

ISSUE DATE XXXXX	EFFECTIVE DATE XXXXXX	NUMBER 6000-22-XX
SUBJECT Incident Management for Individuals in a Non-State Operated Intermediate Care Facility		BY Kristin Ahrens, Deputy Secretary for Developmental Programs

SCOPE:

Individuals and Families
Non-State Operated Intermediate Care Facilities (ICFs), including Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID) and Intermediate Care Facilities for Persons with Other Related Conditions (ICF/ORC)
Supports Coordination Organizations (SCOs)
County Intellectual Disability (ID) Programs

PURPOSE:

The purpose of this bulletin is to specify the operating procedures and directions for the incident management process for Non-State Operated ICFs as well as SCOs and County ID Programs serving individuals residing in a Non-State Operated ICF. The incident management process is a subset of a larger risk management process and an essential component of a comprehensive quality management process.

The incident management processes in this bulletin include uniform practices for:

- Building organizational policies and structures to support incident management.
- Taking timely and appropriate action in response to incidents.
- Reporting of incidents.
- Investigation of incidents.
- Taking corrective action in response to incidents that both mitigate risk(s) and decrease the chance of a future occurrence of a similar incident.
- Implementing quality management, risk management, and incident management processes for the analysis and interpretation of individual and aggregate incident data.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate ODP Regional Office or to ODP's Incident Management Unit at RA-impolicy@pa.gov.

Visit the Office of Developmental Programs Web site at
<http://www.dhs.state.pa.us/dhsorganization/officeofdevelopmentalprograms/index.htm>

BACKGROUND:

The primary goal of the Office of Developmental Programs' (ODP) incident management system is to ensure that when an incident occurs or is suspected or alleged to have occurred, the response to the incident protects and promotes the health, safety, and rights of the individual.

In accordance with ODP's guiding principles, *Everyday Lives, Values in Action*, individuals and their families identified areas of importance to increase the overall quality of their lives. The guiding principles include self-direction, choice and control along with promoting health, wellness, and safety. When all stakeholders report incidents, investigate incidents, and take actions based on these reports to prevent recurrence of a similar incident, the guiding principles can be put into practice.

DISCUSSION:

Individuals who receive services from a provider have the right to be treated with dignity and respect and to receive high quality services in safe environments. High quality services include services where written, oral and other forms of communication with the individual and persons designated by the individual occur in a language and through a means of communication understood by the individual and any persons designated by the individual.

This bulletin provides instruction on implementing an incident management system that:

- Reflects person-centered practices;
- Begins with recognition, reporting and response;
- Promotes prevention of incident recurrence; and
- Emphasizes agency-wide analysis of incidents to implement processes that promote system-wide changes for quality improvement.

Any person, including the victim, who reports an incident or cooperates with an investigation should be free from intimidation and discriminatory, retaliatory, or disciplinary actions. Individuals who report an incident or cooperate with an investigation have rights under the Whistleblower Law (43 P.S. §§ 1421–1428) and the Older Adults Protective Services Act (35 P.S. §§ 10225.101–10225.5102).

GUIDELINE:

The guideline is contained in Annex A to this Bulletin.

EFFECTIVE DATE:

This statement of policy is effective immediately upon publication in the *Pennsylvania Bulletin*.

OBSOLETE BULLETIN:

6000-04-01, *Incident Management*

CONTACT PERSON:

The appropriate ODP Regional Office or ODP's Incident Management Unit at RA-impolicy@pa.gov.

DRAFT

ANNEX A

TITLE 55. HUMAN SERVICES

PART VIII. INTELLECTUAL DISABILITY AND AUTISM MANUAL

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CHAPTER 6000. STATEMENTS OF POLICY

Subchapter Q. (Reserved)

§§ 6000.901--6000.985. (Reserved).

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GENERAL PROVISIONS

6000.1101. Scope.

- (a) Individuals who receive services in a Non-State Operated Intermediate Care Facility and their families
- (b) Operators of Non-State Operated Intermediate Care Facilities, including Intermediate Care Facilities for Individuals with an Intellectual Disability and Intermediate Care Facilities for Persons with Other Related Conditions
- (c) Supports Coordination Organizations (SCOs) serving individuals residing in a Non-State Operated Intermediate Care Facility
- (d) County Intellectual Disability Programs serving individuals residing in a Non-State Operated Intermediate Care Facility

6000.1102. Purpose.

The purpose of this subchapter is to specify the operating procedures and directions for the incident management process for Non-State Operated Intermediate Care Facilities as well as Supports Coordination Organizations and County Intellectual Disability Programs serving individuals residing in a Non-State Operated Intermediate Care Facility. The incident management process is a subset of a larger risk management process and an essential component of a comprehensive quality management process.

6000.1103 Definitions.

Administrative Review—The final step of the investigation process that includes reviewing the competency and quality of an investigation for speed, objectivity, and thoroughness; weighing the evidence and making an investigation determination; determining preventative and additional corrective action plans; and completing the Administrative Review section of the Certified Investigator Report.

Corrective Actions—Action implemented to increase protections to individuals from similar future incidents. Corrective action can be implemented for a single individual or related to an organizational change to prevent similar incidents to all individuals.

Critical Incident—A type of incident that has been determined to be a sufficiently serious indicator of risk that it requires an investigation by a Department Certified Investigator.

Department of Health (DOH)—The entity responsible to monitor, survey, certify, and recommend licensure status for providers.

Incident—An event with potential to adversely impact an individual's health, safety, or rights.

Incident Management—The response to an event, intended to ensure the adequate, appropriate, and effective protection and promotion of the health, safety, and rights of the individual.

Individual—A person registered with a County Intellectual Disability (ID) Program, residing in and receiving services from a certified and licensed ICF.

Individual Incident Report—A type of incident report entered in the electronic incident management system that exists to manage specific incident categories for one individual.

Individual Support Plan (ISP)—The individual program plan as defined by 42 CFR § 483.440(c).

Initial Management Review—A review to determine if appropriate actions to protect the individual's health, safety, and rights have occurred, which is conducted by County ID Program staff within 24 hours of the submission of the first section of the incident report.

Investigation—The process of identifying, collecting, and assessing evidence from a reportable incident in a systematic manner by a person certified by the Department's approved Certified Investigator Training Program.

Investigation Determination—A finding of confirmed, not confirmed, or inconclusive made during the administrative review stage of an investigation.

Management Review—A review of the entire incident report in the Department's information management system, that results in a status of approved or not approved.

Oversight Entity—An entity with the responsibility and authority to monitor the functions of another entity as they relate to incident management and the health and welfare of individuals. Oversight entities include, but are not limited to: ODP, SCOs, County ID Programs and entities that have the authority to certify or license providers.

Risk Mitigation—An approach to minimize the severity of risk and to reduce the likelihood of occurrence or recurrence of an adverse event.

Service—An activity, assistance, or product provided to an individual that is paid through a program administered by ODP.

Site Incident Report—A type of incident report in the electronic incident management system that is created when a service location or property is affected by incidents such as emergency closure, vandalism, or fire.

Support (unpaid caregiver)—An unpaid activity or assistance provided to an individual that is not planned or arranged by a provider.

Supports Coordination Organization (SCO)—An entity that delivers Supports Coordination services under Targeted Support Management (TSM) or base-funded Supports Coordination.

Target—The person or entity who is alleged to have caused the incident to occur.

Victim—The individual to whom the incident occurred or is alleged to have occurred.

Victim's Assistance Programs—Resources available to victims of a crime to assist them medically, physically, emotionally, financially, and legally. There are two main types of victim's assistance programs: system and community-based organizations.

ADMINISTRATIVE STRUCTURE, POLICY AND PROCEDURES, AND TRAINING

6000.1105. Administrative structure.

(a) Providers, SCOs, and County ID Programs should create an administrative structure that allows for the implementation of the requirements in this bulletin.

(b) If a provider, SCO, or County ID Program delegates or purchases any function(s) of the incident management process, there must be a method to monitor the delegated or purchased function(s). The monitoring must be sufficient to determine that the entity completing the function(s) is compliant with ODP regulations, policies, and procedures as they relate to the delegated or purchased function(s).

(c) The monitoring of incident management functions should be completed on at least a quarterly basis and the results of the monitoring should be readily available in a written format.

(d) The provider, SCO, or County ID Program must retain all responsibility for the quality, compliance, and completion of all incident management functions, even if the function(s) are delegated or purchased via a contract or agreement.

6000.1106. Policy and procedures.

(a) Non-State Operated ICF providers must develop and implement written policies and procedures for incident management that:

- (1) Meet the requirements of all applicable laws, regulations, policies, and procedures related to incident management.

(2) Support the collaboration with appropriate stakeholders to:

(i) mitigate individual risk(s);

(ii) mitigate agency-wide risk(s);

(iii) promote health, safety, and rights for all individuals;

(iv) Implement incident management, risk management, and quality management activities.

(3) Require the security of investigation files and evidence to be maintained.

(4) Ensure that person(s) designated by the individual listed in the ISP are notified about incident management activities as indicated by the individual.

(i) The ISP should also contain information about what incidents and circumstances the person(s) designated by the individual should be notified. For example, if the individual only wants the person(s) designated for certain types of incidents.

(5) Require the release to the individual and the persons designated by the individual, guardian or substitute decision maker (SDM) upon request of the incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report.

(6) Assure implementation of appropriate preventative and additional corrective action for incidents.

(7) Require education of the individual, staff, and others based on the circumstances of incidents.

(8) Mandate that monthly incident data monitoring and three-month trend analysis of incident data be conducted.

(9) Require that individual and systemic changes based on quality and risk management analysis be identified and implemented.

(10) Explain how documents and complaints that are related to incident management or the investigation process should be received from the individual and persons designated by the individual and how complaints should be documented and managed.

