

MEDICAID HOME AND COMMUNITY BASED SERVICES WAIVERS

REPORTABLE EVENT

POLICY AND PROCEDURE

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I. PURPOSE

The purpose of this policy is to ensure the health, safety, and welfare of participants in the Home and Community-Based Services (HCBS) waivers by formalizing a process to identify, report, and resolve *Reportable Events* (i.e., incidents or complaints) involving HCBS participants in a timely manner. A *Reportable Event* includes an allegation of or an actual occurrence of an incident that affects the health, safety, and welfare of an individual, as well as, administrative and quality of care complaints.

Documenting and investigating *Reportable Events* are essential to assure that the appropriate agencies receive information that can be used for system improvements. Analysis of information from *Reportable Events* can enhance coordination of program services and consolidate processes, in addition to expanding choices and options for participants. This policy describes the process, monitoring, reporting, and oversight of *Reportable Events* for the Autism Waiver, Living at Home (LAH) Waiver, and Older Adults Waiver (OAW) programs.

II. GOALS OF THE POLICY

The goals of this policy are to ensure that:

1. Participants and families informed and expressed choice leads decision-making.
2. Participants and families are involved in identification of *Reportable Events* and interventions that promote maximum independence and safety.
3. There are systematic safeguards in place to protect participants from harmful situations.
4. *Reportable Events* are documented and addressed in a timely, systematic manner.
5. Processes and procedures are seamless, responsive, and coordinated.

III. BACKGROUND

Federal Centers for Medicare and Medicaid Services (CMS)

The federal Centers for Medicare and Medicaid Services (CMS) requires each state implementing HCBS waivers to have an adequate system for identification and documentation of *Reportable Events* to ensure waiver participants are adequately protected from abuse, neglect, financial exploitation, violations of their rights under law, are safe from harm, and waiver services appropriately meet their needs.

Medicaid State Agency

The Department of Health and Mental Hygiene (DHMH) is the State-designated Medicaid agency. The DHMH, Office of Health Services (OHS) oversees all Home and Community-Based Services

(HCBS) Waiver Programs through its Division of Waiver Programs (DWP). DHMH is required by the CMS to ensure the health, safety, and welfare of HCBS Waiver participants.

Each HCBS waiver program has a Quality Plan and procedures to address “*Reportable Events*.” DWP has convened a cross agency ***Waiver Quality Council*** for the various HCBS programs to share program experiences and information obtained from aggregate data that can be used to make decisions or changes related to processes, policies, and systems.

Administering State Agency

DWP shares oversight responsibility with the Administering State Agencies (ASAs) for the HCBS waivers. The Maryland Department of Aging (MDoA) is the ASA for the OAW; the Maryland State Department of Education (MSDE) is the ASA for the Autism Waiver; and the Maryland Department of Health and Mental Hygiene (DHMH) is the ASA for the LAH Waiver.

Local Administering Entity

DWP and each ASA have agreements or contracts with local entities or community services agencies for administrative services such as case management/service coordination, medical assessments, or fiscal intermediary services as noted below:

- DHMH -- agreement with local Health Department’s Adult Evaluation and Review Services (AERS) and contracts with community service providers
- MDoA -- agreements with Area Agencies on Aging (AAA)
- MSDE -- agreements with the State’s local school systems

IV. POLICY

1. All entities associated with HCBS waivers and supports, including DWP, ASA, Case Manager/Service Coordinator (CM/SC), and waiver providers (*i.e.*, assisted living facilities, personal/attendant care agencies, self-employed providers, and environmental accessible adaptations providers) are required to report real or alleged *Reportable Events*. All *Reportable Events* shall be reported in full on the *Reportable Event Form*.
2. Any person who believes that an individual has been subjected to abuse, neglect, or exploitation in the community or an assisted living facility is required to report the alleged abuse, neglect, or exploitation immediately to an Adult Protective Services (APS) or Child Protective Services (CPS) office (as appropriate), and within 24 hours to the following agencies:
 - For **OAW** participants –
 - *In-Home participants*: law enforcement and MDoA
 - *ALF participants*: Ombudsman program at the AAA, Assisted Living Complaint Unit at OHCQ, and if relevant, the assisted living facility manager, unless the assisted living manager is believed to be involved in the abuse, neglect, or exploitation
 - For **LAH** participants -- law enforcement and DHMH.
 - For **Autism** participants -- law enforcement, MSDE, and if relevant, the school.
 - The CM/SC must notify the parent(s) or legal guardian about the *Reportable Event* (provided the parent is not the involved party) and all actions taken to address it.

- Written reports to CPS must be submitted within 48 hours to the appropriate local Department of Social Services.
3. The DWP will provide all waiver providers with the *Reportable Event* Policy and appropriate forms.
 4. The ASA will provide contracted agency staff and the CM/SC with the *Reportable Event* Policy and appropriate forms. The CM/SC will provide this same information to new applicants, participants or family, and authorized representatives.
 5. The ASA will provide the CM/SC with names, addresses, and telephone numbers of pertinent State agencies, advocacy groups, and legal resources. The CM/SC will provide this information to the participants or family with whom they work.
 6. All *Reportable Events* should be resolved within 45 days.
 7. The DWP, ASAs, the CM/SC, and waiver providers shall cooperate with federal and State designated quality assurance activities by:
 - Facilitating announced or unannounced on-site visits of authorized quality assurance monitors to review compliance with all waiver and regulatory requirements.
 - Facilitating CM/SC quarterly on-site visits to the facility and/or home to review service provision and participants' status and needs.
 - Communicating with a participant's CM/SC concerning the participant's status, needs, and service provision.
 8. If the *Reportable Event* is a complaint involving an agency or a CM/SC, the appropriate supervisor will address the complaint.
 9. An individual who, acting in good faith, makes a report under this policy has immunity from liability.

