

Hello and Welcome to the Kepro Critical Incident Training.

This video has been created to provide a general overview on how to submit a critical incident request in Atrezzo. The guidance presented in this training is meant to give providers a basic understanding and overview of the critical incident process, and the submission process in Atrezzo.



We will start with a general overview of the critical incident process.

## **Overview**

Kepro in collaboration with the Office of Behavioral Health (OBH) are streamlining the critical incident process for OBH contracted providers.

Effective April 12, 2021, all critical incidents must be entered through Kepro's Atrezzo platform and will have an "critical incident" questionnaire attached to the request.

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April 2022



There are two types of critical incidents; level 1 and level 2.

Examples of Level 1 Critical Incidents
Level 1 Incident Examples
Suicide, Homicide, or other causes of death
Clinical or medication error resulting in emergency medical care for client
Lost, missing client, or client that left the facility against medical advice (AMA) in a residential/CSU placement which would rise to the level of Silver Alert and/or who are under guardianship, in the Care and Custody of the Commissioner, and/or in violation of conditions of release/court order
Alleged abuse: physical/sexual, emotional abuse, neglect, and financial exploitation of client by a staff
Alleged serious crime (e.g., arson, assault, hostage) by client with extreme rise of harm to client, staff, or public
Other serious events (e.g., fire, flood, motor vehicle accident in company vehicle with clients that requires medical attention for staff and/or client(s))
Natural disaster, building becomes uninhabitable, incidents that require client evacuation from the building
Medical Outbreak
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Level I incidents include the following:

Alleged Abuse: Physical/sexual, emotional abuse, neglect and financial exploitation of client by omeone other than a provider staff. Suicide attempts that requires medical intervention Self-harm that requires medical intervention ost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI tesidential or CSU placement client) for greater than twenty-four (24) hours Aledication/Drug diversion	Illeged Abuse: Physical/sexual, emotional abuse, neglect and financial exploitation of client by omeone other than a provider staff. uicide attempts that requires medical intervention elf-harm that requires medical intervention ost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI esidential or CSU placement client) for greater than twenty-four (24) hours ledication/Drug diversion eglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in eprivation of food, water, medication, medical services, shelter, cooling, heating or other services ecessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure pres, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	evel 2 Incident Examples	
Suicide attempts that requires medical intervention Self-harm that requires medical intervention Lost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI Residential or CSU placement client) for greater than twenty-four (24) hours Medication/Drug diversion	uicide attempts that requires medical intervention elf-harm that requires medical intervention ost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI esidential or CSU placement client) for greater than twenty-four (24) hours ledication/Drug diversion eglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in eprivation of food, water, medication, medical services, shelter, cooling, heating or other services ecessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure pres, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	Alleged Abuse: Physical/sexual, emotional abuse, neglect and financial exploitation of client by someone other than a provider staff.	
Self-harm that requires medical intervention Lost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI Residential or CSU placement client) for greater than twenty-four (24) hours Medication/Drug diversion	elf-harm that requires medical intervention ost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI esidential or CSU placement client) for greater than twenty-four (24) hours ledication/Drug diversion eglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in eprivation of food, water, medication, medical services, shelter, cooling, heating or other services ecessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure pres, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	Suicide attempts that requires medical intervention	
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Medication/Drug diversion	Aedication/Drug diversion leglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in eprivation of food, water, medication, medical services, shelter, cooling, heating or other services ecessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure pres, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	ost of missing client or client that left the facility against medical advice (AMA) in a facility (PNMI. Residential or CSU placement client) for greater than twenty-four (24) hours	
	leglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in eprivation of food, water, medication, medical services, shelter, cooling, heating or other services ecessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure pres, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	Medication/Drug diversion	
Neglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure sores, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems		Neglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other service necessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Press sores, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	ss sure
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Level 2 incidents include the following:

