



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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February 5, 2016

ALL-COUNTY INFORMATION NOTICE NO. I-10-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES PROGRAM MANAGERS

SUBJECT: DEFINING, DOCUMENTING AND REPORTING CRITICAL
INCIDENTS IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM

REFERENCE: ACL NO.13-110, DEC 2013; QUALITY ASSURANCE/QUALITY
IMPROVEMENT (QA/QI) REPORT FY 2013-14; COMMUNITY FIRST
CHOICE OPTION (CFCO), STATE PLAN AMENDMENT (SPA) 13-007

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

PURPOSE

This All-County Information Notice (ACIN) provides clarification to counties regarding defining critical incidents and documenting/reporting critical incidents that impact In-Home Supportive Services (IHSS) recipients.

BACKGROUND

Following CDSS' release of the FY 2013-14 QA/QI Report, which included county reported critical incident data, and the implementation of Case Management, Information and Payrolling System (CMIPS II), and which modified county documentation requirements for critical incidents, counties raised questions concerning the definition of and required documentation/reporting for critical incidents.

DEFINITION OF CRITICAL INCIDENT

As outlined in the IHSS QA/QI Policy Manual (ACL No. 13-110) and the CFCO SPA, a critical incident is defined as an immediate threat to the health and/or safety of a recipient in which the county found it necessary to take action. Critical incidents include, but are not limited to, serious injuries caused by accident, medication error/reaction; provider no show, physical, emotional or financial abuse or neglect. In addition, this includes any potentially harmful natural or man-made events that threaten

a recipient's life, health, or the ability to remain safely in the recipient's home, such as fire, earthquake, flood, extreme weather conditions, power outages and hazardous material spills.

DOCUMENTING CRITICAL INCIDENTS

County staff must document **all** critical incidents, as they are identified, in the "Case Notes" section of CMIPS and, if the critical incident was identified during an assessment or reassessment, it should also be documented in the "Case Narrative" section of CMIPS. Counties shall limit the documentation to include the agency(ies) referred to, such as law enforcement, hospitals, Adult Protective Services, Child Protective Services, public authorities, etc., and the date the referral(s) was made. Please note, if a recipient requests a copy of his or her file, reports regarding referrals must not be provided and any references to referrals contained in the file must be redacted **prior** to providing a copy of the case file to the recipient. Most outcomes are not documented due to confidentiality issues.

REPORTING CRITICAL INCIDENTS

Counties are **only** required to report to CDSS QA (via the IHSS QA/QI Quarterly Activities Report (SOC 824)) those critical incidents identified as a result of county QA case reviews. County QA must ensure that timely and proper action was taken in accordance with State and county policies and procedures (page 12 of the IHSS QA/QI Policy Manual) to enable the recipient to remain safely in their home. County QA then reports on the SOC 824, the number of cases reviewed with a documented critical incident that occurred in the last 12 months **and** the number of cases in which County QA identified a critical incident during, or as a result of, a home visit.

NATURAL AND MAN-MADE DISASTERS

When natural or man-made disasters (hazardous material spills, heat waves, etc.), impact a significant number of a county's IHSS population, counties should consult the Disaster Preparedness information in CMIPS (or other county reports/databases/tracking systems with similar information) and take appropriate action in accordance with State law and county policies and procedures, for the coordinated responses to potentially impacted recipients. Counties are not required to document actions taken in every IHSS recipient's "Case Notes" in CMIPS during a natural or man-made disaster with widespread potential impact. Rather, the county should only document in cases when a critical incident was caused by the disaster and the county made referrals or performed additional actions on behalf of a recipient. Additional actions may include arranging for a back-up provider or notifying first responders (paramedics, firefighters, or law enforcement). As previously mentioned, while all critical incident responses are recorded in CMIPS, only those critical incidents identified as a result of county QA case reviews are reported to CDSS on the SOC 824.

CDSS' REVIEW/REPORTING OF CRITICAL INCIDENTS

When CDSS QA monitoring staff review selected cases in CMIPS and discover a critical incident has occurred, they will verify that the documentation reflects the agency(ies) referred to, the date of referral, and that follow-up (as appropriate) occurred. The review tool for that case will then be documented accordingly. Critical incident data received from counties quarterly via the SOC 824, is included in CDSS' Annual Reports of County QA/QI Activities, along with other county-reported QA/QI activity data. Although the county QA reported data represents a sub-set of the statewide IHSS caseload, it is a statistically valid sample used to determine county compliance with established review and reporting requirements.

If you have any questions, please contact the Adult Programs Division, Policy & Quality Assurance Branch, Program Integrity Unit at (916) 651-3494 or ihss-pi@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA