Place of Incident: _____
Clear, Concise Description of Incident:		
<div></div>		
Should/Could Incident Have Been Prevented/Anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain.):		
<div></div>		
Findings/Outcome/Disposition (When appropriate include corrective action or preventive plans for future.)		
<input type="checkbox"/> Pending Investigation		
<input type="checkbox"/> Investigated with Appropriate Action/Preventive Plan Attached		
Additional Information as Needed:		
<div></div>		
Person Submitting Form: _____ Title: _____		
PASSE: _____ Phone Number: _____ Email: _____		
HCBS Provider: _____ Contact: _____		
Phone Number: _____ Email: _____		



Tips for Completing Incident Report

- Use the [DHS QA incident Report Form](#)
- Fill out form **completely**
- Provide specific, detailed, and clear information
- Follow reporting timelines



Reporting Timeframes

Immediate Reporting

The following incidents must be reported to the DHS PASSE Quality Assurance unit emergency number (501) 371-1329 within one (1) hour of occurrence (regardless of hour) and to the on-call emergency number for the CareSource PASSE:

1. A death not related to the natural cause of the patient's illness
2. Serious physical or psychological injury to a beneficiary

Incidents Involving Potential Publicity

Incidents, regardless of category, that a CareSource PASSE HCBS provider should reasonably know might be of interest to the public and/or media must be immediately reported to the DHS PASSE Quality Assurance unit and to CareSource PASSE.



Reporting Timeframes

All other reportable incidents, must be reported to the DHS PASSE Quality Assurance unit and to CareSource PASSE, using the automated PASSE HCBS Incident Report Form via secure e-mail no later than **two** (2) days following the incident.

- Any incident that occurs on a Friday is still considered timely if reported by the Monday immediately following.



Provider *Communications*

Check out the CareSource PASSE website at <https://www.caresourcepasse.com>:

- CareSource PASSE Provider Portal
- Newsletters & Communications
- Updates & Announcements
- Provider Handbook
- FAQs
- Forms and more



To subscribe to CareSource PASSE email blasts, please email Arkansas_Network@caresource.com



Follow us on Facebook <https://www.facebook.com/CareSourcePASSE>



Health Partner Regional Coverage

Network Team Members

Jennifer Daniel-Brezee, Director of Network Development, Arkansas

Jennifer.Danielbrezee@caresource.com

501.351.2508

Janna Brown, Health Partner Resources Manager

Janna.Brown@caresource.com

501.539.6130

Raymond Liszewski

Health Partner Network Specialist II

Raymond.Liszewski@caresource.com

501.253.9290

Jeffrey “JP” Perez

Health Partner Network Specialist II

Jeffrey.Perez@caresource.com

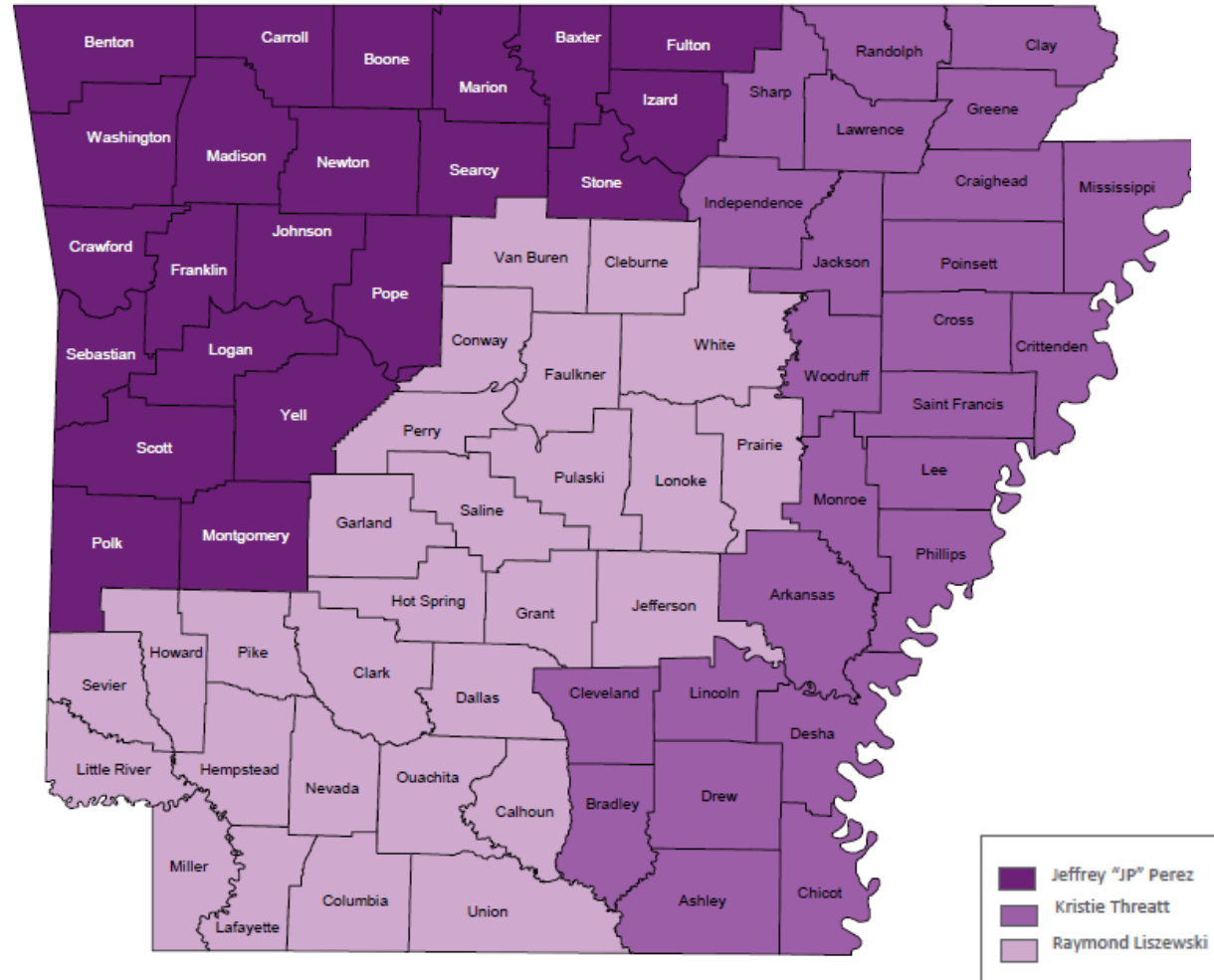
479.335.6472

Kristie Threatt

Health Partner Network Specialist II

Kristie.Threatt@caresource.com

501.553.7911



General Provider Questions: Arkansas_Network@CareSource.com



Resources for Contacting *CareSource PASSE*

Incident Reporting	
Providers can email this box to report an incident	Incident.reporting@CaresourcePASSE.com
DHS Incident Reporting Form	DHS Forms - Arkansas Incident Report
Call Center (Provider and Member)	1-833-230-2100 – Provider Services 1-833-230-2005 – Member Services
24/7 Nurse Line	1-833-687-7305
Care Coordination	CareCoordination@CareSourcePASSE.com





PARTNER with *Purpose*