

Managing Falls through a Critical Incident Management System

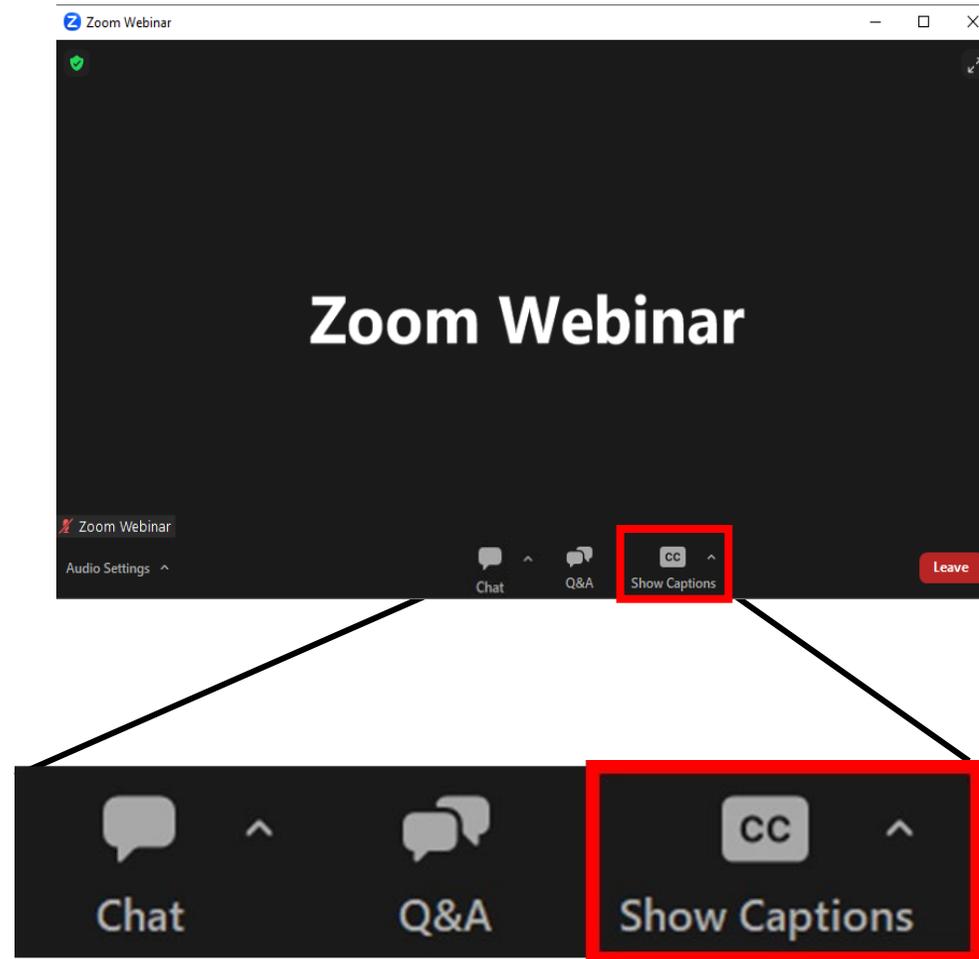
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