(i) The policy must ensure that there is no retaliation or threat of intimidation relating to the filing of the complaint or during the investigation of a complaint.

(11) Require the evaluation of the quality of investigations through the Certified Investigator Peer Review (CIPR) process.

(12) Ensure that individuals, families and persons designated by the individual are offered education and information about incident management policies and procedures and that it is presented in a format that meets their communication needs.

6000.1107 Training.

(a) Non-State Operated ICF providers must ensure that staff participate in ongoing staff development and training. This includes, at a minimum, orientation and annual competency-based training on the following topics:

(1) How to recognize, respond to, report and prevent incidents.

(2) The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa. C.S. §§ 6301—6387) the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.

(3) Individual rights.

(4) The safe and appropriate use of behavior supports if the person works directly with an individual.

(5) The application of person-centered practices, community integration, individual choice, and assisting individuals to develop and maintain relationships.

(6) Job related knowledge, skills and implementation of the ISP with consideration for topics such as:

(i) Trauma informed care

(ii) Risk mitigation

THE ROLE OF COUNTY INTELLECTUAL DISABILITY PROGRAMS

6000.1110. Responsibility for oversight.

County ID Programs are responsible for the oversight of incidents for individuals registered with the county who reside in Non-State Operated ICFs.

6000.1111. Policies and procedures.

(a) County ID Programs that serve an individual(s) who resides in an ICF shall develop and implement written policies and procedures for incident management that:

- (1) Ensure that incidents are reviewed and approved in accordance with the time frames and requirements outlined in this bulletin.
- (2) Meet the requirements of all applicable laws, regulations, policies, and procedures related to incident management.
- (3) Support the collaboration with appropriate stakeholders to:
 - (i) mitigate individual risk(s);
 - (ii) mitigate agency-wide risk(s);
 - (iii) promote health, safety, and rights for all individuals; and
 - (iv) implement incident management, risk management, and quality management activities.
- (4) Require that the security of investigation files and evidence be maintained.
- (5) Require the evaluation of the quality of investigations through the CIPR process.
- (6) Ensure that individuals, families, guardians, advocates, and staff who have a direct role in incident management, are provided at least annually and more often if necessary, in a format that meets the communication needs of the audience, education, training and information about:
 - (i) incident management policies and procedures;
 - (ii) rights, roles, and responsibilities for health and welfare.
- (7) Ensure periodic trend analysis is completed by Non-State Operated ICFs to identify potential systemic issues related to health and welfare.
- (8) Ensure Non-State Operated ICFs and SCOs are provided with ODP's standardized and approved training curriculum on how to identify and report critical incidents and reasonable suspicions of abuse, neglect, and exploitation.
- (9) Ensure ongoing training and technical assistance as needed that relates to the needs of individuals served by the Non-State Operated ICF. This shall include coordination of training resources to be provided by entities other than the County ID Program when necessary.
- (10) Explain how documents and complaints that are related to incident management or the investigation process should be received from the individual and persons designated by the individual and how complaints should be documented and managed.

(l) The policy must ensure that there is no retaliation or threat of intimidation relating to the filing of the complaint or during the investigation of a complaint.

INCIDENT MANAGEMENT PROCESS ROLES

6000.1115. Roles and responsibilities.

(a) A person may have more than one role in the incident management process. Providers, SCOs, and County ID Programs are required to make sure that roles are assigned and managed so that the responsibilities associated with each role are conducted objectively.

(b) The nature of each individual incident will dictate what role(s) a person undertakes during the process. While roles can be fluid within the process, providers, SCOs, and County ID Programs must ensure that their administrative structure supports the ability to adhere to all applicable laws, regulations, and ODP policies and procedures.

(c) The roles listed below apply strictly to the incident management process and do not reflect any roles related to technology that may be assigned within the Department's information management system.

6000.1116. Initial reporter.

(a) An initial reporter is any person who witnesses or experiences the incident, is informed of an allegation of an incident, or is the first to discover or recognize the signs of an incident.

(b) Initial reporters may be individuals receiving services, family members, community members or service system staff.

(c) This is not a role that can be assigned.

(d) When the initial reporter is a provider's, SCO's, or County ID Program's staff person, contractor, consultant, volunteer, or intern, the initial reporter must take all the following steps:

- (1) Respond to the situation by taking immediate action to protect the individual's health, safety, and rights.
- (2) Notify the appropriate reporting entity's point person of the incident.
- (3) Document observations about the incident in a narrative report.
- (4) Comply with the applicable laws and regulations for incidents of alleged abuse, neglect, or exploitation.

6000.1117. Point person.

(a) The point person is a person that receives information from an initial reporter and is responsible to manage the incident from beginning to end. Every provider and SCO must have at least one point person but multiple people within an organization may have this role.

(b) The purpose of this role is to ensure that all incident management activities are completed for each incident. The point person is considered the point of direct contact about an incident and must be available to respond to questions or issues that arise related to an incident.

(c) The point person retains overall responsibility to ensure the activities listed below are completed as required by the provider's, SCO's, or County ID Program's policy and procedure. However, the point person may delegate any or all of the activities listed below.

(d) The specific point person assigned to an incident may change at any time. Changes in point persons must be reflected in the incident report in the Department's information management system.

(e) When an incident is reported, the point person must ensure:

(1) All actions needed to protect the health, safety, rights and well-being of the individual are taken following the initial knowledge or notice of the incident.

(2) Referral to victim's assistance services is offered and support to access services is provided when an individual expresses an interest in these services. See Appendix L.

(3) If the incident involves abuse, suspected abuse, or alleged abuse, target is separated from the victim.

(4) If the incident involves abuse, suspected abuse, or alleged abuse, the following are notified about the incident as appropriate:

(i) Adult Protective Services

(ii) Child Protective Services

(iii) Older Adult Protective Services

(iv) The individual and persons designated by the individual, unless the person designated by the individual is the target

(v) The Department of Aging and the Department of Human Services

(vi) The county government office responsible for the intellectual disability program (County ID Program) if applicable

(vii) The Department of Health

(5) The individual is informed of his or her rights and options related to contacting law enforcement.

(6) The individual, family members or persons designated by the individual are provided with timely response to questions or concerns related to the incident.

(7) The following incident management activities are completed:

- (i) Submits initial incident report to the Department's information management system within 24 or 72 hours of discovery, depending on incident category.
- (ii) The incident report is finalized within 30 calendar days of discovery of the incident.
- (iii) If an extension is needed, the need for the extension, including the reason for the extension, is submitted to the Department's information management system.
- (iv) Follow up on all comments received from initial or final management reviews is completed in order to ensure incident closure.

(8) If the individual is deceased, information is sent to the County ID Program, when applicable, and the appropriate ODP regional office or uploaded to be included as part of the electronic incident report. The final section of the incident report is to be supplemented by a copy of the following:

- (i) Lifetime medical history
- (ii) Copy of the Death Certificate
- (iii) Autopsy report, as applicable
- (iv) Discharge summary from the final hospitalization, if the individual died while hospitalized
- (v) Results of the most recent physical examination
- (vi) Most recent health and medical assessments
- (vii) A copy of the entire investigation file completed by the provider or SCO

6000.1118. Incident management representative.

(a) The incident management (IM) representative is the person designated by a provider or SCO who has overall responsibility for incident management. Each provider and SCO must have an IM representative.

(b) As part of his or her job responsibilities, the IM representative must be a certified investigator (CI). This certification must be obtained within 12 months of assuming the role of IM representative.

(c) The IM representative may delegate the activities listed below within the organization or to another organization (via a contract, agreement, etc.) but must maintain overall responsibility to ensure completion as required per applicable laws, regulations, policies, and procedures.

(d) The IM representative must ensure:

- (1) The point person(s) has completed all required actions and activities.
- (2) Corrective actions are implemented and monitored.
- (3) All quality and risk management activities are completed which include, but are not limited to:
 - (i) Monitoring of incident data.
 - (ii) A trend analysis of incident data at least every three months.
- (4) Administrative reviews are conducted for all incidents that were investigated by a CI.
- (5) Investigation files are complete, securely maintained, and readily available for review by oversight entities.
- (6) The quality of investigations is reviewed using the standardized CIPR process and, as a result of the CIPR, the following occur if necessary:
 - (i) Feedback is provided to the CI that conducted the investigation.
 - (ii) Corrective actions are implemented.
 - (iii) CI retraining, suspension of CI duties, or removal of CI certification.
 - (iv) All staff, contractors, consultants, volunteers and interns are trained on all applicable regulations, laws, and internal incident management policies and procedures.
- (7) Individuals and families or persons designated by the individual are offered education, training, and information about incident management policies and procedures in a format that meets their communication needs.
- (8) Roles (point person, CI, etc.), are managed in the Department's information management system. This includes:
 - (i) Maintaining a list of active CIs including recertification dates.
 - (ii) Managing CI roles based on quality management activities and feedback from monitoring completed by oversight entities.
 - (iii) Ensuring the previous provider's staff and SCO staff's access to the Department's information management system has been removed when necessary.

(9) There is a timely response to complaints about a service that is related to the incident management or investigation processes. The response must be provided in the communication method preferred by the individual.

6000.1119. Certified investigator.

(a) A certified investigator (CI) is a person who has been trained and certified by the Department to conduct investigations. The CI must:

- (1) Conduct investigations using the process, standards of quality, and template(s) outlined in the most current ODP CI manual.
- (2) Create a CI report and enter the investigation information in the Department's information management system.
- (3) Ensure the complete original investigation file is given to the entity for whom the investigation is being conducted.
- (4) Participate in the CIPR process.

(b) A person's CI certification can be suspended or removed by the Department at any time for any reason.

6000.1120. Administrative review committee member.

(a) An administrative review committee member is a person designated by a provider, SCO, or County ID Program to participate in the administrative review process. An administrative review committee member must be familiar with the CI process.