Critical Incident Reports Matrix							
Critical Incident Reports Matrix							
Critical Incident Report (CIR) Type (only submit CIRs that fit into the below categories. If an incident does not fit into a category, a CIR should <b>not</b> be submitted	Critical Incident Report (CIR)	Mandated Adult Protective Services (APS) Report or Division of Licensing and Certification (DLC) Report					
	Report to OBH via Kepro	Report to Adult Protective Services (APS)					
Level I (MUST be reported within four (4) hours of the in 0027, Option 6 and then followed with the submitted Cl	cident becoming known to the agen R electronically within twenty-four (	cy staff by calling Kepro at 866-521- 24) hours via Kepro.					
Death of a client for any reason (suicide, homicide, attended, unattended, etc.)	X	DLC for PNMI Only					
Death of a client due to suspected abuse or neglect	Х	x					
Clinical or medication error resulting in emergency care for the client	x	x					
Lost or missing residential/CSU placement client (Silver Alert, client in the Care and Custody of the Commissioner, violation of conditions of release/court order)	PNMI and CSU Only						
Serious Crime (arson, assault, hostage) by client with extreme risk to harm to client, staff, or public.	x						
Other Serious Event (fire, flood, motor vehicle accident in company vehicle with client(s), natural disaster, building become uninhabitable, incidents that require client evacuation from the building, medical outbreak)	x	DLC for PNMI and SUD Residential Only					

The Office of Behavioral Health has provided a Critical Incident Report matrix to help providers identify when they may also need to make a report to Adult Protective Services and/or Division of Licensing and Certification.

A Critical incident report should only be submitted if they fit within one of the categories listed in this table or in the continued table on the following slide. If an incident does not fit into a category, it should not be submitted.

It is important to remember that all Level I CIR's MUST be reported within 4 hours of the incident becoming known to the agency staff by calling Kepro at 866-521-0027, Option 6 and then followed with the submitted CIR electronically within twenty-four hours via the Kepro Atrezzo system.

<b>Critical Incident Reports Matrix Continued</b>							
Critical Incident Reports Matrix Continued							
Critical Incident Report (CIR) Type (only submit CIRs that fit into the below categories. If an incident does not fit into a category, a CIR should <b>not</b> be submitted	Critical Incident Report (CIR)	Mandated Adult Protective Services (APS) Report or Division of Licensing and Certification (DLC) Report					
	Report to OBH via Kepro	Report to Adult Protective Services (APS)					
Level II (MUST submit written report into Kepro within	twenty-four (24) hours of the incider	nt becoming known to agency staff)					
Alleged physical/sexual abuse of client	x	Adult Protective Services & DLC if abuse by staff member					
Suicide attempts that requires medical intervention	Х						
Self-harm that required medical intervention	x						
Lost or missing residential/CSU placement client (for greater than twenty-four (24) hours)	PNMI and CSU Only						
Medication Diversion	x	44					
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A written report for all Level II CIRs must be submitted to Kepro's Atrezzo system within twenty-four hours of the incident becoming known to the agency staff.



Part Two – The Atrezzo clinical submission



To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

Atrezzo Logir	n <b>Xepro</b>	WELCOME LEASE LOGIN 11/4/2020 7 04:00 AM
Enter in your username and password	Please enter yo the Atrezzo Pro	LOGIN ur usemame and password to access xider Portal.
	LOGIN	oy have a Kepro account; you can IME: PASSWORD:
	Please enter your username and password to access the Atrezzo Provider Portal. If you don't already have a Kepro account, you can Register here .	Forgot Password?
	USERNAME: PASSWORD:	vright © 2011 Kolfontel   All Bights Reserved   Version 5.2.0.21849 (ATREZZO_LUKT_TEST)
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Once you click on the Atrezzo login button, you will be brought to the actual login page. Here you will enter in your username and password. If you have forgotten your password, click on the "forgot password" link. This will ask you to provide your username and the answer to your security question. Once you have answered your security question, you will be able to reset your own password.



Once you have successfully logged in to Atrezzo, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, of by clicking on the requests tab and selecting create new request.

Creating the Reques	st
Enter in the member's MaineCare ID in the Member is the member by entering in the member's last name at the member's last	ID box. If you don't have the member's MaineCare ID, you can search for and date of birth
NOME REQUESTS SEARCH MANAGEMENT MEMBER SEARCH Search for a member using the criteria Member 10: Member 10: (mm/dd/yyy) Search	Member ID: or Member Last Name: Member Birthdate: (mm/dd/yyyy) Search
History History Policy Policy Policy I Use   Rueened for Kepton   Curracit   Carping H & 2011 Mithaust   All Highes Recorved	41 (Hesone 5.2.0.21444),070(220),047_053) April 2022

Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth and click search.

If the consumer does not have MaineCare, you will be prompted to Create a Temporary member. This should be used for members who do not have a MaineCare ID.