V. PROCEDURE

Initial Reporting

1. In instances of alleged or actual abuse, neglect, or exploitation, the person reporting the event must file a report immediately with APS or CPS, and contact the following:
 - For **OAW** participants –
 - *In-Home participants*: law enforcement and MDoA
 - *ALF participants*: Ombudsman program at the AAA, Assisted Living Complaint Unit at OHCQ, and if relevant, the assisted living facility manager, unless the assisted living manager is believed to be involved in the abuse, neglect, or exploitation
 - For **LAH** participants -- law enforcement and DHMH.
 - For **Autism** participants -- law enforcement, MSDE, and if relevant, the school.
 - The CM/SC must notify the parent(s) or legal guardian about the *Reportable Event* (provided the parent is not the involved party) and all actions taken to address it.

- Written reports to CPS must be submitted within 48 hours to the appropriate local Department of Social Services.
2. Within 24 hours a telephone referral must be made to the assigned CM/SC. Referrals can be made by anyone.
 3. If a participant or guardian/representative reports the event to the CM/SC, ASA, or DWP, that entity shall complete the *Reportable Event Form*.
 4. The waiver provider shall complete pages 1 and 2 of the *Reportable Event Form* and submit it to the relevant CM/SC within 7 calendar days of knowledge of the event via email, fax, or hand delivery.

Waiver Provider

1. The waiver provider will gather information and will make sure that appropriate action is taken to protect the waiver participant from harm.
2. After notifying the CM/SC of the *Reportable Event*, the waiver provider shall address issues, complaints, and concerns, and, if appropriate, make changes to their policies and procedures based on that information.

Case Manager/Service Coordinator (CM/SC) Follow-up and Documentation

1. The CM/SC will gather information and will make sure that appropriate action is taken to protect the waiver participant from harm.
2. In instances of alleged or actual abuse, neglect, or exploitation, the CM/SC must file a report with APS or CPS, and any other required agencies contacted such as local law enforcement, the Ombudsman program, local school system, the appropriate ASA, or OHCQ. The CM/SC will file an APS or CPS report if a report was not already made.
3. The CM/SC must notify the guardian/representative (unless otherwise specified by the participant) about the *Reportable Event* within 7 calendar days unless the guardian/representative is directly involved.
4. The CM/SC shall complete the *Reportable Event Form*, except the ASA section, if a participant or guardian/representative notifies them or if the CM/SC personally witnesses the event. If the CM/SC receives the *Reportable Event Form* from another entity (i.e., waiver provider, ASA, or DWP), they shall complete page 3 of the *Reportable Event Form* and provide additional information as appropriate, including contacts.
5. The CM/SC will review and analyze provider actions, perform all other necessary follow-up, summarize findings, and determine and implement the appropriate action steps. This information will be documented on page 3 of the *Reportable Event Form*.

6. The CM/SC will contact the participant and/or guardian/representative (unless otherwise specified by the participant) to advise of the interventions taken and follow-up plan unless the guardian/representative is directly involved.
7. The CM/SC shall complete and forward the *Reportable Events Form* to the ASA via email or fax within 7 calendar days of knowledge of the event if the CM/SC is notified by a participant or guardian/representative.
8. The CM/SC shall complete and forward the *Reportable Event Form* to the ASA via email or fax within 7 calendar days of receipt from a provider, ASA, or DPW.
9. If the ASA requests a follow-up action plan on the *Reportable Event* by the CM/SC, the CM/SC shall communicate that to the participant or guardian/representative (unless otherwise specified by the participant).

Administering State Agency (ASA) Review and Documentation

1. The ASA shall log all events into the *Reportable Event* database. The review, follow-up, and action plan shall be completed within 30 calendar days.
2. The ASA reviews the *Reportable Event Form(s)* and all supporting documentation to determine whether further review is needed.
3. If further review is needed, the ASA shall follow up with the appropriate parties; determine and implement appropriate action involving the participant, waiver provider, such as, requesting a corrective action plan (see next section); and summarize the findings. The summary information is documented on the *ASA Reportable Event Review Form*.
4. For *Reportable Events* that require ASA review, the ASA shall send a *Reportable Event Status Letter* to the participant, their authorized representative or family member, and/or provider within 7 calendar days of completion of the review. ASA will also send a copy to the CM/SC.
5. If a *Reportable Event* requires an adverse action (*e.g.*, denial or reduction of services), the ASA will ensure that the provider or participant is provided with their right to appeal.
6. The ASA will make recommendations to DWP for review, regarding the need for Medicaid sanctions against providers.

Corrective Action Plan (CAP) Request, Submission, and Follow-up

1. The ASA review of the *Reportable Event* may require that the involved entity (*e.g.*, waiver provider, contracted agency, or CM/SC) submit a CAP to ensure that the same or similar event will not reoccur.

2. The involved entity must submit the CAP to the ASA within 15 calendar days of the request unless otherwise agreed.
3. The ASA will determine if the CAP is acceptable within 45 calendar days unless immediate action is required.
4. If a CAP is acceptable, the ASA will send notification within 15 calendar days.
5. If a CAP is not acceptable, the ASA will request further clarification or a new CAP within 15 calendar days unless immediate action is required.
6. The ASA will monitor the involved entity to ensure that the CAP has been implemented.