(b) An administrative review committee member will:

- (1) Review the CI report, and if necessary, the investigatory file;
- (2) Evaluate the CI's adherence to the principles of speed, objectivity, and thoroughness;
- (3) Develop preventative and additional corrective actions; and
- (4) Conclude the investigation by making a determination of confirmed, not confirmed, or inconclusive.

6000.1121. County intellectual disability program incident reviewer.

An incident reviewer is a person who is responsible for completing all required management reviews of incidents.

6000.1122. County intellectual disability program incident manager.

- (a) An incident manager is the person with overall responsibility for incident management. As part of his or her job responsibilities, the County ID Program Incident Manager must be a CI. The CI certification must be obtained within 12 months of assuming the role of incident manager.
- (b) The County ID Program Incident Manager may delegate the activities listed below within the organization or to another organization (via a contract, agreement, etc.) but must maintain overall responsibility to ensure their completion as required by applicable laws, regulations, policies, or procedures.
- (c) The County ID Program Incident Manager must ensure:
- (1) Implementation of policies and procedures that support:
 - (i) The review of incident reports within 24 hours of submission in the Department's information management system.
 - (ii) The actions needed to approve or disapprove incident reports submitted by the provider or SCO occurring within 30 calendar days of submission by the provider or SCO.
 - (2) Investigations are conducted by the County ID Program as required in this bulletin.
 - (3) The individual, and persons designated by the individual, are informed of the investigation determination, unless otherwise indicated in the ISP.
 - (4) There is a timely response to complaints related to the incident management or investigation processes. The response must be provided in the communication method preferred by the individual.
 - (5) An administrative review is conducted for all incidents that required investigation by a CI.
 - (6) Investigation files are complete, securely maintained, and available for review by oversight entities.
 - (7) The quality of investigation conducted by the County ID Program (including those conducted via a contract, agreement, etc.) are reviewed using the standardized CIPR process, and as a result of the CIPR, the following occurs, if needed:
 - (i) Feedback is provided to the CI that conducted the investigation
 - (ii) Corrective actions are implemented.
 - (iii) CI retraining, suspension of CI duties, and/or removal of CI certification.
 - (8) The quality of Non-State Operated ICF and SCO conducted investigations.

(i) The County ID Program should consider completing the CIPR review process for the Non-State Operated ICF and SCO investigations. These CIPR reviews would be on an ad hoc basis as the County ID Program is not required to complete this activity on any scheduled frequency. ODP strongly encourages the County ID Program to use the CIPR process as part of a formal Corrective Action Plan (CAP) or for other quality improvement efforts directed towards Non-State Operated ICFs and SCOs.

(9) Periodic training is provided to County ID Program staff that have a direct role in incident management and to individuals and their families, guardians, and advocates, in a format that meets the communication needs of the audience, about:

(i) Their rights, roles, and responsibilities for protecting an individual's health and welfare.

(ii) All applicable incident management policies, procedures, regulations and laws.

(10) Ongoing training and technical assistance, as needed, is provided to Non-State Operated ICFs or SCOs that relates to the needs of individuals served. This includes coordination of training resources to be provided by entities other than the County ID Program.

(11) Collaboration with the individual and his or her ISP team, to develop and implement:

(i) Mitigation plans to address medical, behavioral, and socio-economic crisis situations in a timely manner.

(ii) Corrective actions.

(12) Direct management of individual incidents (including coordination with protective service entities) and crisis situations including the following:

(i) Locating resources and opportunities for mitigating the crisis through family or community;

(ii) If deemed appropriate by the Department, facilitate competency and guardianship appointments.

(13) All quality and risk management activities are completed related to incident management as outlined in this bulletin.

RESPONSE UPON DISCOVERY OR RECOGNITION OF AN INCIDENT

6000.1125 Response to incident.

(a) The provider and SCO must take immediate action to protect the health, safety, rights, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident.

(b) The actions may include, but are not limited to:

(1) Dialing 911.

(2) Quickly reducing or removing any imminent risk to the individual.

(3) Arranging for emergency or timely medical care.

(i) Medical care refers to assessment, examination or treatment by a qualified medical professional or basic first aid. This includes, but is not limited to:

(A) Offering medical assessment, examination or treatment more than once when an injury or illness may not be immediately recognizable at the time of incident.

(B) Offering and ensuring access to a medical professional, such as a Sexual Assault Nurse Examiner (SANE), that is trained to examine individuals and collect evidence for incidents of sexual abuse.

(4) The provider's or SCO's point person must ensure separation of the victim from the alleged target(s). This separation shall continue until the investigation is completed.

(i) When the alleged target is an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO, the target shall not be permitted to work directly with the victim or any other individual during the investigation process until the investigation determination is completed and corrective action(s) specific to the target are implemented.

(ii) When the alleged target is another individual receiving services and presents a reasonable expectation of on-going risk to the victim or other individuals, the provider must protect the health, safety and rights of the victim. Actions taken should be implemented using a victim centered approach, which includes a systematic focus on the needs and concerns of a victim to ensure compassionate and sensitive delivery of services.

(A) Examples of actions that may be taken include, but are not limited to, relocation of the target (or victim if requested), increased staffing, and risk mitigation/safety planning.

(iii) When the alleged target is not an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO (i.e. family member, unpaid caregiver, community member, etc.), the Non-State Operated ICF or SCO should work with the appropriate County ID Program and/or protective service entity and take all available action to separate the victim from the alleged target(s).

(5) Notifying the following about the incident as appropriate:

(i) Adult Protective Services

(ii) Child Protective Services

(iii) Older Adult Protective Services

(iv) The individual and persons designated by the individual, unless the person designated by the individual is the target.

(v) The Department of Aging and Department of Human Services

(vi) The county government office responsible for the intellectual disability program (County ID Program) if applicable.

(vii) The Department of Health

(6) Notifying the person(s) designated by the individual immediately upon recognizing or discovering an incident as stated within the ISP.

(7) Arranging for counseling by a qualified professional or a victim's assistance program.

(8) Notifying local law enforcement in accordance with protective service law requirements (23 Pa. C.S. § 6312, 35 P.S. §§ 10210.501(b), 10225.710(b)). Law enforcement notification must occur anytime there is reasonable cause to suspect:

(i) The individual is an alleged victim of sexual abuse.

(ii) The individual is considered a missing person whose health and safety may be compromised.

(iii) The individual is a victim of serious bodily injury.

(iv) The individual is deceased, and the circumstances of the death are suspicious.

(v) A crime has been committed.

(9) Informing the individual that he or she can request assistance from their local law enforcement.

(10) Assisting the individual to notify or access local law enforcement, when requested, regardless of the nature of the incident.

RESPONSIBILITY FOR REPORTING AND INVESTIGATING

6000.1130. Providers.

(a) The provider must take immediate action to protect the health, safety, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident.

(1) Providers must report within 24 or 72 hours all categories of incidents, alleged incidents, and suspected incidents, in the Department's information management system and complete an investigation when:

(i) Services are rendered by the provider;

(ii) When an incident involves a target, the alleged target is within the scope of the provider to investigate, which includes employees, staff, volunteers, contractors, consultants, interns, and other individuals receiving services from the provider.

(2) When multiple providers learn of an incident, the provider rendering services for the individual at the time the incident occurred must report the incident and begin any required investigation within 24 hours. If it cannot reasonably be determined which provider was rendering service at the time of the incident, all providers who are aware of the incident should report the incident and investigate the incident.

6000.1131. Individuals and families.

If an individual or family member observes or suspects any health or safety concerns (that may or may not be defined as an incident) or any inappropriate conduct related to a service or support the individual is receiving whether occurring in the ICF or out of the ICF, they should contact the provider and/or the individual's Supports Coordinator. The individual or family may also contact the ODP Customer Service Line at 1-888-565-9435. After a report is received from an individual or family, the procedures outlined in this bulletin must be implemented by the appropriate entities.

6000.1132. County intellectual disability program.

(a) In some circumstances, County ID Program staff may be notified of an incident and will need to determine the appropriate provider that will manage the incident.

(b) The County ID Program staff are required to:

(1) Conduct their own investigation if there is concern that there are circumstances that will compromise the Non-State Operated ICF's objectivity, or if an additional investigation would be valuable to protect the health, safety and rights of the individual.

(2) Conduct investigations for specific incident categories outlined in this document.

(3) Conduct an investigation if requested by ODP.

6000.1133. Supports coordination organizations.

When a supports coordination organization (SCO) is informed of an incident, the SCO will notify the provider of the incident and inform the provider of the need to follow the processes outlined in this bulletin.

IDENTIFYING AND REPORTING INCIDENTS

6000.1135. Identifying incidents.

(a) In addition to verbal reports, alleged and suspected incidents may be detected via a variety of methods. These include, but are not limited to:

- (1) Observation of physical, behavioral, or emotional indicators of abuse, neglect, or another incident type.
- (2) Trend analysis that reveals patterns of injury, illness, or other incidents that could be indicators of abuse, neglect, or another incident type.

6000.1136. Reporting guidelines.

(a) Specified incidents, alleged incidents, and suspected incidents are to be reported and documented in the Department's information management system. A provider, SCO, or County ID Program shall not conduct an "informal review" of an event that may be classified as an incident in lieu of the incident being reported in the Department's information management system.

(b) When reporting incidents in the Department's information management system, these guidelines must be followed:

- (1) All individual incidents are reported under the name of the alleged victim.
- (2) If the alleged target(s) is an employee of a provider or another individual receiving services, a standard identifier must be used for the alleged target(s) of an incident report. The format for the standard identifier is:
 - (i) The *first and second* initials of the *first* name of the target,
 - (ii) The *first and second* initials of the *last* name of the target, and
 - (iii) The *last* four digits of the target's social security number.
 - (iv) All initials must be capitalized and there can be no spaces, dashes, or other characters between the initials and the number (for example, AOBR1234).
- (3) If the alleged target is not an employee of a provider or another individual receiving services, the alleged target's full name should be used, if known.