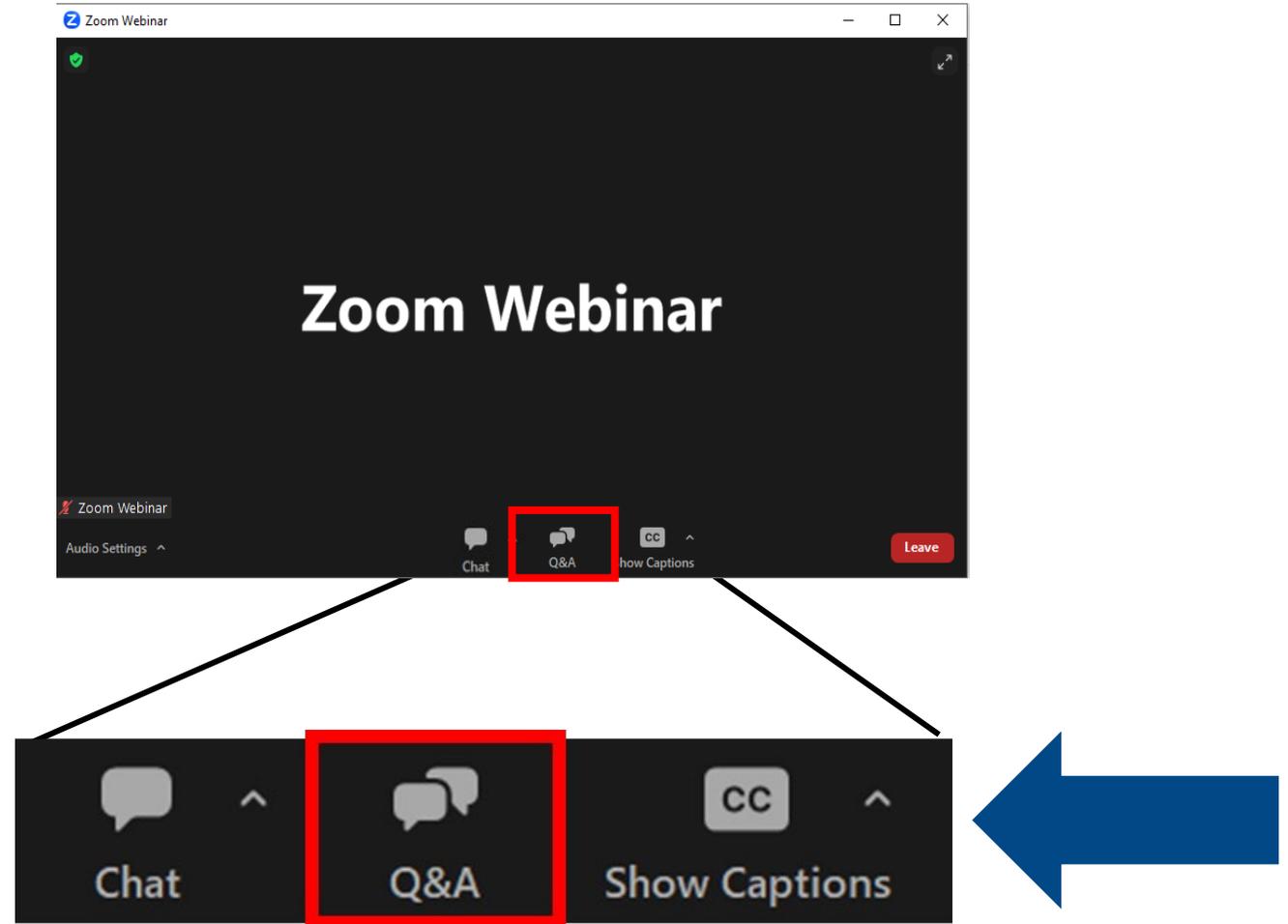
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Training Objectives