ASA Aggregate Review and Reporting

1. The ASA will compile Monthly Summary Reports (MSR) of all events.
2. The ASA will compile and submit to DWP summary reports based on an agreed format and data elements including recommendations for systemic changes to improve waiver quality on a quarterly basis.
3. The ASAs and DWP will review the quarterly reports in the Waiver Quality Council to:
 - Make specific recommendations for program, policy, or procedure changes
 - Determine the need and provide for technical assistance or training

Division of Waiver Program (DWP) Review and Reporting

1. The DWP shall review ASA quarterly reports from each waiver program.
2. The DWP will compile a consolidated report based on ASA reports for the Waiver Quality Council. This report will review statewide *Reportable Event* trends, identify potential barriers, and make recommendations for improvement.
3. The DWP will prepare an annual report containing analysis of the data that will review statewide trends, identify potential barriers, and make recommendations for improvement. DWP will provide this report to CMS, DHMH, the ASAs, and other stakeholders.

VI. DEFINITIONS

1. **ABANDONMENT** is defined as the desertion of a participant by an individual who has the responsibility for providing care for that participant, or by a person with physical custody of that participant. Abandonment may need to be reported as neglect.
 - Signs and symptoms of abandonment may include, but are not limited to:

- The desertion of a participant at a hospital, school, a nursing facility, or other similar institution.
- The desertion of a participant at a shopping center or other public location.
- A participant's own report of being deserted.

2. **ABUSE** is defined according to the following categories:

(a) **Physical Abuse** is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include, but is not limited to such acts of violence as: striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, or burning. Additionally, use of physical restraints, force-feeding, and physical punishment of any kind are examples of physical abuse.

- Signs and symptoms of physical abuse may include, but are not limited to unusual or unexplained injuries of the following nature:
 - Cuts, bruises, burns, black eyes, welts, lacerations, and rope marks
 - Bone fractures
 - Open wounds, cuts, punctures, untreated injuries in various stages of healing
 - Sprains, dislocations, and internal injuries/bleeding
 - Physical signs of being subjected to punishment and signs of being restrained
 - Laboratory findings of medication overdose or under utilization of prescribed drugs
 - A participant's report of being hit, slapped, kicked, or mistreated
 - Confinement against will (tied to furniture or locked in room)
 - A participant's sudden change in behavior
 - The caregiver's refusal to allow visitors to see a participant alone
 - Strange and inconsistent explanations for injuries
 - Numerous visits to doctors or hospitals

(b) **Sexual Abuse** is defined as non-consensual sexual conduct of any kind with a participant. Sexual contact with any participant incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, exposure to unwanted sexually explicit material or verbal harassment of a sexual nature, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

- Signs and symptoms of sexual abuse may include, but are not limited to:
 - Bruises around the breasts or genital area
 - Unexplained venereal disease or genital infections
 - Unexplained vaginal or anal bleeding
 - Torn, stained, or bloody underclothing
 - A participant's report of being sexually assaulted or raped

(c) **Emotional or Psychological Abuse** is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse may include, but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating a participant in a manner not appropriate for their age, isolating participant from his/her family, friends, or regular activities, giving a participant

the "silent treatment," and enforcing social isolation are examples of emotional/psychological abuse.

- Signs and symptoms of emotional/psychological abuse may include, but are not limited to:
 - Being emotionally upset or agitated
 - Being extremely withdrawn and non-communicative or non-responsive
 - Unusual behavior usually attributed to dementia (*e.g.*, sucking, biting, rocking)
 - A participant's report of being verbally or emotionally mistreated
 - Unkempt appearance
 - Fear
 - Withdrawal
 - Depression
 - Anxiety
 - Helplessness
 - Hesitation to talk openly

(d) Verbal abuse is defined as the use of any oral or gestured language, which includes disparaging or derogatory terms directed at a participant or within a participant's hearing, regardless of the participant's age, ability to comprehend, or disability.

3. ACCIDENT OR INJURY are defined as the following categories:

- (a) FIRE** resulting in reportable loss (more than \$500) or temporary or permanent loss of home caused by fire.
- (b) FALL** resulting in the need for medical services beyond first aid or patterns of falls that potentially indicate a problem.
- (c) AUTOMOBILE ACCIDENT** resulting in the need for medical services beyond first aid.
- (d) SUICIDE ATTEMPT** means the participant intentionally placed himself or herself in harm with a reasonable belief that it would result in their death.
- (e) INJURY** resulting in the need for medical services beyond first aid or patterns of injuries that potentially indicate a problem.

4. ADMINISTERING STATE AGENCY (ASA) is defined as the agency accountable for the administration of the waiver and includes:

- (a)** The Maryland Department of Aging (MDoA) for the Older Adults Waiver (OAW)
- (b)** The Maryland State Department of Education (MSDE) for the Autism Waiver
- (c)** The Maryland Department of Health and Mental Hygiene (DHMH) for the Living at Home (LAH) Waiver

5. CASE MANAGER/SERVICE COORDINATOR (CM/SC) is defined as any entity to assist waiver applicants with the application process or participants with the coordination of waiver and other community services. The state-designated case managers/service coordinators are:

- (a)** MDoA -- agreements with each Area Agency on Aging (AAA)

- (b) MSDE -- agreements with the State's local school systems
- (c) DHMH -- contracts with community service providers

6. **COMPLAINT** is defined as any communication, oral or written, from a participant, participant's representative, provider, or other interested party to any employee of the DWP or ASA, a CM/SC, or waiver providers, etc., expressing dissatisfaction with any aspect of the program's operations, activities, or behavior. Complaints may be administrative or quality of care issues including, but not limited to the following:

- (a) **Access/Service** – Failure to secure a service or a lack of availability of a service. Lack of follow-up by DHMH, ASA, a CM/SC, a waiver provider, a health professional, or other on:
 - issue related to requesting or coordinating waiver or community service needed by the applicant/participant
 - case management services
 - fiscal intermediary services
 - medical assessment
 - financial determination
 - provider certification/enrollment
 - program eligibility determination
- (b) **Communication Issue** with DHMH, ASA, a CM/SC, a waiver provider, a health professional, or other due to:
 - requested information not provided
 - incorrect information provided
 - method of communication is perceived as unprofessional
 - unable to reach individual by phone, email, etc.
- (c) **Delays** - Lack of follow-up by DHMH, ASA, a CM/SC, a waiver provider, a health professional, or other on:
 - issue related to a service needed by the applicant/participant
 - issue needing resolution
 - time sensitive events
 - promises made by the individual
- (d) **Professionalism** - behavior of DHMH, ASA, a CM/SC, a waiver provider, a health professional, or other on:
 - perception of rudeness
 - perception of non-attentiveness
 - perception of bias/prejudice
 - individual performing outside the parameters of their job description
 - individual performing outside the parameters of their professional licensure
- (e) **Other** - All other complaints not addressed above.