(4) The Department's information management system has two sections available to document an incident, each with different timelines based on the incident's primary category classification.

(i) The initial report, which is the first section, must be reported and submitted in the Department's information management system within 24 or 72 hours of discovery or recognition of the incident, alleged incident, or suspected incident.

(ii) Incidents reported within 24 hours require a final incident report, which is the second section, that must be finalized through the Department's information management system within 30 days of the discovery of the incident, unless the entity entering the incident report notifies ODP in writing that an extension is necessary that includes the reason for the extension.

(5) When multiple individuals are involved in an incident with a primary category listed below, the incident can be reported using a site report:

(i) Emergency site closure.

(ii) Fire

(iii) Law enforcement activity.

INCIDENTS TO BE REPORTED WITHIN 24 HOURS

6000.1140. List of incidents to be reported within 24 hours.

(a) All incident categories (with the exception of medication errors and physical restraints) shall be reported in the Department's information management system within 24 hours. Incidents include suspicions, allegations, and actual occurrences of harm. Incidents must be reported regardless of the actual or perceived harm to the individual.

(1) *Abuse*. Abuse is a deliberate or careless act by a person, including another individual receiving services, which may result in mental or physical harm.

(i) *Misapplication/Unauthorized Use of Restraint (injury)*. The use of a restraint that does not follow regulatory requirements or ODP policy, the misapplication of an approved restraint technique, or the use of a restraint that results in an injury requiring treatment beyond first aid. Examples include, but are not limited to, all of which are prohibited:

(A) Prone position physical restraints

(B) Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor

(C) Any physical restraint that is used more than 30 cumulative minutes within a two-hour period

(D) Chemical restraints

(E) Mechanical restraints

(ii) *Misapplication/Unauthorized Use of Restraint (no injury)*. The use of a restraint that does not follow regulatory requirements or ODP policy or the misapplication of an approved restraint technique. Examples include, but are not limited to, the following which are prohibited:

(A) Prone position physical restraints

(B) Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor

(C) Any physical restraint that is used more than 30 cumulative minutes within a two-hour period.

(D) Chemical restraints

(E) Mechanical restraints

(iii) *Physical*. An act which causes or may cause physical injury to an individual, such as striking or hitting. Physical injuries may or may not be present with physical abuse. Allegations of physical acts without obvious signs of injury must be reported. Monitoring or body checks may be necessary to look for signs of injury after initial discovery of the incident. In addition, injuries attributed to a staff person or another individual receiving services that required treatment beyond first aid or an inpatient admission to a hospital are to be reported as abuse.

If the incident involved an injury, common examples of situations that may be present with physical abuse include, but are not limited to:

(A) A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, fingermark, etc.

(B) Unexplained serious injuries or multiple bruises, cuts, abrasions.

(C) A spiral fracture.

(D) Dislocated joints.

(E) Bilateral Bruising, which is bruising on both sides of the body (e.g. the top of both shoulders, both sides of the face or inside of both thighs).

(F) Bruising to an area of the body which does not typically or easily bruise (e.g. midline stomach, breasts, genitals, inner thighs or middle of the back).

(G) Injuries that are not consistent with what is reported to have happened.

(H) Injuries explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access.

(iv) *Psychological*. An act which causes or may cause mental or emotional anguish by threat, intimidation, humiliation, isolation, or other verbal or nonverbal conduct to diminish another. Examples include, but are not limited to:

(A) Bullying, rejecting, degrading, and terrorizing acts.

(B) Disregard for privacy during personal care.

(C) Paid caregiver ignoring an individual, including but not limited to:

(I) Active ignoring (that is not part of an approved plan) such as ignoring a call or request for help/assistance

(II) Passive acts, such as non-essential use of a cellphone (or other electronic device), watching TV, etc.

(D) Threats of isolation.

(E) Yelling, name-calling, blaming, and shaming.

(F) Mimicking or mocking an individual's voice, speech, behaviors, etc.

(G) Statements that are intended to humiliate or infantilize, including insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior.

(H) The act of taking, transmitting, or displaying an electronic image (in any medium including social media, personal computers, cell phones etc.) of an individual that is intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the individual.

(I) When an individual witnesses an incident for which they were not the intended victim, but it causes or has caused mental or emotional anguish.

(v) *Seclusion*. The involuntary confinement of an individual in an area from which the individual is prevented from leaving. This includes verbal instruction or any explicit or implicit intimidation that indicates to an individual that they may not leave a room, regardless of whether the individual has the ability to physically remove himself or herself from the situation.

Examples include, but are not limited to, the following prohibited acts:

(A) Placing an individual in a locked room. A locked room includes a room with any type of engaged locking device such as a key lock, spring lock, bolt lock, foot pressure lock, device or object, or a person physically holding the door shut.

(B) Placing an individual in a room from which they are unable to exit independently due to the general accessibility of the room (i.e. wheelchair ramps, transitions, etc.), features of the door hardware (i.e. handles that do not meet the accessibility needs of the individual), or any other obstacle that prevents an individual from exiting.

(2) *Behavioral Health Crisis Event*. An event or situation that exceeds the individual's current resources and coping mechanisms that causes the individual to experience extreme disorganization of thought, hopelessness, sadness, confusion, panic, or other emotional distress. The event includes action(s) by an individual that pose a danger to themselves or others and are unable to be mitigated without the assistance of law enforcement, mental health, or medical services.

(i) *Community-Based Crisis Response*. An event in which law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment or treatment.

(ii) *Facility-Based Crisis Response*. An event in which law enforcement or emergency services respond to and an individual is transported to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in admission.

(iii) *Immediate Arrest and Incarceration Crisis Response*. An event in which law enforcement responds to a behavioral health crisis event and arrests, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.

(iv) *Psychiatric Hospitalization (involuntary)*. An involuntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.

(v) *Psychiatric Hospitalization (voluntary)*. A voluntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital, for evaluation and/or treatment.

(3) *Death*. All deaths are reportable. Deaths attributed to or suspected to have been the result of abuse or neglect require additional reporting in the appropriate corresponding category. In addition, any critical incidents that are discovered during an investigation into a death require additional reporting in the appropriate corresponding category.

(i) *Natural Causes – Services Provided.* Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a do not resuscitate (DNR) order is in place.

(ii) *Unexpected – Services Provided.* An unexpected death is primarily attributed to an external unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected.

(4) *Exploitation.* An act or course of conduct by a person against an individual or an individual's resources without informed consent or with consent obtained through misrepresentation, coercion, or threats of force which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss.

(i) *Failure to Obtain Informed Consent.* An intentional act or course of conduct by a person which results in the misuse of an individual's consent or failure to obtain consent. Examples include, but are not limited to, signing on behalf of or coercing/deceiving an individual into:

(A) Applying for credit cards

(B) Signing contracts

(C) Signing loan documents, wills and other items that relate to the personal property, money, or identity of an individual.

(ii) *Material Resources.* The illegal or improper act or process of a person using the material resources or possessions of an individual for his or her own personal benefit or gain. This includes, but is not limited to:

(A) Misusing or stealing an individual's possessions

(B) Soliciting gifts

(C) Coercing an individual to spend his or her funds for things he or she may not want or need, things for use by others or for the benefit of the household.

(iii) *Medical Responsibilities/Resources.* An act or course of conduct of a person that results in an individual paying for medical care or items that are normally covered by insurance or other means. This includes, but is not limited to:

(A) Requiring an individual to pay for a medical appointment, procedure, or equipment due to failure of the ISP team to provide support or resources to find a medical provider that accepts the individual's insurance or whose services are covered by other means.

(B) Requiring an individual to pay for an appointment, procedure, or equipment when there is a failure on the part of the service provider to support an individual to attend or schedule medical appointments or to maintain medical equipment.

(iv) *Missing/Theft of Medications*. Missing medications without explanation or theft of medications.

(v) *Misuse/Theft of Funds*. The illegal or improper act or process of a person using the funds of an individual for his or her own personal benefit or gain. This includes misuse or mismanagement by a representative payee or other responsible party, theft of money, Supplemental Nutrition Assistance Program (SNAP) benefits, or soliciting monetary gifts from an individual.

(vi) *Room and Board*. Requiring an individual to pay for items that are covered as part of the interim per diem rate as defined by 55 Pa. Code Chapter 6210.74 (relating to services included in the interim per diem rate).

(vii) *Unpaid Labor*. The illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.

(5) *Fire*. A situation that requires fire personnel or other safety personnel to extinguish a fire, clear smoke from the premises, etc. While not required, it is strongly recommended that situations in which staff extinguishes small fires without the involvement of fire personnel be reported.

(i) *Fire with Property Damage*. The fire causes property damage that may or may not make the premises uninhabitable.

(ii) *Fire without Property Damage*. The fire does not cause property damage and may or may not result in the premises being uninhabitable.

(6) *Law Enforcement Activity*. Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.

(i) *Individual Charged with a Crime/Under Police Investigation*. When an individual is formally charged with a crime by the police or when an individual is informed he or she is suspected of committing a crime, and charges may be forthcoming. All charges or suspected charges related to a Behavioral Health Crisis Event should be reported as such and not as a law enforcement activity.

(ii) *Licensed Service Location Crime*. A crime such as vandalism, break-ins, threats, or actual occurrences of acts that may result in harm, etc. that occur at the provider's service location.

(7) *Missing Individual*. An individual is considered missing when they are out of contact for more than 24 hours without prior arrangement or the individual is in immediate jeopardy when missing for any period. Based on an individual's history, safety skills, and familiarity with the area, a person may be considered in jeopardy before 24 hours elapse. In addition, when police are contacted about a missing individual or the police independently find and return an individual, this is a reportable incident regardless of the amount of time an individual has been missing.

