

Critical Incident Reporting and Analysis System (CIRAS)

Webinar presented to Division of Developmental Disabilities Providers

February 2019

- **Who?** Must complete CIRAS reporting
- **What?** Types of incidents must be reported
- **Where?** Is CIRAS located
- **When?** Must I report (how quickly)
- **Why?** Is CIRAS required
- **How?** Do I enter a report

- ▶ Expectation of federal Centers for Medicare and Medicaid Services (source of Medicaid funds)
- ▶ Required by Attachment A (applicable to all service providers) <http://www.dhs.state.il.us/page.aspx?item=103251>
See section VIII, item P
- ▶ Purpose is to inform ISCs of issues impacting the well-being of waiver participants
- ▶ Ensure appropriate action is taken
- ▶ Allow Division of DD to identify and analyze systemic issues and take steps to enhance system quality

WHY?

- ▶ Reporting required by all Medicaid Home and Community Based Waiver providers funded through Division of Developmental Disabilities
 - ▶ CILA participants
 - ▶ Home Based Services participants
 - ▶ Not required for persons residing in ICF/DD
 - ▶ Not required for those served in State Operated Developmental Centers

WHO?

- ▶ Report within 2 working days of discovering or being informed of the incident
- ▶ Better to report late than not at all

WHEN?

- ▶ On-line CIRAS reporting system
- ▶ <https://ciras2.dhs.illinois.gov/cirassecur/ciras>
- ▶ More information concerning CIRAS, including manual, frequently asked questions, forms for access
<http://www.dhs.state.il.us/page.aspx?item=97358>

WHERE?

- ▶ Not reportable
 - ▶ Abuse, neglect, and/or exploitation that would otherwise be reportable to:
 - ▶ Office of the Inspector General
 - ▶ Department of Children and Family Services
 - ▶ Department of Aging/Adult Protective Services
 - ▶ Department of Public Health

What?

- ▶ Reportable
 - ▶ Deaths of participants receiving home-based services
 - ▶ Significant Known Injuries
 - ▶ Law Enforcement
 - ▶ Medical Emergencies
 - ▶ Missing Individuals
 - ▶ Peer-to-peer Acts
 - ▶ Unauthorized Restraint
 - ▶ Unknown Injury
 - ▶ Unscheduled Hospitalization

WHAT?

Death of a Home-Based Services Participant

- ▶ Deaths of participants that receive services while living in their own or their family's home.
- ▶ Deaths of participants residing in residential settings are not reported as part of this data process since they are reported to OIG as per Rule 50

Known Injury

- ▶ A known injury is any injury from a known cause that is not considered abuse or neglect and requires
 - ▶ Immobilization
 - ▶ Casting
 - ▶ Five or more sutures or the equivalent
 - ▶ Second or third degree burns
 - ▶ Dental injuries
 - ▶ Eye injuries
 - ▶ Any injury that prohibits the individual from participating in routine daily tasks for more than two consecutive days

Law Enforcement

- ▶ Any incident that results in the individual being charged, incarcerated, or arrested
- ▶ Police involvement that does not result in charges, incarceration, or arrest is not reportable

Medical Emergency

- ▶ Any incident where emergency medical intervention is required to save an individual's life (e.g., Heimlich maneuver, cardiopulmonary resuscitation, intravenous fluids for dehydration)
- ▶ The INTERVENTION required (not who provides it) determines if it is a medical emergency

Missing Individual

- ▶ The individual cannot be located for a period of time longer than specified in the personal plan, and the individual cannot be located after actions specified in the personal plan are taken, and the individual cannot be located in a search of the immediate surrounding area; or
- ▶ Circumstances indicate that the individual may be in immediate jeopardy; or
- ▶ Law enforcement has been called to assist in the search for the individual.

Peer-to-Peer Acts

- ▶ Acts committed by one individual against another when
 - ▶ there is physical abuse with intent to harm;
 - ▶ verbal abuse with intent to intimidate, harass, or humiliate, resulting in emotional distress or maladaptive behavior;
 - ▶ any sexual abuse;
 - ▶ any exploitation; or
 - ▶ intentional misappropriation of property of significant value.

Unauthorized Restraint

- ▶ Any use of restraint beyond the provisions outlined in Appendix G of each Waiver.