- Provide background on how falls affect aging and disabled populations who participate in 1915(c) waiver programs.
- Discuss potential methods for states to incorporate falls management into their existing critical incident management systems and processes.
- Review existing federal falls prevention programs and how states may integrate key elements into programs through existing 1915(c) waiver authority.

Background

Occurrence of Falls Among Older Adults

- Falls are a frequent occurrence among older adult populations, with one in four older adults experiencing a fall every year.¹ However, not all falls are reported to relevant doctors and caregivers. Among those who fall, less than half report the fall to their doctor.²
- In 2018, of the over 35 million falls reported among older adults, over eight million also reported a fall-related injury.³ While injuries linked to falls range in severity, around 20 percent of falls cause a serious injury such as broken bones or a head injury.⁴ An estimated three million older adults received emergency department (ED) treatment for fall-related injuries, and more than 950,000 of these patients were hospitalized.⁵ Beyond injury and physical risk, falls are also costly for state Medicaid agencies.

¹ U.S. Centers for Disease Control and Prevention. (2016). Facts About Falls. Accessed from <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>.

² Stevens JA, Ballesteros MF, Mack KA, Rudd RA, DeCaro E, Adler G. (2012). Gender differences in seeking care for falls in the aged Medicare Population. *Am J Prev Med* 2012;43:59–62. Accessed from <https://pubmed.ncbi.nlm.nih.gov/22704747/>.

³ U.S. Centers for Disease Control and Prevention. (2016). Facts About Falls. Accessed from <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>.

⁴ U.S. Centers for Disease Control and Prevention. (2016). Facts About Falls. Accessed from <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>.

⁵ Moreland B, Kakara R, Henry A. (2020). Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged At or Above 65 Years, United States, 2012-2018. *MMWR Morb Mortal Wkly Report*. Accessed from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6927a5.htm>.

Prevention of Falls Among Older Adults

- Falls are considered largely preventable.
 - Leading research from CMS’s federal partners like the Centers for Disease Control and Prevention (CDC) and the Administration for Community Living (ACL) provides evidence-based strategies to lower risks of falls in older populations.
 - States have also implemented falls prevention programs, typically focused on: targeting older individuals’ balance, strength, and mobility; addressing home and environmental risk factors; and engaging the community, healthcare providers, and caregivers.⁶ Home and Community-Based Services (HCBS) waiver authority may be an important vehicle for participants to access these services.
- While HCBS waiver authority can be used to offer services and supports to address this issue, falls prevention programs have largely remained unincorporated into 1915(c) waiver programs.

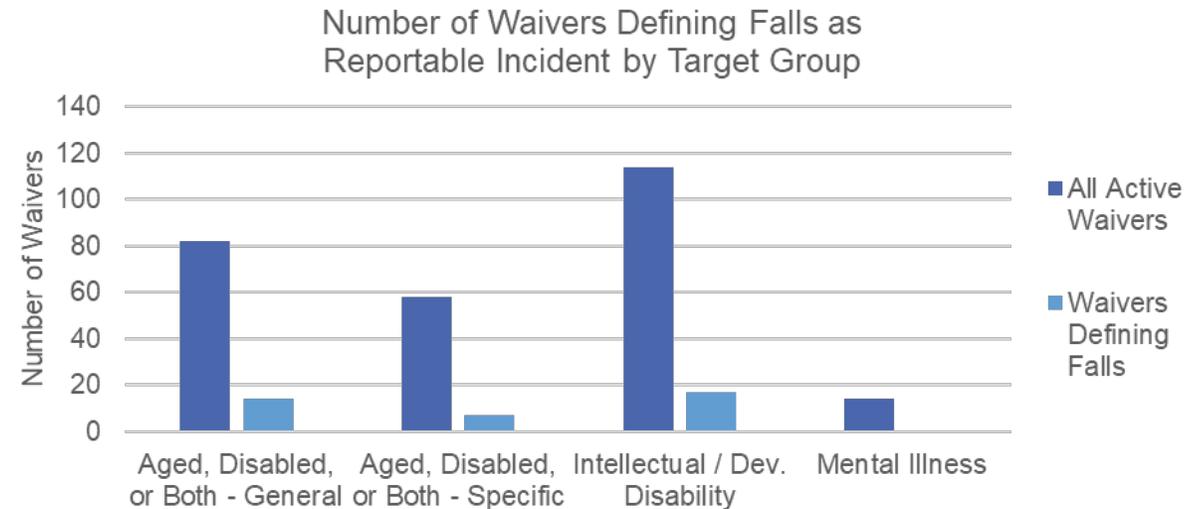
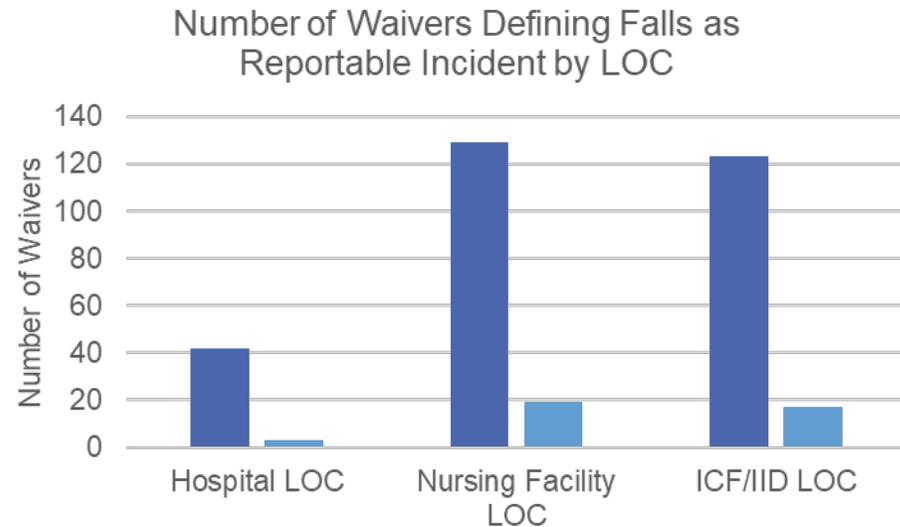
⁶ Special Committee on Aging U.S. Senate. (2019). Falls Prevention: National, State, and Local Solutions to Better Support Seniors. Accessed from https://www.aging.senate.gov/imo/media/doc/SCA_Falls_Report_2019.pdf