(i) *In Jeopardy*. The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to the individual or others.

(8) *Neglect*. The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, regulation, policy, or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

(i) *Failure to Provide Medication Management*. An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration. Incidents of this nature include when harm occurs to the individual, the medication error occurs over more than one consecutive administration or an individual receives medication intended for another individual.

Incidents of this type include, but are not limited to, a failure to:

- (A) Administer medications via the correct route
- (B) Implement medication changes in a timely manner
- (C) Obtain medications from the pharmacy

(ii) *Failure to Provide Needed Care*. The failure to obtain or provide the needed services and supports. This includes, but is not limited to:

- (A) Failure to implement medical, social, behavioral, and restrictive procedures as outlined in the ISP.
- (B) Failure to provide needed care such as food, clothing, personal hygiene, prompt and adequate medical care, emergency services, and other basic treatment and necessities needed for development of physical, intellectual, emotional capacity, and well-being.
- (C) Failure to obtain, keep in working order, or arrange for repair or replacement of equipment such as glasses, dentures, hearing aids, walkers, wheelchairs, etc.

(D) Failure to intercede on behalf of the individual with regards to reporting or acting on changes to healthcare needs or failure to ensure medical equipment is repaired or replaced as needed.

(iii) *Failure to Provide Needed Supervision.* The failure to provide attention and supervision, including leaving individuals unattended. This is based upon the supervision care needs in the ISP or recommendations or requirements from a court of law or as a condition of probation or parole.

(iv) *Failure to Provide Protection from Hazards.* The failure to protect an individual from health and safety hazards as part of routine care, service provision or as outlined in the ISP. Examples of failure to provide protection from health and safety hazards include, but are not limited to:

(A) Failure to prepare and serve food as required by medical diagnosis.

(B) Failure to provide protections from poisonous materials.

(C) Failure to provide shelter and basic utilities.

(D) Failure to provide basic protections from environmental hazards such as exposure to the sun, extreme elements, and other weather-related conditions.

(E) Failure to regulate water temperatures.

(F) Failure to provide protection from hazardous activities such as the manufacture, distribution, exposure to and use of illegal drugs.

(v) *Moving Violation.* Any staff or volunteer receiving a moving violation citation during the provision of services to an individual regardless if operating an entity's vehicle or personal vehicle.

(9) *Rights Violation.* An unauthorized act which improperly restricts or denies the human or civil rights of an individual, including those rights which are specifically mandated under applicable law, regulation, policy, or plan. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

(i) *Civil/Legal.* Any violation of civil or legal rights afforded by law. This includes the right to vote, speak freely, practice religious choice, access law enforcement and legal services, as well as participate in local, state or national government activities.

(ii) *Communication.* The failure to support an individual to communicate at all times. This includes a failure to obtain needed communication evaluations, assistive devices or services; provide communication support; or maintain communication devices in working order. Communication includes, but is not limited to:

- (A) Display of text in fonts and sizes that meet communication needs
- (B) Access to sign language interpreters
- (C) Access to translation into preferred languages
- (D) Access to persons that can facilitate an individual's unique communication style
- (E) Access to braille materials and other tactile communication assistance
- (F) Access to plain-language materials

(iii) *Health*. The failure to support choice and opportunity related to health care. This includes failure to inform and educate an individual about physical or behavioral health evaluations and assessments, changes in health status, diagnosis information, test results, medications, treatment options, etc. This also includes the denial of the right of an individual to make informed health care decisions.

(iv) *Privacy*. Any violation of an individual's safely exercised choice to be free from being observed or disturbed by others. This includes an individual's choice to maintain the privacy of his or her physical person, living area, possessions, electronic social media (emails, posts on the internet, accounts, content, or any similar items), communication with others (whether in face-to-face meetings, phone, email, physical mail, or any other correspondence), use of image or likeness without the expressed permission of the individual (including videos or photos taken of the individual for promotional, marketing, or any other purpose), or any similar area where a reasonable expectation of privacy exists.

(v) *Services*. Any violation of an individual's right to control services received. This includes when an individual refuses to participate in, voices a concern about, or wants to make a change to a service, and the ISP team does not address these choices. Individuals have the right to participate in the development and implementation of their ISPs and can choose where, when, and how to receive needed services. This includes the right to control specific schedules and activities related to services.

(vi) *Unauthorized Restrictive Procedure*. Any restrictive procedure (other than a physical, chemical, or mechanical restraint) that does not follow ODP's guidelines related to restrictive procedures or is prohibited by ODP. Restrictive procedures limit an individual's movement, activity or function; interfere with the individual's ability to acquire positive reinforcement; result in the loss of objects or activities that an individual values; or require an individual to engage in a behavior in which, given the freedom of choice, the individual would not engage.

(10) *Serious Illness*. A physical illness, disease, or period of sickness that requires hospitalization. This includes an elective surgery that requires a hospitalization.

(i) *Chronic/Recurring*. An illness, condition or disease that is persistent or otherwise long-lasting in its effects for which an individual has had previous treatment or diagnosis.

(ii) *New*. An acute illness, condition or disease for which an individual has not previously received treatment. This includes acute illnesses, conditions or diseases that may become chronic in the future.

(11) *Serious Injury*. Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc., or that require hospitalization. Assessment by emergency medical services that did not require a visit to one of the locations listed above for treatment and is not reportable.

(i) Serious injuries that are treated by a medical professional (i.e. doctor, nurse, etc. that is used by the organization) on-site are reportable. Examples include, but are not limited to:

(A) fractures

(B) dislocations

(C) burns

(D) electric shock

(E) loss or tearing of body parts

(F) eye emergencies

(G) ingestion of toxic substance

(H) head injuries from accidents, falls, or blows to the head

(I) any injury with loss of consciousness

(J) medical equipment malfunction or damage that requires immediate (K) intervention

(L) lacerations requiring stitches, staples or sutures to close.

(ii) *Choking*. When food or other items become lodged in the back of the throat and the cause is not attributed to neglect. Choking incidents are only reportable when they require interventions, such as back blows, abdominal thrusts or the Heimlich maneuver.

- (iii) *Injury Accidental*. Injury (other than self-inflicted) with a known cause at the time of the report.
- (iv) *Injury Self-Inflicted*. Injury with a known cause at the time of the report that can be attributed to an intentional action of an individual to cause harm upon himself or herself.
- (v) *Injury Unexplained*. An injury with no known cause at the time of the report.
- (vi) *Medical Equipment Failure/Malfunction*. Any medical equipment failure or malfunction that requires intervention by a medical professional. This does not include routine maintenance or care of medical equipment.
- (vii) *Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore)*. Injuries to skin and underlying tissue resulting from prolonged pressure on the skin, regardless of stage and including an injury that is unstageable. This includes initial diagnoses, newly affected areas of the body, as well as a diagnosis that becomes worse over time.
- (12) *Sexual Abuse*. Any attempted or completed nonconsensual sexual act. The act may be physical or non-physical and achieved by force, threats, bribes, manipulation, pressure, tricks, violence or against an individual who is unable to consent or refuse.
- (i) Sexual abuse includes any act or attempted act that is sexual in nature between a paid service provider staff and an individual regardless of consent on the part of the individual.
- (ii) Examples of methods used to commit sexual abuse include, but are not limited to:
- (A) Use of intimidation or threat of physical force toward an individual in order to gain compliance with a sexual act (e.g., pinning the victim down, assaulting the victim)
 - (B) Administering alcohol or drugs to an individual in order to gain compliance with a sexual act (e.g., drink spiking)
 - (C) Taking advantage of an individual who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs, or medication
 - (D) Exploitation of vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age)
 - (E) Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity)

(F) Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers, or childcare

(G) Degradation, such as insulting or humiliating an individual

(H) Fraud, such as lies or misrepresentation of a target's identity

(I) Continual verbal pressure, such as when an individual is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the individual does not love them enough

(J) False promises by the target (e.g., promising marriage, promising to stay in the relationship, etc.)

(K) Grooming and other tactics to gain an individual's trust

(L) Control of an individual's sexual behavior/sexuality through threats, reprisals, threats to transmit sexually transmitted infections (STIs), threats to force pregnancy, etc.

(iii) *Rape*. The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of an individual. This includes when an individual was made, or there was an attempt to make the individual, penetrate another person (including the target).

(iv) *Sexual Harassment*. Sexual advances that do not involve physical contact between an individual and a target. This type of sexual abuse can occur in many different venues (e.g., ICF, school, workplace, in public, or through technology). Examples include, but are not limited to:

(A) Sending unwanted sexually explicit photographs

(B) Use of inappropriate sexual remarks or language

(C) Unwanted exposure to sexual situations – pornography, voyeurism, exhibitionist

(D) Threats of sexual abuse to accomplish some other end, such as threatening to rape an individual if he or she does not give the target money
Threatening to spread sexual rumors if the individual does not have sex with the target

(E) Unwanted filming, taking or disseminating photographs of a sexual nature of an individual (in any medium to include, but not limited to, social media, personal computers, cell phones, etc.)

(F) Exposure to unwanted sexual materials (pornography)

(v) *Unwanted Sexual Contact*. Intentional touching or molesting, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, or any other body part without consent. This includes making an individual touch or molest another person (including the target).

(vi) *Other*. Any sexual abuse of an unknown type at the time of the report or sexual abuse that does not conform to other secondary category options.

(13) *Site Closure*. The emergency closure of a Non-State Operated ICF for one or more days. This is reported as a site incident report.

(i) *Infestation*. The closure of a site due to the need to treat for animal, insect, or other pests.