	Creating the	Reque	est						
	Click on select once the member ap	opears in the m	ember searc	h screen.					
	_								
				MEN		SFARCH			
				101 - 10	IDEN	JEANCH			
	<b>Kepro</b>								
		Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
	HOME REQUESTS SEARCH	TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select
	Member ID Last Name	First Name Address	DOB Case Cour	nt Contract					
	TEMP00000000 Doe	Jane 10,	/01/1968 7	Maine DHHS Sele	ct				
	Privacy Policy/Terms of Use   Powered by Kepro	Contact   Copyright © 2011 KePor	tal   All Rights Reserved   Ver	rsion 5.2.0.21849 (ATREZZO_U	AT_TEST)				A. 9.
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Once the member appears in the member search screen, click on select to start the request

Creating	the Re	equest	- 				
Click on New Request at	the bottom of t	he Request scre	en		forus canad	Dialate Counted	
Submitted Requests Servicing/Attend	ing/PCP Requests			PINE		Total (work-in-progress) Requests Total Saved (not submitted) Total Submitted	57 19 38
Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers DO	REPORTS MY ACCOUNT	HELP
		New Request				10/01/1968 Primary Phone: 555-555-5555	
			Bengor, ME County: N/A	CON District Of	ITRACT DETAILS fice: N/A	Member Class Indicator: N/A	
		Results Sorted By: Submitted Reque	Case ID (descending) V Go ests Servicing/Attending/PCP Req	uests			
		Case ID (Reference II	D) Status	Request Info	Service Type	service Date(s) Providers	
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Click on New Request at the bottom of the Request screen



In the select request type box, choose outpatient. The select sub contract will default to Maine ASO. Click Create request to continue.

<b>Requesting Provid</b>	er Page	REQUES	TING PROVIDER
		Name Provider ID Provider Type	PINES HEALTH SERVICES 1922449834 78 - Facility-Agency-Organization NR Provide
Enter in your agency's fax number if not already i	indicated.	Address	1260 MAIN ST WADE ME 04786
		Phone	207-498-1164
DUTP Patient Detail	REQUESTING	Providers in receipt communication of s fax number entered	of Faxed determination letters: Official ervice authorization will be sent to the helow.
Requesting Provider Service Provider Attending Physician	Name p Provider ID 19 Provider Type 74	Fax *	555-555-5555 ×
Service Detail Procedures	Address 12 A	* den	otes required field
Diagnoses Clinical Information Attached Documents Questionnaires	Phone 20 Providers in receipt of Faxe communication of service a fax number entered below.	07-498-1164 d determination letters: Offici authorization will be sent to th	al se
	Fax * * denotes req	uired field	
	Previous	Next	
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Once you have clicked create request, you will be brought to the Requesting Provider page. If your agency's fax number is not already indicated, please enter in the fax number and click next.



Using the tabs on the left-hand side of your screen, click on the Service Detail page. The Service Provider and Attending Physician pages are not required.

Service D	etail Page		
Complete the Service T	ype and Request Type		
Service Type *	140 - Section 17 C	Community Support Servi	
Request Type	Critical Incident	•	
	Requesting Provider Requesting Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires	Service Type * Request Type FIPS Code	140 - Section 17 Community Support Serv. V Grant Funded Review V
		E	Previous Next

In the service type box, enter in the Section of MaineCare policy that you are submitting the critical incident request for. In this training we used Section 17 Community Support Services. Next, enter in your request type as Critical Incident and click next.

Procedure	s Page		PROCE	DURES d procedures to this request
Procedure Codes: 100-600 Critical Incident 100-700 Critical Incident	evel 1 evel 2			Find Show Preferred
OUTI	ATIENT SERVICES REQUEST			
<ul> <li>Patient Detail Requesting Provider</li> <li>Service Provider Attending Physician Service Detail</li> <li>Procedures Diagnoses Clinical Information Attached Documents</li> <li>Questionnaires</li> </ul>	PROCEDURES Use the search below to add procedures to this rec Find * denotes required field	quest Show Preferred	Procedure Search Code Type Code Starts with Description Smart Search	CPT
	Previous Next		Procedure Search	
			Code Starts with Description Smart Search	100-600
Керго			Code Description 100-600 Critical Inciden	Action Int Level 1 Select

On the procedures page, enter in the service code by clicking find, then enter in the procedure code or enter the description and click find. The critical incident level 1 code is 100-600 and the level 2 code is 100-700. When the procedure appears, click on select under action. This will add the code to your request.