Falls as Critical Incidents

- As a leading cause of death and injury among older adults in the United States, and given that older adults comprise the largest subpopulation (44 percent) of HCBS waiver programs nationally as of December 2021, falls present a unique and significant threat to 1915(c) HCBS waiver participants.
- States use their incident management systems to help track and resolve cases of abuse, neglect, and exploitation (ANE) and unexpected or unexplained death. States may often rely on similar processes for managing falls.
- The Technical Guide for 1915(c) waiver programs does not specify that states should define falls as critical incidents, but beyond ANE and similar incident types, the Technical Guide does list “serious injuries that require medical intervention and/or result in hospitalization” and “other incidents or events that involve harm or risk of harm to a participant” as example types of critical incidents.

Falls as Critical Incidents (cont.)

- An analysis by CMS found that of 255 1915(c) waivers active as of October 1, 2021, only 36 waivers (14 percent) explicitly defined falls (not including general or other injuries or accidents) as critical incidents through Appendix G-1-b of their waiver applications.
- CMS further segmented analysis across levels of care (LOC), target groups, and age groups, but this did not demonstrate that waivers which serve certain populations are significantly more or less likely to define falls as critical incidents.



Incorporating Falls Management and Prevention into 1915(c) Waiver Programs

- States may consider a dual approach to incorporating falls management into existing incident management systems by:
 - **Explicitly including falls in their Appendix G-1-b reportable incident definitions**, to enable the state to leverage its oversight of Medicaid programs to ensure proper tracking and resolution of individual incidents of falls. This may include segmenting tracking of falls from broader categories of physical injury due to ANE or accidents.
 - **Leveraging training and existing supports (e.g., home modifications) as part of participant education and person-centered planning**, in order to unlock tools available to the state to prevent occurrence and recurrence of falls.
- States have an opportunity to reflect more broadly on improvements they may make throughout their incident management systems.

Falls and the Elements of Incident Management

Key Elements of Incident Management



- The overall goal of the incident management system is to facilitate systemic interventions to address and prevent critical incidents.
- States can incorporate falls prevention at each of the six key elements of managing individual incidents, as well as in the broader strategy for intervention and prevention.