7. **DEATH** is defined according to the following categories:

(a) **Anticipated death** means a death that was medically predicted to occur within six months with or without the provision of routine and comfort interventions. Anticipated deaths do not include the death of a participant with a life-long disability that has been reasonably stable.

(b) **Unanticipated death** means a death that was not predicted or anticipated within 6 months, or caused by an accident. An unanticipated death may be the result of abuse, neglect, an emergency medical condition, or sudden decline of a pre-existing medical condition.

- **Accidental** means an unanticipated death that is the consequence of a specific negative and unintentional event such as a medical error, motor vehicle accident, airway obstruction by a foreign object or food, or ingestion of a toxic substance. An accidental death is not abuse or neglect.
- **Death-related to medication** means death that was contributed to by the use or withholding of a medication, or adverse reactions to a medication.
- **Death-related to restraints** means the participant was either in restraints, seclusion, or isolation at the time of death or the death was directly related to the use of restraints, seclusion, or isolation.
- **Death-related to suicide** means the act of taking one's own life voluntarily and intentionally.

8. **EMERGENCY ROOM TREATMENT** is defined as any unscheduled medical treatment needed for the sudden and unexpected onset of a medical situation that, if immediate medical attention was not received, could result in death or serious injury to the participant.

An "emergency room visit" is not a Reportable Event if a participant goes to the emergency room for routine lab work, or on a weekend or holiday for routine treatment of illness that would ordinarily be provided in the doctor's office.

9. **EXPLOITATION -- FINANCIAL** is defined as the illegal or improper use of a participant or family member's funds, property, or assets. Examples may include, but are not limited to: cashing an individual's checks without authorization or permission; forging a participant's signature; misusing or stealing a participant's money or possessions; destruction or misappropriation of a participant's personal property; withholding a participant's funds; coercing or deceiving a participant into signing any document (*e.g.*, contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

- Signs and symptoms of theft or financial exploitation may include, but are not limited to:
 - Sudden changes in a participant's bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the participant
 - The inclusion of additional names on a participant's bank signature card
 - Unauthorized withdrawal of a participant or family member's funds using the participant's ATM card

- Abrupt changes in a will or other financial documents
- Unexplained disappearance of funds or valuable possessions
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources
- Discovery of a participant's signature being forged for financial transactions or for the titles of his/her possessions
- Sudden appearance of previously uninvolved relatives claiming their rights to a participant's affairs and possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family
- The provision of services that are not necessary
- A participant or family member's report of theft or financial exploitation

10. HOSPITALIZATION is defined according to the following categories:

- (a) **Anticipated** means a hospitalization that was scheduled or planned to occur.
- (b) **Unanticipated** means a hospitalization that was not predicted or anticipated which may be the result of abuse, neglect, accident, or sudden decline from a pre-existing medical condition.
- (c) **Emergency inpatient psychiatric** means an emergency, overnight admission for assessment or management of an unstable mental condition or high-risk behavior that require management by a physician.
 - Examples of mental health/behavioral hospitalization may include:
 - Emergency detention for mental health symptoms or behaviors
 - Deterioration of behavior that requires inpatient assessment
 - Admission to an in-patient psychiatric or neuro-behavioral unit for urgent medication adjustment

11. INCIDENTS are defined as events or situations that pose an immediate and/or serious risk to the physical or mental health, safety, or well being of a waiver participant. It may also involve the misappropriation of a waiver participant's property or a violation of the participant's rights. Incidents that are alleged to have occurred as well as the results of internal investigations are to be reported using the *Reportable Events Form*.

- Incidents may include an allegation of, or an actual occurrence of one or more of the following:
 - Abandonment
 - Abuse: physical, sexual, verbal, or emotional
 - Accidents or injuries requiring treatment beyond first aid or patterns of accidents or injuries that potentially indicate a problem.
 - Death: anticipated or unanticipated
 - Emergency Room visit
 - Exploitation: theft, financial, and destruction of property
 - Hospitalization: anticipated or unanticipated, and an in-patient psychiatric admission
 - Missing Person

- Neglect and self-neglect: nutritional, medical, self, or environmental
- Treatment error: medication or delegated task
- Rights violation
- Use of restraints, including physical, chemical, and seclusion
- Infectious diseases
- Emergency closure of a home or program facility for one or more days

12. MISSING PERSON is defined as a participant whose whereabouts are unknown and he/she is considered missing. A missing person report is not needed for a participant who lives with unpaid caregivers or housemates (such as natural family), unless the family has requested assistance locating the missing person or while the participant was receiving waiver services. Even if the participant has been located, a completed *Reportable Event Form* is required.