(ii) *Loss of Utilities*. The closure of a site due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water or sewer systems and heating or cooling system failures.

(iii) *Natural Disaster/Weather Related*. The closure of a site due to a natural disaster or weather conditions.

(iv) *Structural*. The closure of a site due to structural issues.

(v) *Other*. The closure of a site due to a reason other than an infestation, loss of utilities, natural disaster, weather related or structural issue.

(14) *Suicide Attempt*. The intentional and voluntary attempt to take one's own life. A suicide attempt is limited to the actual occurrence of an act and does not include suicidal threats or ideation. If medical treatment was sought after a suicide attempt, it should be reported under suicide attempt as a primary category in all cases, and not as serious injury or illness.

(i) *Injury/Illness that Requires Medical Intervention*. An individual sustained an injury or became ill due to a suicide attempt and it required medical treatment beyond basic first aid.

(ii) *No Injury/Illness that Requires Medical Intervention*. An individual did not sustain an injury or become ill due to a suicide attempt and did not require medical treatment beyond first aid.

INCIDENTS TO BE REPORTED WITHIN 72 HOURS

6000.1145. List of incidents to be reported within 72 hours.

(a) Medication errors and physical restraints are to be reported within 72 hours after the discovery or recognition of the incident.

(1) *Physical Restraint*. A physical hands-on method that restricts, immobilizes, or reduces an individual's ability to move his or her arms, legs, head, or other body parts freely. A physical restraint may only be used in the case of an emergency to prevent an individual from immediate physical harm to herself or himself or others. Restraints that are permitted by ODP policies and procedures, regulations or laws are to be reported as physical restraints. All other restraints shall be reported as abuse.

(i) *Human Rights Team Approved Restrictive Intervention*. Any physical restraint that is applied in an emergency situation that is part of an approved ISP in accordance with 42 CFR § 483.450(d).

(ii) *Provider Emergency Protocol*. Any physical restraint that is applied in an emergency situation that is part of a provider emergency restraint protocol. This restraint is not part of an individual approved ISP that contains a restrictive procedure.

(2) *Medication Error*. Any practice that does not comply with the "Rights of Medication Administration" as described in the ODP Medication Administration Training Course. A medication error occurring during a time when an unpaid caregiver is responsible for the administration of medication is not reportable. An individual's refusal to take medication is not reportable as a medication error.

(i) *Wrong Medication*. Individual is given a medication that the individual is not prescribed or has been discontinued, or the individual was given medication that was supposed to be given for another reason.

(ii) *Wrong Dose*. Individual is given too much or too little medication during a scheduled administration.

(iii) *Wrong Time* – Individual is given medication too early or too late as defined by the range of allowable administration time.

(iv) *Wrong Route*. Individual is given medication in a different way from the one specified on the label.

(v) *Wrong Form*. Individual is given medication in a different type from the one prescribed.

(vi) *Wrong Position*. Individual is not placed correctly to receive the medication.

(vii) *Wrong Technique/Method*. Medication is prepared for administration improperly.

(viii) *Omission*. An administration of medication fails to occur.

(ix) *Wrong Person*. An individual is given another individual's medication.

(3) *Provider Optionally Reportable Event*. An incident of injury or potential injury, such as a small bruise, scratch or fall with minimal or no injury. This category is not required but may be used optionally for trending and analysis of events that are not otherwise defined as reportable.

INCIDENTS TO BE REPORTED WHEN DIRECTED

6000.1150. List of incidents to be reported when directed.

(a) ODP will provide specific guidance and direction on what to report, as well as the timelines to report, related to the following emergencies:

(1) *Declared Emergency*. An event, such as an occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in, or could potentially cause, severe property damage, deaths, and/or multiple injuries such as, but not limited to, public health emergencies, emergency declarations, major declarations, etc. A Declared Emergency is declared by Federal, State, County, or Municipal officials.

(2) *Public Health Emergency*. An event such as a disease or natural disaster that causes, or has the potential to cause, harm to a significant number of individuals and is declared as a Public Health Emergency by Federal or State officials. Public Health Emergencies are to be reported within timeframes that are specific to the nature of the event and as directed by ODP.

(i) *Outbreaks*. The occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent.

(ii) *Epidemic*. A disease that affects a large number of people within a community, population, or region.

(iii) *Pandemic*. A disease that affects a large number of people that is spread over multiple countries or continents.

(iv) *Natural Disasters*. An event such as a flood, earthquake, storms, hurricanes, tornados, blizzards, etc.

(v) *Bio-Terrorist Attacks*. The intentional release or dissemination of biological agents. These agents are bacteria, viruses, insects, fungi, or toxins, and may be in a naturally occurring or a human-modified form.

PROCESS FOR INVESTIGATION BY A CERTIFIED INVESTIGATOR

6000.1155. Determination of a critical incident.

(a) Incidents that are categorized as critical incidents must be investigated by a certified investigator who has taken and passed the Department's CI course. The point person for an incident must review the information given by the initial reporter, determine the appropriate

primary and secondary incident category, and determine if an investigation by a CI is required or if not required, desired.

(b) If an investigation is required or desired for an incident, each entity investigating must follow the Department's standardized investigation process as outlined in the most current ODP CI manual.

6000.1156. Role of county intellectual disability program.

(a) If an investigation is required or desired to be completed by a County ID Program for an individual who is registered with the County ID Program and resides in a private ICF, the County ID Program must fully comply with all applicable procedures related to the investigation of incidents. County ID Program investigators are not permitted to review the investigation of another entity and make an investigation determination based solely on that evidence without conducting their own investigation.

(b) In addition, when a County ID Program has a different investigation determination than a private ICF or SCO, the County ID Program must work with the other investigating entity to reconcile the difference.

(c) A County ID Program is required to complete any investigation requested by ODP.

6000.1157. External investigating entity.

(a) At no time should the investigating entity covered by the scope of this bulletin (referred to as the ODP investigating entity) delay, halt, or terminate an investigation because of the involvement of another external investigating entity. If an external investigating entity requests that an ODP investigating entity delay, halt, or terminate an investigation, the ODP investigating entity must attempt to obtain this in writing and discuss the request with the appropriate regional ODP office.

(b) Concurrent investigations by law enforcement and protective service agencies may occur at the discretion of those entities. When there are multiple entities conducting investigations, every effort should be made to coordinate the investigations to avoid continued stress or trauma upon all individuals involved.

6000.1158. Incidents required to be investigated by a certified investigator.

(a) The following categories of incidents must be investigated by a certified investigator by the provider.

- (1) Abuse.
- (2) Death.
- (3) Exploitation.
- (4) Neglect.

(5) Rights Violation.

(6) Serious Injury, if the serious injury is categorized as one of the following:

(i) Injury Accidental.

(ii) Injury Unexplained.

(iii) Choking.

(iv) Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore).

(7) Sexual Abuse.

(8) Physical Restraint, if the physical restraint is categorized as Provider Emergency Protocol.

(9) Missing Individual.

(10) Suicide Attempt.

(b) In addition to the investigation completed by the provider under subsection (a), the following categories of incidents must be investigated by a certified investigator by the County Intellectual Disability Program:

(1) Abuse, if the abuse is categorized as a Misapplication/Unauthorized Use of Restraint (injury).

(2) Exploitation, if the exploitation is categorized as one of the following:

(i) Medical Responsibilities/Resources.

(ii) Room and Board.

(iii) Unpaid Labor.

(3) Rights Violation, if the rights violation is categorized as an Unauthorized Restrictive Procedure.

SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR AUTISM INCIDENT REPORT FORM

6000.1160. Instructions for using incident report form.

In the event that the Department's information management system is unavailable, the submission of incidents is to occur by completing the *Services for Individuals with an Intellectual Disability or Autism Incident Report* form, specifically pages 1 and 2 of Appendix M.

The reason why the incident is not entered in the Department's information management system should be included on the form. All incidents submitted using this form must be entered into the Department's information management system as soon as possible after resolution of the issue(s) that prevented entry.

MULTIPLE CATEGORIES AND SEQUENCE OF REPORTING

6000.1165. Point person.

(a) A point person must review incident definitions to determine the most appropriate primary and secondary categories for a report. In situations where an incident appears to meet multiple incident definitions, the point person should enter a report based on the information available at the time of entry. Reclassification is an option at any time during the lifecycle of an incident.

(b) The point person must also determine if the information received at the time of the initial report represents a singular incident or if the multiple incident reports are needed to adequately capture information about the incident.

(1) *Singular reportable events*—When an individual experiences one incident that could have multiple incident categories.

(2) *Multiple reportable events*—More than one incident experienced by one individual, which are not linked to each other and would not be adequately addressed or resolved through a single incident report or if applicable, an investigation.

(c) To assist the point person in choosing an appropriate classification when singular events represent more than one incident category, the following list of incidents in priority, is suggested as a guide in selecting the most appropriate category and may not be appropriate in all situations:

- (1) Sexual Abuse
- (2) Abuse
- (3) Neglect
- (4) Exploitation
- (5) Rights Violation
- (6) Suicide Attempt
- (7) Serious Injury
- (8) Serious Illness
- (9) Behavioral Health Crisis Event

- (10) Missing Person
- (11) Law Enforcement Activity
- (12) Site Closure
- (13) Fire
- (14) Provider Optionally Reportable Event

(d) If an incident that requires reporting within 24 hours involves or is the result of a medication error, a report must be initiated in the appropriate 24-hour primary category. In addition, an incident report for the medication error must be reported within 72 hours.

(e) Incidents that are reported as a death, are considered singular reportable incidents. A death is considered a separate incident from the events that may have occurred prior. Incidents reported with a primary category other than death should not be reclassified to a death.

REVIEW PROCESS

6000.1170. Provider and SCO review process.

(a) Providers and SCOs are responsible for reviewing incident reports prior to finalizing them for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident.