Identifying and Reporting Falls

- A necessary first step for managing falls through an incident management system is defining “falls” as critical incidents to be reported.
 - **Most waivers do not require reporting falls through the incident management system.**
- States may require that all falls which involve a waiver participant be reported to the state or may require a subset of falls be reported to the state.
 - For example, a state may elect to define a fall as a critical and/or reportable incident for 1915(c) waivers which serve older adults, but not for 1915(c) waivers that serve only children.
 - Or – similar to many states’ processes for managing medication errors – a state may require that all falls be reported to the provider agency and primary care provider for follow-up, but that only falls which result in serious injury be reported to the state.

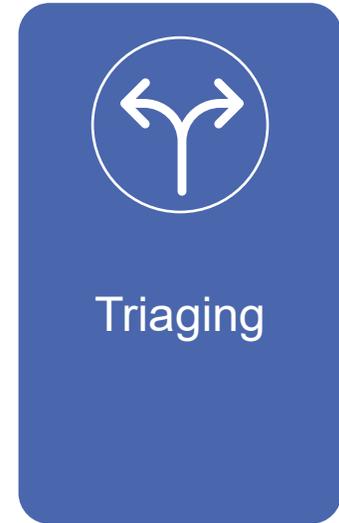


Identifying and Reporting Falls (cont.)

- Currently, states requiring reporting of falls typically do not clearly designate which types of falls must be reported and/or investigated.
 - For example, one state specifies that “accidental, purposeful, [and] medical” falls must be reported while most other states simply list “falls” among other incident types.
 - Another waiver details that reportable falls include both “when the person is (1) found down on the floor (un-witnessed event) or (2) comes to rest on the floor unintentionally, whether or not the person is being assisted at the time.”
- One exception is a state that specifies reporting of “a fall resulting in injury requiring more than first aid.” Notably, this waiver separately defines an incident type of “any injury to a participant that requires medical intervention beyond basic first aid.”
 - While other states may not define falls explicitly as a reportable incident, they may similarly require reporting of serious injuries or hospitalizations. In these cases, states may benefit from further segmenting these incident types to carve out falls so that fall-specific follow-up can be implemented and tracked.

Triaging Falls

- In determining which fall incidents must be reported to the state, and in triaging which fall incidents the state will investigate and remediate, states should consider how their processes for reporting falls and triaging those incident reports may tie to their prevention strategies.
- As the Agency for Healthcare Research and Quality (AHRQ) states, **“past history of a fall is the single best predictor of future falls.”**⁷
- Therefore, while a state may limit which falls it requires to be reported to the state or investigated by the state, it is critical to ensure proper documentation and follow-up of any fall to help prevent possible recurrence of a second fall.



⁷ Agency for Healthcare Research and Quality. (2017). The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities. Accessed from <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallspx/man2.html#:>.