13. NEGLECT is typically defined as the refusal or failure to provide a participant with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, medical care, personal care, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to a participant. Neglect means any of the following:

- (a) **Nutritional** -- failure to provide adequate and appropriate food, water or other dietary services to meet the needs of the participant. This may include the implementation of specialized mealtime protocols for people at risk of choking.
 - (b) **Environmental** -- failure to maintain a building, furniture and associated spaces in a clean, well-ventilated, healthy and safe condition; failure to provide adequate sensory and mental stimulation appropriate to the participant's needs.
 - (c) **Failure to follow plan/poor care** -- failure to provide support services to a participant according to the care plan or provider's policies and procedures or the provision of services in such a limited manner that the participant's safety or health is jeopardized.
 - (d) **Medical** -- failure to provide medication as ordered, prompt and adequate physical care, seek appropriate medical treatment or report change in a participant's condition in a timely manner.
- Signs and symptoms of neglect may include, but are not limited to:
- Dehydration, malnutrition, untreated bed sores, or poor personal hygiene
 - Unattended or untreated health problems
 - Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water/inadequate plumbing)
 - Unsanitary and unclean living conditions (e.g., dirt, animal/insect infestation, soiled bedding, fecal/urine smell, inadequate clothing)
 - Inappropriate and/or inadequate clothing
 - Lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures)
 - Grossly inadequate housing or homelessness
 - A participant's report of being mistreated

14. SELF-NEGLECT is characterized as the behavior of a participant that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide

himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

- Signs and symptoms of self-neglect may include but are not limited to:
 - Dehydration, malnutrition, untreated bed sores, or poor personal hygiene without an underlying medical cause
 - Unattended or untreated health problems
 - Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water/inadequate plumbing)
 - Unsanitary and unclean living conditions (e.g., dirt, animal/insect infestation, soiled bedding, fecal/urine smell, inadequate clothing)
 - Inappropriate and/or inadequate clothing
 - Lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures)
 - Grossly inadequate housing or homelessness

“Self-neglect” is not a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

15. REPORTABLE EVENTS are defined as the allegation of or an actual occurrence of an *incident* that may pose an immediate and/or serious risk to the physical or mental health, safety, or well being of a waiver applicant/participant; or *complaints* regarding an administrative service or quality of care issue as follows:

INCIDENTS

- Abandonment
- Abuse: physical, sexual, verbal, or emotional
- Accidents or injuries requiring treatment beyond first aid
- Death: anticipated or unanticipated
- Emergency Room Treatment
- Exploitation: theft and financial
- Hospitalization: anticipated, unanticipated, and in-patient psychiatric or neuro-behavioral admission
- Missing Person
- Neglect and self neglect: nutritional, medical, environmental
- Treatment error: medication or delegated task
- Rights violation
- Use of restraints, including physical, chemical and seclusion
- Infectious diseases
- Emergency closure of a home or program facility for one or more days

COMPLAINTS

- Access/ Service
- Communication Issue
- Delays
- Professionalism
- Other- All other complains not addressed above

16. RESTRAINT is defined as any of the following:

(a) **Physical restraint** means any manual method, physical device, material, or equipment, attached or adjacent to a participant's body: which a participant cannot remove easily; which restricts freedom of movement or access to the participant's body; which is used for discipline or convenience.

- Examples of physical restraint may include, but are not limited to:
 - A locked room
 - A device or garment that interferes with freedom of movement
 - Restraint by a facility staff member, caregiver, family member, etc. of a participant by use of physical force
 - Disabling or interfering with a participant's mobility device
 - Withholding assistance to a dependent participant for the purpose of interfering with the participant's free movement

(b) **Chemical restraint** means a drug that is used for discipline or convenience.

- Examples of chemical restraint may include usage of a drug in one or more of the following ways:
 - In excessive dose, including duplicate drug therapy
 - For excessive duration, without adequate monitoring
 - Without adequate indications for its use
 - In the presence of adverse consequences that indicate the dose should be reduced or discontinued

(c) **Involuntary seclusion** means the separation of a participant from others or from the participant's room or home against the participant's will or the will of the participant's guardian/representative.

“Involuntary seclusion” does not mean separating the participant from other individuals on a temporary and monitored basis.

17. RIGHTS VIOLATION is defined as the following:

- Participants Rights include, but are not limited to:
 - To be informed of his/her rights and responsibilities
 - To privacy
 - To be treated with courtesy, dignity, and respect
 - To receive fair treatment without discrimination based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment
 - To participate in planning and decisions involving his/her care and to be informed by the provider of any changes in the plan of care
 - To be provided with information about the agency and its services
 - To receive reasonable safety in the provision of care
 - To control his/her own household and life style, including the right to receive visitors, mail, and use the telephone in residential settings

- To formulate advanced directives
- To receive treatment, care and services consistent with the participant's plan of care
- To select and know the identity and professional status of the individuals providing services
- To receive services by competent provider based upon the participant's perception of competency
- To request another provider from the agency or an entirely different agency at any time
- To be informed and educated of his/her condition and all proposed procedures by the provider in accordance with generally accepted professional standards and in a language that the participant understands
- To have his/her cultural, psychosocial, spiritual, personal values, beliefs, and preferences valued
- To Pain Management
- To refuse or discontinue all or part of any treatment/care/service and to be informed of the potential consequences of that refusal
- To be informed of the charges for care/services rendered
- To communicate with providers, caregivers, and health care practitioners in confidence
- To review and copy his/her medical records and be assured confidential handling of his/her records and individually identifiable health care information protected as mandated by federal (HIPAA) and State law
- To voice and formally report a complaint without fear of reprisal and to receive a timely response to a complaint from the provider and/or the agency