(b) In addition, providers and SCOs must ensure evidence of the implementation of corrective actions is available upon request by oversight entities. This review process applies to providers and SCOs that are fulfilling the roles of point person and IM representative for the incident. Specifically, the review must ensure:

- (1) Documentation that the individual's health, safety and rights were protected, upon discovery of the incident
- (2) The incident categorization is correct
- (3) The service location, provider type, and service delivery model are correct
- (4) An investigation occurred when required
- (5) The description of the incident is accurate and has enough details to explain the event
- (6) Proper safeguards are in place to reduce the risk of recurrence of an incident
- (7) Target(s) are identified per this bulletin

- (8) No identifying information that pertains to another individual receiving services is included in the incident report
- (9) Discharge and follow-up information related to medical services is included in any incident report involving medical care
- (10) All required notifications of the incident occurred
- (11) An administrative review of the investigation occurred
- (12) Corrective action(s) in response to the incident have, or will, take place, including those that involve actions related to the target(s)
- (13) An analysis to determine the cause of the incident was completed for all confirmed incidents
- (14) All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are included in the incident report
- (15) The investigation information entered by the CI has enough details to explain the process used by the CI, if the CI performed an investigation
- (16) The investigation determination is consistent with the investigation information entered by the CI, if the CI performed an investigation

(c) Upon finalization of the incident report, the incident report is reviewed by the County ID Program or ODP. In the event either the County ID Program or ODP disapproves an incident report, the provider or SCO is to respond to the comments from the County ID Program or ODP management review. The provider or SCO has ten days to respond to the disapproval or any issues identified as part of the disapproval, and resubmit the final section and investigation documents of the incident report, as appropriate.

6000.1171. Responsibilities of supports coordination organization.

(a) The SCO has a responsibility to respond to and assess emergencies and incidents. This involves a combination of a review of incident reports in the Department's information management system and ongoing monitoring while on-site and via other methods (phone, email, etc.).

(b) Specifically, for individuals that are registered with the county and reside in a private ICF, the SCO must ensure an individual's health, safety, and well-being by:

- (1) Reviewing initial incident reports that are completed in the Department's information management system. This includes confirming the following actions were taken:
 - (i) Individuals were contacted (via the individual's preferred communication method or in person depending on the nature of the incident) to assess their current status and offer assistance to help meet their needs

(ii) The entity that entered the incident was communicated with and took the following actions, if needed:

(A) Additional information (not present in the initial incident report) that was needed to adequately explain an event in order to assess the actions taken to protect the health, safety, and rights of the individuals was requested and obtained

(B) Additional information that was needed to address questions and concerns from the initial County ID Program or regional management review, if noted during the SCO's review of the initial incident was requested and obtained.

(iii) Recommendations were provided to County ID Programs or their delegates, in order to improve a situation and increase protections for an individual, when the review of actions taken to protect health, safety, and rights of an individual reveals inappropriate or potentially ineffective risk mitigation strategies

(2) A review of final incident reports in the Department's information management system and taking action that may include, but is not limited to:

(i) Contacting individuals (via the individual's preferred communication method or in person depending on the nature of the incident) to assess their current status and offer assistance to meet their needs

(ii) Requesting and obtaining additional information needed to address questions and concerns from the initial County ID Program or regional management reviews, if noted during the SCO's review of the initial incident

(iii) An assessment of preventative and additional corrective actions for appropriateness or effectiveness to mitigate risk

(iv) Contacting County ID Programs or their delegates if questions and concerns from the initial County ID Program and/or regional management review are not addressed in the final section of the incident report

(v) Providing recommendations to County ID Programs or their delegates, in order to improve a situation and increase protections for an individual, when the review reveals inappropriate or potentially ineffective risk mitigation strategies

(3) Conduct ongoing monitoring of the situation to determine that the needs of the individual are met. Monitoring must be documented per ODP's regulations, policies, and procedures. Ongoing monitoring includes, but is not limited to:

(i) Verification of the implementation of preventative and additional corrective actions related to an incident via examination of on-site documentation, discussions with individuals, families and staff, etc.

(ii) Communication to providers or other oversight entities about issues identified during monitoring

(A) This includes informing the appropriate County ID Program of issues that require additional follow-up action that the SCO is unable to facilitate

(iii) A determination whether additional monitoring visits are necessary to ensure the protection of health, safety, and rights of individuals and the effective implementation of preventative and corrective actions.

(iv) Based upon review of the final incident report, complete changes to an ISP based upon the incident, if needed.

6000.1172. Responsibilities of county ID program.

(a) For individuals registered with the county and receiving services in a private ICF, the County ID Program is responsible for reviewing and approving incidents within the timeframes and requirements outlined in this manual.

(1) Within 24 hours of the submission of the first section of the incident report, County ID Program incident reviewers must complete an initial management review of the incident to determine if appropriate actions were taken to protect the individual's health, safety, and rights. This includes, but is not limited to:

(i) Communicating with the entity that entered the incident to request and obtain additional information if necessary to adequately explain and assess the actions taken to protect the health, safety, and rights of the individual

(A) Additional information must be documented in the management review document in the Department's information management system

(ii) Contacting the entity that entered the incident to communicate concerns identified during the management review and to ensure actions were taken to remediate the identified concern

(A) Actions taken must be documented in the management review document in the Department's information management system

(2) After the final section of the incident report is submitted, County ID Program incident reviewers must perform a management review within 30 days. Specifically, County ID Program incident reviewers must ensure:

(i) The incident categorization is correct

(ii) The service location, provider type, and service delivery model are correct

(iii) An investigation occurred when required

(iv) Target(s) are identified per this bulletin

(v) No identifying information that pertains to another individual receiving services is included in the incident report

(vi) All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are in the incident management report.

(vii) An administrative review of the investigation occurred

(viii) The investigation determination is consistent with the investigation information entered by the CI

(ix) Proper safeguards are in place to reduce the risk of recurrence of an incident

(x) The incident report contains:

(A) Documentation of the actions taken to protect health, safety and rights of the individual(s) upon discovery of the incident

(B) An accurate description of the incident and enough details to explain the event

(C) Discharge and follow-up information related to medical services, if the incident involved medical care

(D) Documentation that all required notifications of the incident occurred

(E) Documentation that corrective action(s) in response to the incident has or will take place, including those that involve actions related to the target(s)

(F) Investigation information that contains enough details to explain the process used by the investigator

(xi) A review, analysis, and comparison are conducted with the copy information related to death incidents that has been provided by the provider and/or SCO and the incident report information in the Department's information management system.

(xii) All issues identified and communicated to the County ID Program by the SCO review/monitoring the incident have been addressed.

(3) When the incident report contains all required elements, the County ID Program incident reviewer will give the report the status of *approved*; otherwise, the report will be given a status of *not approved* and sent back to the submitting entity for correction.

(4) For individuals that reside in a private ICF, incident reports are considered under review until they are approved by ODP as described below.

6000.1173. Administrative review process.

(a) All entities responsible for incident reports that conducted an investigation must have a written policy and procedure to support administrative reviews of those investigations. Investigations are not finished until the administrative review process has been completed. The administrative review process is completed by a committee of people that must follow the guidelines established by ODP in the most recent ODP Administrative Review Manual.

(b) The committee completing the administrative review process is responsible for the following:

(1) Reviewing competency and quality of an investigation for speed, objectivity, and thoroughness;

(2) Weighing the evidence and make the investigation determination: Confirmed, Not Confirmed, or Inconclusive;

(3) Developing and determining preventative and additional corrective action(s) regardless of investigation determination;

(4) Completing the Administrative Review section of the Certified Investigator Report;

(5) Ensuring corrective action(s) were implemented and there is a plan for ongoing monitoring of all corrective action(s);

(6) Completing the following for each confirmed incident:

(i) Conduct analysis to determine the cause of the incident,

(ii) Corrective action(s), and

(iii) A strategy to address the potential risks to the individual.

6000.1174. ODP review process.

When the incident report contains all required elements, the ODP incident reviewer will give the report the status of *approved*. Otherwise, the report will be given a status of *not approved* and sent back to the submitting entity for correction. For individuals that reside in a private ICF, incident reports are considered closed upon the approval of ODP.

6000.1175. Certified investigator peer review process.

(a) All organizations are responsible for the quality of the work performed directly (or via contract, agreement, etc.) related to incident investigations. In order to facilitate consistent

quality measures related to investigations conducted by a CI, ODP has created the Certified Investigator Peer Review (CIPR) process.

(b) The CIPR process helps mitigate risks by monitoring the quality of investigations and monitoring of incident data and trend analysis. If a CI does not conduct investigations following the minimum standards on which the CI is trained, the organization's ability to mitigate and manage risk may be compromised, resulting in individual harm. In the context of continuous quality improvement, the CIPR process is the core for assessing the quality of the investigation process and incident management practices within an entity or system.

(c) The CIPR process assists with:

- (1) Evaluating and improving the quality of investigations
- (2) Providing performance feedback directly to the CI

(c) All entities that complete investigations are required to conduct the CIPR process as outlined in the ODP CIPR manual.

QUALITY MANAGEMENT

6000.1180. Use of quality management principles.

(a) ODP recommends that all providers, SCOs, and County ID Programs integrate quality management principles, practices and tools into their incident management and risk management policies and activities. Providers, SCOs, and County ID Programs are expected to routinely, and on an ongoing basis, use population-based evidence and individual data to analyze and monitor incident data to identify patterns and trends.

(b) Data-driven decision-making identifies where improvement is needed and suggests where and what type of improvement strategies can be most successful. During the data analysis, root cause should be identified, where possible, so potential points of intervention can guide the development of prevention strategies.

(c) Providers, SCOs, and County ID Programs are encouraged to incorporate incident management data monitoring and trend analysis activities into their respective quality management plans.