<b>Procedures</b> Enter in the start and end dat	Page e one (1) in the Qty box.	
	OUT	PATIENT SERVICES REQUEST
100-600         Critical Incide           Date: *         11/09/2020           Qty: *         1         -Frequent	ent Level 1   ✔ [remov to 11/09/2020 cy- ✔ Rate:	PROCEDURES Use the search below to add procedures to this request  100-600 - Critical Incident Level 1  (remove) Date: * 11/9/2020  Critical Incident Level 1  (remove) Date: * 11/9/2020 (remove) Date: * 11/9/
	Clinical Information Attached Documents Questionnaires	Find Show Preferred * denotes required field Previous Next
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Once the code has been added, indicate the start and end date as the day you are submitting the request. In the quantity box, indicate the number 1 unit . Click Next.

Diagnosis Page Enter in the primary diagnosis code and any subsequent diagnoses.		DIAGNOSES Find Show Preferred	
τυο	PATIENT SERVICES REQUEST	Diagnosis Search	×
<ul> <li>Patient Detail Requesting Provider</li> <li>Service Provider Attending Physician</li> <li>Service Detail</li> <li>Procedures</li> <li>Diagnoses</li> </ul>	DIAGNOSES Use the search below in order to add diagnoses to this request Find Show Preferred	Code Type Code Starts with Description Smart Search	ICD10 V
Clinical Information Attached Documents Questionnaires	Previous Next	Diagnosis Search Code Type Code Starts with Description	ICD10 V
epro		Smart Search           Code         Description           F20.0         PARANOID SCHIZOP	HRENIA Select

On the Diagnosis page, enter in the member's diagnosis by clicking find, enter in the diagnosis code or a description and click search. When the diagnosis code appears, click select under action to add the code to the request. Repeat the same steps for each diagnoses. Click next.



Using the tabs on the left-hand side of your screen, click on the Questionnaire page. The Clinical Information page is not required. All clinical information will be captured through questionnaires.

Que	estionnaire Pa	age		
A Critical <u>https://n</u>	Incident Questionnaire will be a ne.kepro.com/providers/atrezzo	added. To view the most <u>-questionnaires/</u>	recent Critical Incident Repor	rt questionnaire, visit
	C.	JUTPATIENT SERVICI	S KEQUESI	
	<ul> <li>Patient Detail</li> <li>Requesting Provider</li> <li>Service Provider</li> <li>Attending Physician</li> <li>Service Detail</li> <li>Procedures</li> <li>Diagnoses</li> <li>Clinical Information</li> <li>Attached Documents</li> <li>Questionnaires</li> </ul>	Questionnaire Name Critical Incident Report	QUESTIONNAIRES Status Not Completed	
			Previous	
Kepro				

At the time of submission, complete the Critical Incident questionnaire. This is where we will capture the information about the incident. Please note that as you answer questions, additional questions may appear if more information is required. To view the most recent Critical Incident Report questionnaire, visit our website at the link provided above.

Check the precertification	OUTPATIENT SERVICES REQUEST		
acknowledgement and click submit	Patient Detail Requesting Provider Service Provider Attending Physician	REQUESTING PROVIDER Name PINES HEALTH SERVICES Provider ID 1922449834 Provider IVPer 78 - Facility Agency-Organizat	tion NR Provide
5	Save Save for later Cancel Reques	tSubmit	
	Save Save for later Cancel Reques	t Submit	
	Save Save for later Cancel Reques	T Submit Previous Next	l does not iden
	Save Save for later Cancel Reques	t Submit  Previous Next  ryment. I understand that precettification only identifies medical necessity and ave for later / Cancel Request Submit	1 does no

When the questionnaire has been completed, click on the save changes button and then click on Return to Request. At this point you can click the precertification acknowledgement and submit your request.



Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this request your critical incident request.

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.

After your critical incident is submitted in Atrezzo, Kepro will report to OBH all Level 1 incidents within 4 hours and level 2 incidents within 24 hours. OBH will review the critical incident and follow-up with the provider within five (5) business day of receipt.



Thank you for joining the Kepro Critical Incident Training. If you have further questions or need assistance, please call use at 866-521-0027. For technical assistance please press Option 3 to reach a member of our Provider Relations Team. You can also reach them via email at ProviderRelationsME@Kepro.com. Our hours of operation are Monday thru Friday 8am to 6pm