RESTRAINT INFORMATION

- ▶ Applied only by a person who has been trained in the application
- ▶ Only to prevent harm to self or others
- ▶ Only when less restrictive interventions have been tried and failed
- ▶ Not to punish or discipline
- ▶ Not for convenience of staff
- ▶ Expectation to teach appropriate alternative skills
- ▶ Part of behavior strategy developed by team
- ▶ Reviewed and approved by Behavior Management Committee (if applicable) and by Human Rights Committee prior to implementation
- ▶ Limited to 2 hours in length and under observation with professional monitoring
- ▶ Only upon written order of identified professional

Unknown Injury

- ▶ Any injury of an unknown cause that is not considered possible abuse or neglect and that requires treatment that only a physician, physician's assistant, or nurse practitioner can provide.
- ▶ If cause is known, not reportable even if physician or equivalent provides treatment UNLESS it is a medical emergency

Unscheduled Hospitalization

- ▶ Any hospital admission that is not scheduled unless the hospital admission is due to a condition that is specified in the personal plan indicating the specific symptoms and criteria that require hospitalization.

- ▶ Step-by-step through the various data screens
- ▶ Not going to address “how to enroll”
 - ▶ Enrollment instructions available on-line in the CIRAS manual
<http://www.dhs.state.il.us/page.aspx?item=97101>
 - ▶ Enrollment assistance Michael.Blazis@Illinois.gov or by phone at 217-557-9112

HOW?

Production Environment System Login

Login

User ID:

Password:

Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution.

Do not attempt to login unless you are an authorized user.

By logging into any Illinois Department of Human Services System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Illinois Department of Human Services System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password.

User ID will always be _____._____@external.Illinois.gov

<https://ciras2.dhs.illinois.gov/cirassecur/ciras/>

Home Screen

Home Search Reports Help Logout

Provider: Your Agency Name Here

Critical Incident Reporting and Analysis System

Please select the "Search Tab" above to search for a participant by Social Security number. A Social Security number is a required field to search for Critical Incidents and/or file an Incident Report.

Critical Incidents Reported

Incident #	Date Reported	Incident Type	Participant Last Name	Participant First Name
8477	01/30/2019	Peer-to-Peer Acts	Names Redacted as sample	
8476	01/30/2019	Missing Individual		
8309	01/20/2019	Unscheduled Hospitalization		
8308	01/20/2019	Missing Individual		
8306	01/19/2019	Peer-to-Peer Acts		
8305	01/19/2019	Missing Individual		
8258	01/16/2019	Law Enforcement		

All CIRAS entries for your agency will be visible. Listed in reverse chronological order (most recent listed first)

Participant Search

Home Search Reports Help Logout

Participant Search

Participant SSN: *

Search Clear Cancel

First step in adding a new incident report - Select Search, Enter social security number . Must have SSN to enter report. If SSN does not result in correct individual, check SSN. If still not retrieved, contact Michael.Blazis@Illinois.gov or 217-557-9112 for assistance

Search Results

Participant Search Results

Participant SSN:

Participant Results						
SSN	Provider Name	First Name	Middle Name	Last Name	Gender	Birth Date
123456789	Your Agency Name	Jane		Smith	F	Jan 1, 1955

Existing Incidents						
Incident	SSN	First Name	Middle Name	Last Name	Gender	Birth Date
5384	123456789	Jane		Smith	F	Jan 1, 1955
5925	123456789	Jane		Smith	F	Jan 1, 1955
6722	123456789	Jane		Smith	F	Jan 1, 1955

Will show individual identification information and all existing incidents for that individual. Click on SSN to proceed to entry screen.

Incident Report

Incident Report

Provider Name: Your Agency Name

Provider Fein: 987654300

Reported By: Jayma Bernhard

First Name: Jane

Middle Name: Smith

Last Name: Smith

SSN: 123456789

BirthDate: Jan 1, 1955

Gender:

Date of Incident Unknown?

Date the Incident occurred as observed or reliably reported (mm/dd/yyyy):

Time of Incident Unknown?

Time of day that the Incident occurred as observed or reliably reported (hh:mm am/pm):

Waiver Type:

Incident Type:

Some information is pre-filled for you. All other items require information from you. Pull down menus available for fields that have limited options. In other fields, you may insert your own narrative.

Date

When? [calendar icon]
Entered as observed or reliably reported (mm/dd/yyyy): 01/28/2019 [X]

When? [calendar icon]
Incident occurred as observed or reliably reported

Su	Mo	Tu	We	Th	Fr	Sa
	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Label: _____

Time of Incident

When? [calendar icon]
Entered as observed or reliably reported (mm/dd/yyyy): 01/28/2019 [X]

When? [calendar icon]
Incident occurred as observed or reliably reported

Time of Incident: [input field]

- 07:45 am
- 09:12 pm
- 04:00 pm

Label: _____

Waiver Type

Date the Incident occurred as observed or reliably reported (mm/dd/yyyy): 01/28/2019

Time of Incident occurred as observed or reliably reported

Time of day that the Incident occurred as observed or reliably reported

Waiver Type:

- Adult
- Children's Support
- Children's Residential

Incident Type

Date of Incident Unknown?