18. TREATMENT ERROR is defined according to the following categories:

- (a) **MEDICATION ERROR** is defined as any event that requires medical services beyond first aid. This would include any preventable event that may cause or lead to inappropriate medication use or harm, while the medication is in the control of the health care professional, family member, or participant. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; and monitoring.
- (b) **DELEGATED TASK ERROR** is defined as any incident that occurs as the result of action or inaction of the delegating nurse or attendant/personal care aide that requires medical services beyond first aid.
- Classified as, but not limited to:
 - Improper delegation of task
 - Inadequate oversight by the delegating nurse
 - Insufficient training by the delegating nurse
 - Improper or poorly performed task by the delegating nurse or attendant/personal care aide

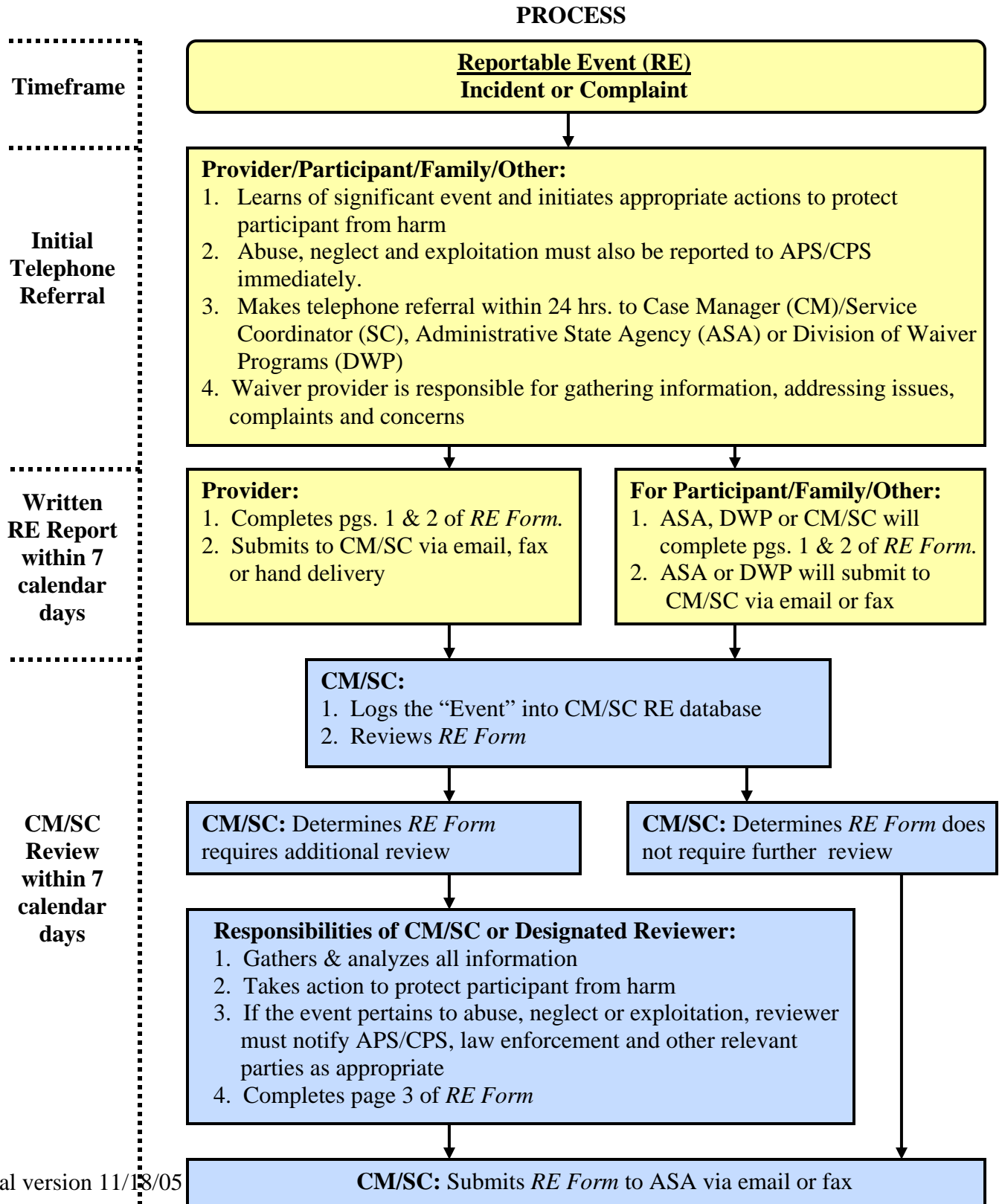
19. OTHER is classified as, but not limited to:

- Infectious diseases
- Any unusual or *Reportable Event*, which may attract media attention
- Any unusual or *Reportable Event*, which involves law enforcement
- Emergency closure of a home or program facility for one or more days
- Any incident or circumstance that may subsequently involve claims or legal action against the State
- Any other event not listed in these definitions