Investigating and Resolving Falls

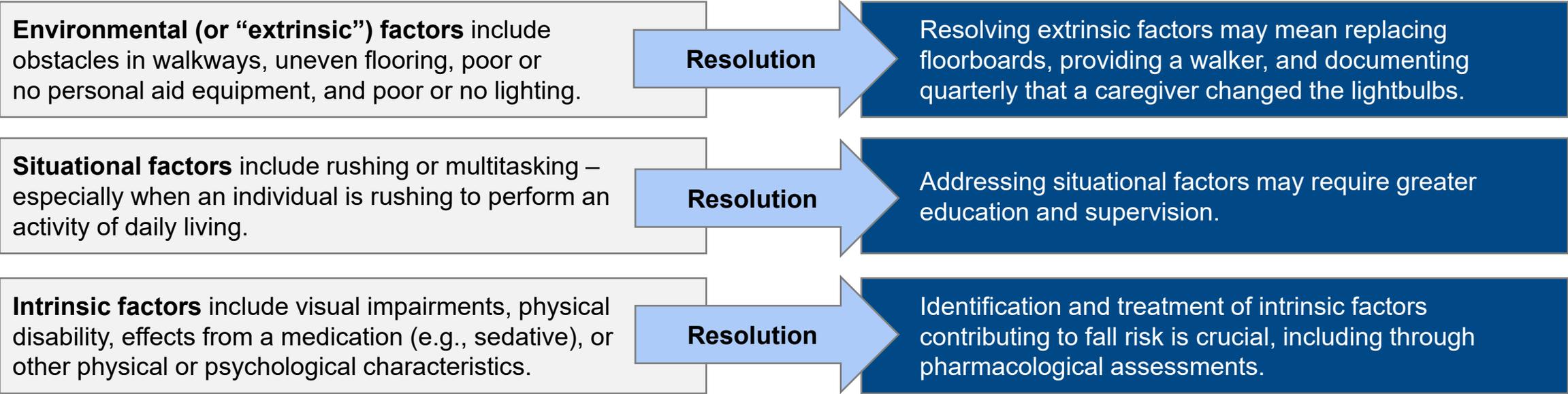
- Immediate follow-up for falls, like for other types of critical incidents, likely requires evaluation and remediation.
- Falls typically occur due to a set of environmental, situational, and intrinsic factors which created conditions for a fall.
 - Investigating a fall requires evaluating those circumstances rather than an individual.
 - Further, long-term resolution may require very near-term interventions, with some recommendations encouraging an intervention within 24 hours (e.g., pain management, increased staff supervision and assistance, safe footwear).⁸



⁸ Agency for Healthcare Research and Quality. (2017). The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities. Accessed from [https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallsp/px/man2.html#:.](https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallsp/px/man2.html#:)

Investigating and Resolving Falls (cont.)

- In the context of falls, an investigation should determine **which** factors may have contributed to a fall and remedy them appropriately. One study summarizes those factors, broadly, as extrinsic, situational, and intrinsic factors.⁹



⁹ Vaishya, R and Vaish, A. (2020). Falls in Older Adults are Serious. Access from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7093636/>

Tracking and Trending Falls

- Documenting factors that lead to falls, steps taken to resolve adverse events and prevent further harm, and outcomes and resolutions from accidents can help states better understand risk.
 - **Who** is at risk of falling? Data can help determine which programs or populations may require the greatest investment.
 - **When and where** is a participant at risk of falling? For example, data may inform the need for updated procedures during transitions from facilities or for more supervision after lunchtime at an adult day center. This may also require evaluating specific facilities when placing participants who are especially at-risk for falls, as well as considering how to incentivize better protections for participant health and welfare (e.g., licensure standards, pay-for-performance).
 - **Why and how** is a participant at risk of falling? Data can support evidence-based interventions to prevent even initial falls.



Preventing Falls through Person-Centered Service Planning in the 1915(c) Waiver

Existing Federal Falls Prevention Programs

The United States Government Accountability Office (GAO) summarized nine federal programs “designed to help prevent falls or improve accessibility for older adults or adults with disabilities.”¹⁰ These programs are implemented by ACL, CDC, the Department of Housing and Urban Development (HUD), and the Department of Veterans’ Affairs (VA).

Agency	Program Name
ACL	Prevention and Public Health Fund (PPHF) Evidence-Based Falls Prevention
ACL	Older Americans Act Title III-D Preventive Health Services
CDC	MyMobility Plan
CDC	Stopping Elderly Accidents, Deaths, and Injuries (STEADI)
HUD	Older Adults Home Modification Program (OAHMP)
HUD	Veterans Housing Rehabilitation and Modification Pilot Program
VA	Home Improvement and Structural Alterations (HISA)
VA	Specially Adapted Housing Program
VA	Veteran Readiness & Employment (VR&E) Housing Adaptation Grant

¹⁰ United States Government Accountability Office. (2022). Federal Programs Provide Support for Preventing Falls, but Program Reach Is Limited. Accessed from <https://www.gao.gov/assets/gao-22-105276.pdf>

Main Interventions in Falls Prevention Programs

The programs discussed in the GAO report employ three main types of interventions: evidence-based falls prevention (EBFP), home assessments, and home modifications. Each of these methods are available through existing State Plan or 1915(c) waiver authority.