Date the Incident occurred as observed or reliably reported (mm/dd/yyyy): 01/28/2019

Time of Incident Unknown?

Time of day that the Incident occurred as observed or reliably reported

Waiver Type:

Incident Type:

- Death of Home-Based Individual
- Known Injury
- Law Enforcement
- Medical Emergency
- Missing Individual
- Peer-to-Peer Acts
- Unauthorized Restraint
- Unknown Injury
- Unscheduled Hospitalization

Location Type:

SC Provider for Individual:

Description: (required)

(2,000 characters max) You have 2000 characters left.

Location Type

Date of Incident Unknown?

Date the Incident occurred as observed or reliably reported (mm/dd/yyyy):

Time of Incident Unknown?

Time of day that the Incident occurred as observed or reliably reported (hh:mm am/pm):

Waiver Type:

Incident Type:

Location Type:

ISC Provider for Individual:

Description: (required)
(2,000 characters max) You have 2000 characters left.

- Residence
- Day Program Site
- School
- Work Location
- Community Outing
- Family Visit
- Other
- Unknown

ISC Agency

Date of Incident Unknown?

Date the Incident occurred as observed or reliably reported (mm/dd/yyyy):

Time of Incident Unknown?

Time of day that the Incident occurred as observed or reliably reported (hh:mm am/pm):

Waiver Type:

Incident Type:

Location Type:

ISC Provider for Individual:

Description: (required)
(2,000 characters max) You have 2000 characters left.

- GREAT RIVER SVC COORDINATION (371328632)
- LIVINGSTON CO M H BOARD (370914443)
- MENTAL HEALTH AUTHORITY (370924895)
- OPTIONS & ADVOCACY FOR (363948706)
- PRAIRIELAND SVC COORDINATION (371326618)
- SERVICE OF WILL GRUNDY KANKAKE (363670951)
- SOUTHERN IL CASE COORDINATION (371245690)
- SUBURBAN ACCESS INC (363651054)
- WESTERN ILLINOIS SERVICE COORD (371324558)

Description and Action

Incident Type:

Location Type:

ISC Provider for Individual:

Description: (required)
(2,000 characters max) You have 2000 characters left.

Action: (required)
(2,000 characters max) You have 2000 characters left.

Save When Complete

Action: (required)
(2,000 characters max) You have 2000 characters left.

Confirmation Page

The screenshot shows a web application interface for the Illinois Department of Human Services. At the top, there is a navigation bar with links for Home, Search, Reports, Help, and Logout. The main heading is "Incident Confirmation". Below this, a message states: "Your reported Incident has been assigned an Incident Number **8501**". The notification status is: "An email notification has been sent to the appropriate entities!". Participant details are listed as: Participant Full Name: Jane Smith, Participant BirthDate: January 1, 1955, and Participant Gender: Female. At the bottom of the page, there is a footer with the text: "User: r@external.illinois.gov", "CRAS Version: 3.2.0 (20181210-1302)", and "Database: HSDBC200".

Edit or Follow-up

The screenshot displays the "Edit or Follow-up" page for an incident. The details are as follows:

- Date the incident occurred as observed or reliably reported: **01/29/2019**
- Time of day that the Incident occurred as observed or reliably reported: **09:40 PM**
- Waiver Type: **Adult**
- Incident Type: **Peer-to-Peer Acts**
- Location Type: **Residence**
- ISC Provider for Individual: [Redacted]

Description
 DSP notified the on-call management that [Redacted] and [Redacted] housemate were in a physical altercation because [Redacted] housemate drank [Redacted] [Redacted] after being told several times that it belonged to [Redacted]. An verbal argument started and despite redirection [Redacted] housemate walked up to [Redacted] with staff in between and pulled [Redacted] s hair.

Action
 Staff was able to separate them both and directed them to go to their room. [Redacted] housemate continued to [Redacted]

Logout when finished



Logout

Provider: Your Agency Name Here

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8305	01/19/2019	Missing Individual		
8258	01/16/2019	Law Enforcement		

Need Help? Who should you call?

Is this reportable?

Jayma Bernhard

Jayma.Bernhard@Illinois.gov

217-782-9460

I'm having trouble accessing the system!!

Mike Blazis

Michael.Blazis@Illinois.gov

217-557-9112