APPENDIX A

Reportable Event – Flow Chart Process

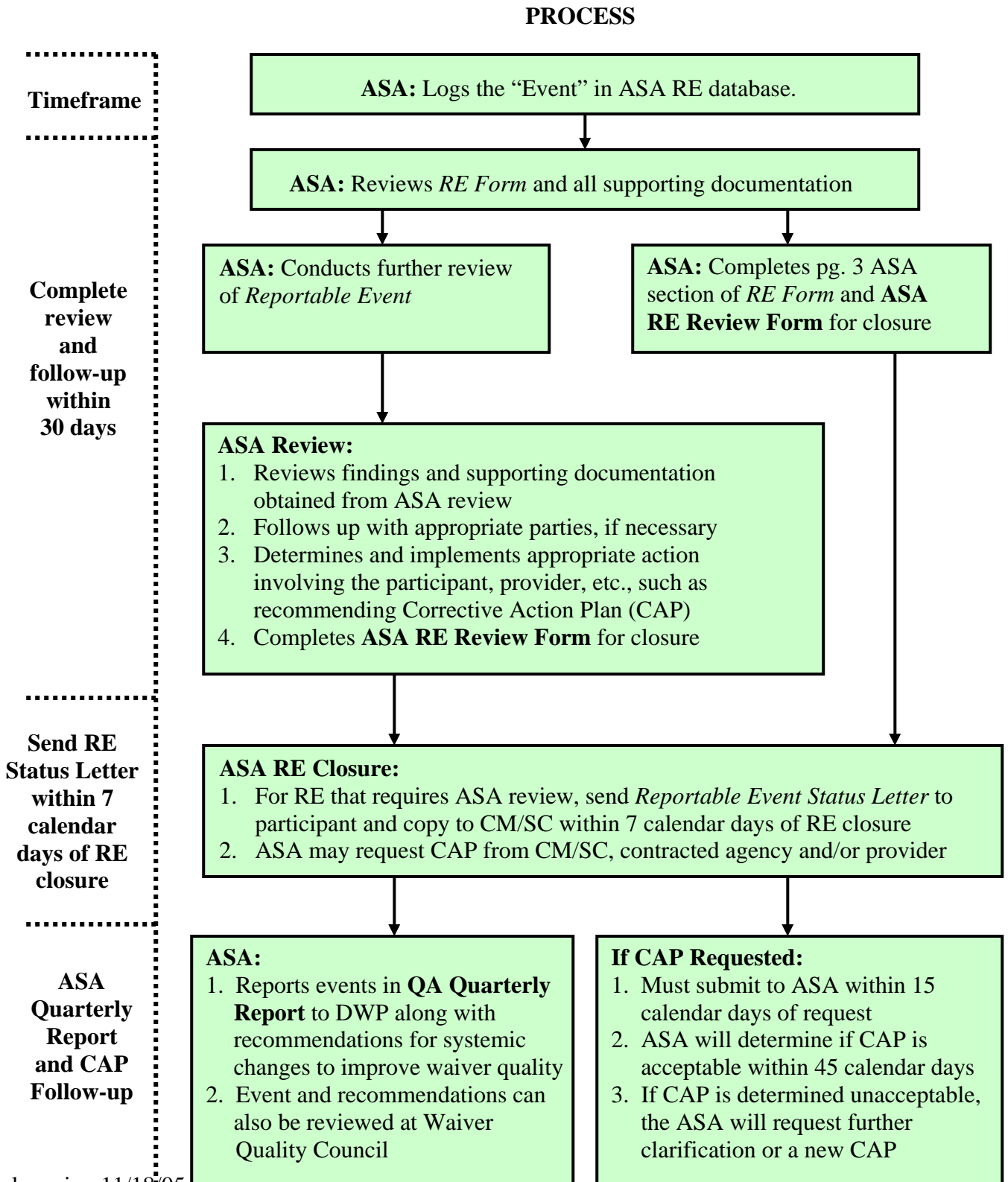
Part 1: Initial Reporting and CM/SC Review



APPENDIX A

Reportable Event – Flow Chart Process

Part 2: ASA Review, Follow-up and Documentation



Name:
Event Date:

**APPENDIX B
Medicaid Home and Community-Based Services
Reportable Event Form**

RE Id#
Completed by ASA Only

Jurisdiction: Select One

Waiver Program: **Autism** – Send to MSDE **LAH** – Send to DHMH **Older Adults** – Send to MDoA

<p align="center"><i>REPORTING INFORMATION</i></p> <p>Report Date and Time: / /</p> <p>Reported by:</p> <p>Reported to: <input type="checkbox"/> CM/SC <input type="checkbox"/> ASA</p> <p>PERSON COMPLETING FORM:</p> <p><input type="checkbox"/> Case Manager <input type="checkbox"/> Provider</p> <p><input type="checkbox"/> Applicant/Participant <input type="checkbox"/> Family or Advocate</p> <p><input type="checkbox"/> Other:</p> <p>Name:</p> <p>Telephone Number: ext.</p> <p>Email Address:</p>	<p align="center"><u>EVENT INFORMATION</u></p> <p>Event Date and Time: / /</p> <p>Event Involved: <input type="checkbox"/> Applicant <input type="checkbox"/> Participant</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip:</p> <p>DOB: MA#: SS#:</p> <p>Staff Involved: (if appropriate)</p> <p>Provider: Select One</p> <p>Provider #:</p> <p>Provider/Facility:</p> <p>Contact:</p> <p>Phone: ext.</p> <p align="right">Service Interruption: (if applicable)</p> <p align="right">Start Date: End Date:</p> <p align="right">Reason:</p>
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COMPLAINT (Check all that apply)	ALLEGED INCIDENT(S) (Check all that apply)												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><u>Quality of Care Service Issues</u></td> <td style="width:50%; text-align: center;"><u>Administrative Service Issues</u></td> </tr> <tr> <td style="padding: 5px;">Access <input type="checkbox"/></td> <td style="padding: 5px;">Access <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Communication <input type="checkbox"/></td> <td style="padding: 5px;">Communication <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Delays <input type="checkbox"/></td> <td style="padding: 5px;">Delays <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Professionalism <input type="checkbox"/></td> <td style="padding: 5px;">Professionalism <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Other <input type="checkbox"/></td> <td style="padding: 5px;">Other <input type="checkbox"/></td> </tr> </table> <p>Complainant Information:</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip:</p> <p>Telephone Number: ext.</p> <p>Email:</p>	<u>Quality of Care Service Issues</u>	<u>Administrative Service Issues</u>	Access <input type="checkbox"/>	Access <input type="checkbox"/>	Communication <input type="checkbox"/>	Communication <input type="checkbox"/>	Delays <input type="checkbox"/>	Delays <input type="checkbox"/>	Professionalism <input type="checkbox"/>	Professionalism <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	<p>Abuse <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal <input type="checkbox"/> Emotional</p> <p>Neglect <input type="checkbox"/> Nutritional <input type="checkbox"/> Medical <input type="checkbox"/> Self <input type="checkbox"/> Environment</p> <p>Exploitation <input type="checkbox"/> Financial <input type="checkbox"/> Theft <input type="checkbox"/> Destruction of Property</p> <p>Accident/Injury <input type="checkbox"/> (Requiring treatment beyond First Aid)</p> <p>Death <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated Date of Death _____</p> <p>Hospitalization <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> In-patient psychiatric</p> <p> <input type="checkbox"/> Emergency Room Visit</p> <p>Restraint <input type="checkbox"/> Physical <input type="checkbox"/> Chemical <input type="checkbox"/> Seclusion</p> <p>Treatment Error <input type="checkbox"/> Medication <input type="checkbox"/> Delegated Task <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Missing Person <input type="checkbox"/> Abandonment <input type="checkbox"/> Rights Violation <input type="checkbox"/> Other:</p>
<u>Quality of Care Service Issues</u>	<u>Administrative Service Issues</u>												
Access <input type="checkbox"/>	Access <input type="checkbox"/>												
Communication <input type="checkbox"/>	Communication <input type="checkbox"/>												
Delays <input type="checkbox"/>	Delays <input type="checkbox"/>												
Professionalism <input type="checkbox"/>	Professionalism <input type="checkbox"/>												
Other <input type="checkbox"/>	Other <input type="checkbox"/>												