(d) When developing health and safety related quality improvement plans, entities should integrate the principles of *Everyday Lives* to assure that resulting outcomes are person-centered and support choice.

- (1) When individual plans of any type are developed, they must be person-centered and support the person to express choice in all aspects of his or her life. For example, person-centered risk mitigation plans must address health and safety risk factors identified for the individual, assure the person's health needs are being met and incorporate choice into the plan.

6000.1181. Quality, risk, and incident management monitoring, planning and trend analysis.

(a) Quality management uses data as a tool to inform decision-making. In risk management, incident data analysis is used to help identify who is at risk for what and why. Incident data also helps to identify emerging trends and patterns or if strategies implemented to prevent recurrence of an incident are successful. Routine and ongoing monitoring of incident data over time is necessary to answer questions at the individual level and the system level.

(b) All entities should work with the individual, the ISP team, and other appropriate stakeholders to mitigate individual medical, behavioral, and socio-economic crises in a timely manner, regardless if they rise to the level of a reportable incident.

(c) Providers, SCOs, and County ID Programs must create and maintain a method to communicate quality management, risk management, and incident management activities to appropriate stakeholders to implement risk mitigation, corrective action, training, technical assistance, or education plans.

(d) Quality management practices must be comprised of methods that include individuals in risk mitigation planning and implementation, as appropriate.

(e) Data and analysis should be organized into a written format that supports routine and ongoing monitoring and risk mitigation planning. Based on data analysis results and stakeholder input, strategies are to be developed and implemented to achieve continuous quality improvement.

(f) Quality management plans and data analyses should be made available to oversight entities when requested. ODP may require additional incident management analysis related to monitoring results, corrective action plans, or other oversight activities.

6000.1182. Individual incident data monitoring.

(a) Providers and SCOs must monitor incident data and take actions to mitigate risk, prevent recurring incidents, and implement corrective action. Providers and SCOs must complete and document the monitoring of each individual's incident data on a monthly basis that at a minimum includes:

(1) Evaluation of the effectiveness of incident corrective actions for all incident categories

(2) Evaluation of the circumstances and frequency of restraints

(3) Evaluation of the circumstances and frequency of medication errors

(4) Identification and implementation of preventative measures to reduce:

(i) The number of incidents

(ii) The severity of the risks associated with the incident

(iii) The likelihood of an incident recurring

(5) Documentation of:

(i) The need to revise the ISP with the ISP team to include new and/or revised information, risk mitigation plans, or a change in services or supports

(ii) The need to consult with a County ID Program for assistance related to monthly data monitoring, if necessary

(iii) The actions and outcomes of any activities that occurred related to the monthly data monitoring

6000.1183. Provider, SCO trend analysis.

(a) Providers and SCOs must review and analyze incidents and conduct and document a trend analysis of all incident categories at least every three months. Based on the results of the trend analysis, the providers and SCOs must develop, implement and document both individual specific and agency-wide risk mitigation activities.

(b) The three-month analysis shall include, but is not limited to (as applicable):

(1) An analysis of compliance with required timeframes for reporting, investigation, and finalization of incidents

(2) Evaluation of effectiveness of corrective actions for all incident categories

(3) Evaluation of the effectiveness of education to the individual, staff, and others based on the circumstances of an incident

(4) A review and trend analysis of comments from the County ID Program and ODP initial management review and disapproval reasons from the final management review

(5) Any measures that have been implemented or will be implemented to reduce:

(i) The number of incidents

(ii) The severity of the risks associated with the incident

(iii) The likelihood of an incident recurring

(6) Documentation of the actions and outcomes of any activities that occurred related to the trend analysis

6000.1184. County ID Program trend analysis.

(a) County ID Programs shall conduct a trend analysis by individual and private ICF entity, as well as specific service locations, to identify risks that require intervention to avoid a crisis. County ID Programs shall provide assistance to mitigate all situations identified as potential risks to the health and welfare of individuals upon request from private ICFs or SCOs.

(b) In addition, the trend analysis must include, but is not limited to:

(1) An analysis of compliance with timeframes in accordance with this bulletin for reporting, investigation and finalization of incidents

(2) Evaluation of the circumstances and frequency of the use of restraints

(3) Evaluation of the circumstances and frequency of medication errors

(c) To complete the trend analysis, the County ID Program must document outcomes or findings from the trend analysis, including any actions that need to be taken.

APPENDIX C [Reserved]

APPENDIX D [Reserved]

APPENDIX E [Reserved]

APPENDIX F [Reserved]

APPENDIX G [Reserved]

APPENDIX H [Reserved]

APPENDIX I [Reserved]

APPENDIX J [Reserved]

APPENDIX K [Reserved]

APPENDIX L

VICTIM'S ASSISTANCE PROGRAMS

Victim's assistance programs and services are resources available to assist individuals physically, emotionally, financially, medically, and legally when the individual is abused or neglected or a victim of a crime. Individuals may access many resources available through victim's assistance programs even if they do not intend to file criminal charges or proceed within the criminal justice system.

- Victims have the right to access victim's assistance programs and services at any time. Individual Support Plan (ISP) team members should offer victim's assistance directly to the individual. Direct assistance means that the victim is present when options are discussed and offered. Victimization should not be taken lightly as any type of incident can cause emotional, psychological, physical, financial and behavioral consequences for individuals. Signs of trauma from an incident may or may not be present immediately after an event. Victim's assistance should be offered more than once to ensure that individuals have the full opportunity to process an event and decide the support(s) they wish to access.
- In Pennsylvania, there is a strong network of victim's assistance programs, sometimes called "victim/witness units" that can provide help to victims after abuse, neglect, financial exploitation, domestic violence, sexual assault, simple and aggravated assault, harassment, theft, and homicide. Some programs are based in the criminal/juvenile justice system and aid victims as their cases move through those systems. Other programs are provided by community-based nonprofits, including domestic violence shelters and rape crisis centers, which offer services regardless of whether a victim pursues charges or if the case moves forward for prosecution. All victim's assistance services are free.
- Many of the supports available to victims of abuse, neglect or a crime include an advocate. Victim's assistance programs employ specialized advocates to carry out the functions related to their organization. A victim may work with multiple advocates depending on identified needs.
- Victims have the right to effective communication through supports such as interpreter services, language line, sign language interpreters, and TTY capabilities.
- The most common providers of victim's assistance are local rape crisis centers, domestic violence centers and the Office of Victim's Services.

Community-Based Victim's Services

Community-based agencies, such as domestic violence shelters and rape crisis centers, can provide services regardless of whether the victim decides to press charges or if the crime goes through the criminal justice system. Every county in Pennsylvania is covered by domestic violence and rape crisis programs. Some counties also have a general, nonprofit agency that provides services to all crime victims.

Services Offered by Domestic Violence Shelters

- **Confidential Hotlines**
 - Available 24 hours a day, 365 days a year
 - Provide counseling, crisis intervention, support, information and referrals
- **Shelter**
 - 24-hour emergency shelter
 - Safe homes
 - Transitional housing
- **Counseling**
 - Empowerment counseling
 - Options counseling (*identifies victim choices, assesses risks and benefits*)
 - Safety planning (*assessment of risk and danger, strategies for enhancing safety, identification of potential resources*)
 - Support groups
- **Advocacy**
 - Legal advocacy (*legal options, preparation and assistance with Protection From Abuse (PFA) forms and filings*)
 - Medical advocacy (*based in hospitals, clinics*)
 - Children's advocacy (*counseling, therapeutic art, music, and play for children in shelters*)
 - Accompaniment (*legal services, court proceedings, other service providers*)
- **Economic Support**
 - Aid in obtaining cash assistance and employment training
 - Help with securing safe, affordable, permanent housing
 - Job training and identification of employment opportunities

Services Offered by Rape Crisis Centers

- Free and confidential crisis counseling, 24 hours a day
- Prevention education programs for schools, organizations, and other public groups
- Services for the victim's family, friends, partner, or spouse
- Information and referrals to other services in the victim's area
- Advocates that are available to accompany victims of sexual violence, rape or incest to medical facilities, the police station, and court
- Advocates that can intervene or act on behalf of the victim's wishes or needs and assist in navigating the processes within the medical, police, and court systems

System-Based Victim Service Agencies (Victim/Witness Programs, Office of Victim's Services)

Each county in Pennsylvania has a program that provides services to victims of crime if the case proceeds through the criminal justice system. These programs are usually located in the county's District Attorney's Office or the Juvenile Probation Office. Once charges are filed, someone from the county program that provides services to victims of crime will usually be in contact with the victim to initiate services. Information provided to the victim may include the following:

- The victim's rights as a crime victim

- How to register for an offender release notification
- How to receive notification of the right to provide input regarding any release of the alleged perpetrator
- The victim's right to receive compensation
- How to find an advocate
- How to obtain counseling or therapy
- How the legal process works
- How to register for court notifications
- How to receive notification of the alleged perpetrator's escape, recapture, or any custody change
- How to arrange for court accompaniment
- Assistance with victim impact statements
- An explanation of post-sentencing/dispositions
- How to obtain medical advocacy and accompaniment
- How to receive notification of execution

Resources

THE NATIONAL DOMESTIC VIOLENCE HOTLINE
 1-800-799-SAFE (7233)
 TTY: 1-800-787-3224

PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE
 1-800-932-4632
 TTY: 1-800-553-2508
www.pcadv.org

NATIONAL SEXUAL ABUSE HOTLINE
 1-800-656-HOPE (4673)

PENNSYLVANIA COALITION AGAINST RAPE
 1-800-692-7445
www.pcar.org

To see a listing of programs by county, visit the Pennsylvania Office of Victim's Services website:

<http://pcv.pccd.pa.gov>

APPENDIX M

DP 1081, INCIDENT REPORT, SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR AUTISM