EBFP

EBFP includes a range of planning tools, trainings, clinical interventions (e.g., occupational therapist, nurse), and other elements which have been demonstrated to reduce the likelihood of falls.

Home Assessments

Home assessments involve reviewing the home (either by a professional assessor, care manager, or by the participant or their family) and other supports as appropriate to identify potential fall risks.

Home Modifications

Home modifications are structural modifications (e.g., installing a ramp or railing), nonstructural modifications (e.g., clearing hallways), and adaptive equipment (e.g., walker) in the home environment.

Implementing EBFP and Home Assessments through the 1915(c) Waiver Application

- The person-centered planning process and regular care management visits may incorporate EBFP and home assessments.
 - States may encourage care management teams to work with at-risk participants and their families on preventing or reducing the risk of falls, for example by providing training or conducting assessments of the home environment. General training for care managers on opportunities available through the State Plan – for example, medication therapy review – may also benefit participants’ health and welfare.
 - Importantly, states should ensure that other HCBS settings (e.g., day facilities, group homes) and Centers for Independent Living (CILs) are being assessed for risk of falls by participants as well, not just private residences.
- Technical guidance for 1915(c) waivers allows the provision of home modifications – or “**home accessibility adaptations**” – as a waiver service through Appendix C.

Implementing Home Modifications through the 1915(c) Waiver Application

- Home modifications, in the context of falls prevention programs, include all structural and nonstructural supports to help participants live and move more independently and more safely.
 - These modifications may be covered under **Home Accessibility Adaptations**, the 1915(c) waiver service most closely aligned with this type of intervention.
- States may also provide additional supports to address the needs of participants at risk of falling or recovering from a fall – for example, a walker to support mobility or a wearable device to request emergency assistance.
 - Other services such as **Vehicle Modifications, Specialized Medical Equipment and Supplies, Assistive Technology, and Personal Emergency Response System (PERS)** may enable provision of these supports to address environmental and intrinsic factors contributing to falls.

Implementing Home Modifications through the 1915(c) Waiver Application – Home and Vehicle Accessibility Adaptations



Home Accessibility Adaptations: *Those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. – 1915(c) Technical Guide v. 3.6 pg. 161*



Vehicle Modifications: *Adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. – 1915(c) Technical Guide v. 3.6 pg. 162*

Implementing Home Modifications through the 1915(c) Waiver Application – Equipment, Supplies, and Technology



Specialized Medical Equipment and Supplies: *Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions ... – 1915(c) Technical Guide v. 3.6 pg. 163*



Assistive Technology: *Assistive technology means an item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. – 1915(c) Technical Guide v. 3.6 pg. 164*



Personal Emergency Response System (PERS): *PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. – 1915(c) Technical Guide v. 3.6 pg. 165*

Summary

Summary

- Falls are a significant source of injury, death, and other adverse events for older adults and people with disabilities participating in 1915(c) waiver programs.
- Government and academic sources have found that while falls are dangerous, they are also largely preventable through a range of interventions.
- States may find significant opportunity in the coming months to consider improvements throughout their incident management systems and waiver programs.
- States may leverage their incident management processes to better track, resolve, and prevent falls from occurring and/or recurring. They may also leverage other elements of the State Plan and 1915(c) waiver application to help reduce the risk of falls for participants, for example through offering home accessibility adaptations.

Questions and Answers

For Further Information

For further information, contact:
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