Name:
Event Date:

APPENDIX B

RE Id#

EVENT DESCRIPTION AND RESPONSE

Add additional pages or documentation if necessary.

Provide a detailed description of reportable incident or complaint including a list of all parties involved; location of incident; and injured body-part (if applicable). Any immediate responses and actions should also be included. (limit 1250 characters)

CONTACT INFORMATION

Contact all applicable agencies or individuals.

<input type="checkbox"/> Adult (APS) or Child Protective Services (CPS) <u>APS or CPS must be contacted for all alleged abuse, neglect, or exploitation events.</u> Date contacted: Person contacted: Telephone Number: ext. Comments:	<input type="checkbox"/> Authorized Guardian/Representative/Parent Name: Address: City/Stat/Zip: Telephone Number: ext. Participant authorized release of information: <input type="checkbox"/> Yes <input type="checkbox"/> No Date contacted: Comments:
<input type="checkbox"/> Law Enforcement Agency Date contacted: Person contacted: Telephone Number: ext. Comments:	<input type="checkbox"/> Ombudsman Program/Local School System Date contacted: Person contacted: Telephone Number: ext. Comments:
<input type="checkbox"/> Office of Health Care Quality Date contacted: Person contacted: Telephone Number: ext. Comments:	<input type="checkbox"/> Other: Date contacted: Person contacted: Telephone Number: ext. Comments:

Name:
Event Date:

APPENDIX B

RE Id#

INTERVENTIONS AND ACTION PLAN

Verified APS/CPS report (*CM/SC confirms that event reporter has contacted APS/CPS or CM/SC makes the referral*)

TO BE COMPLETED BY CM/SC ONLY

What has or can be done to address this issue? What is the Action Plan? (*limit 2500 characters*)

TO BE COMPLETED BY ASA ONLY

Date Report received:

ASA Follow-up needed: No **Closure Date:** **ASA Reviewer:** Choose staff #

Yes **Date of ASA Information Request:**

Comments or Information needed:

APPENDIX C

MEDICAID WAIVER FOR OLDER ADULTS REPORTABLE EVENT CORRECTIVE ACTION PLAN (CAP)

Waiver Program: Autism Living at Home Older Adult

Date of CAP Request:

Participant/Applicant Name: RE ID#: -

Involved Entity:

Entity Type: Waiver Provider Case Manager

Entity's Address:

Telephone Number:

Name and Title of Person Responsible for Overall Implementation of CAP:

For Administering State Agency (ASA) Use Only:

Overall CAP: Accepted

Rejected

<i>Identified Concerns</i>	Corrective Action Step(s)* (ex. Newly implemented/revised policies)	CAP Start Date	<i>Name and Title Of Person Responsible For Implementing Corrective Action</i>	Is CAP Step Acceptable? (If no, provide explanation) ASA Use Only
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Failure to implement and/or ensure continued enforcement of corrective action plan(s) could result in a recommendation from the Waiver program's Administering State Agency for further adverse actions.*

APPENDIX D

Name:

RE Id#

Event Date:

Medicaid Home and Community-Based Services
ASA Reportable Event Review Form

ASA REVIEW & SUMMARY

Date Assigned: ASA Staff Assigned: Choose staff #

Applicant/Participant information: Choose one

Provider action: Choose one

Did the facility or agency have written policies and procedures in place? Yes No Were such policies and procedures followed at the time of the event? Yes No

Case Manager action: Choose one (If inappropriate, provide detail in narrative/comments section below.)

Narrative/Comments:

ASA ACTION

Technical Assistance given: Training Recommended: Choose training area

Corrective Action Plan required: No Yes (if yes, then fill out section below)

CM/SC CAP required Date Due:

Person responsible for overall CAP implementation:

CAP received Date Received:

CAP: Choose one If not accepted, date due:

Provider CAP required Date Due:

Person responsible for overall CAP implementation:

CAP received Date Received:

CAP: Choose one If not accepted, date due:

ASA recommended provider sanctions: Choose one Date referred to DWP:

FINAL STATUS

Date Reportable Event closed:

Date Reportable Event Status Letter sent:

ASA RE Coordinator: Choose staff #

Date: