

## Critical Incident Management in HCBS Programs

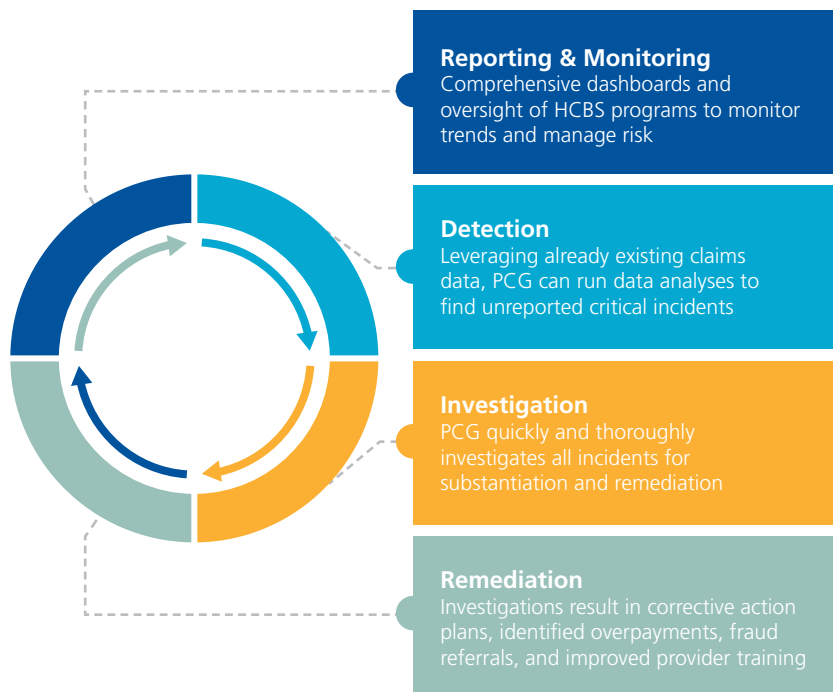


### Home and community based services (HCBS) present a unique risk to Medicaid agencies:

Each year, hundreds of millions of Medicaid dollars go to in-home care services and portions of these dollars are lost to inappropriate care and/or fraud by service providers.

The Department of Health and Human Services' Office of Inspector General (OIG) is actively auditing state Medicaid agencies' management of critical incidents occurring under 1915(c) HCBS waiver programs.

Appropriately monitoring these services and the providers requires a unique and innovative approach that has not been traditionally available—until now.



### By The Numbers

**99%**

of reasonable suspicions of abuse or neglect incidents went unreported in a state from January 2012 through June 2014

**44%**

of developmentally disabled Medicaid beneficiaries in another state were not adequately safeguarded because the system of reporting and monitoring critical incidents failed

**34%**

Community-based providers in a state did not report 34% critical incidents to the state

**66,000+**

PCG incident investigations for a single state from 2013 to 2017






**States** are identifying an urgent need to separate the role of Medicaid Provider Oversight and Investigation from Case Management to eliminate conflicts of interest, increase transparency, and improve overall quality of oversight and investigations.

**Solution:** PCG’s Critical Incident Management approach ensures that all incidents are properly detected, reported, and investigated, with all issues being addressed and properly remediated with recipients, providers, and other involved stakeholders.

Provider Occurrence Issues	Protection from Harm Issues	Provider Billing Issues
<ul style="list-style-type: none"> <li>• No call/no show</li> <li>• Providing services beyond scope of practice</li> <li>• Regulatory non-compliance</li> <li>• Services delivered without, or not in accordance with physician’s orders</li> <li>• Not providing services according to the individualized plan</li> <li>• Inadequate communication with team</li> </ul>	<ul style="list-style-type: none"> <li>• Abuse</li> <li>• Neglect (including of self)</li> <li>• Medication errors</li> <li>• Verbal abuse</li> <li>• Exploitation</li> <li>• Misappropriation</li> <li>• Death</li> <li>• Accident, injury, fall</li> <li>• ER visits</li> <li>• Reoccurrence of an illness or condition within seven days of hospital discharge</li> <li>• Unauthorized use of restraint, seclusion, or restrictive intervention</li> <li>• Unexpected crisis in the individual’s home environment</li> <li>• Use of illegal substance</li> <li>• Individual cannot be located</li> </ul>	<ul style="list-style-type: none"> <li>• Fraud</li> <li>• Billing for services not provided;</li> <li>• Billing for more services than authorized</li> <li>• Billing to incorrect codes</li> <li>• Kickback</li> </ul>

### Benefit from our services

**Our Critical Incident Management solutions offers a significant long term return on investment and include:**

-  Reduction of fraud, waste, and abuse
-  Cost avoidance and savings of tens of millions of dollars
-  Improved accountability
-  Improved compliance
-  Improved quality of services

**PCG has more than 100 professionals on staff and demonstrates the highest quality critical incident management capabilities. Highlights include:**

<p><b>15,000+</b> applications processed</p>	<p><b>66,000+</b> incident investigations completed</p>
<p><b>16,000+</b> onsite screenings finished</p>	<p><b>20,000+</b> provider reviews conducted</p>

Contact us today to learn how your state’s HCBS program can benefit from PCG’s critical incident management services.

