



Developmental Disabilities Administration Coordination of Community Services Monthly Training Series Policy on Reportable Incidents and Investigations (PORII)

July 29, 2026



Housekeeping



Yemonja Smalls No active cameras 23:50


Maryland
DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA)
**Coordinators of Community
Services Meeting**

June 17, 2025

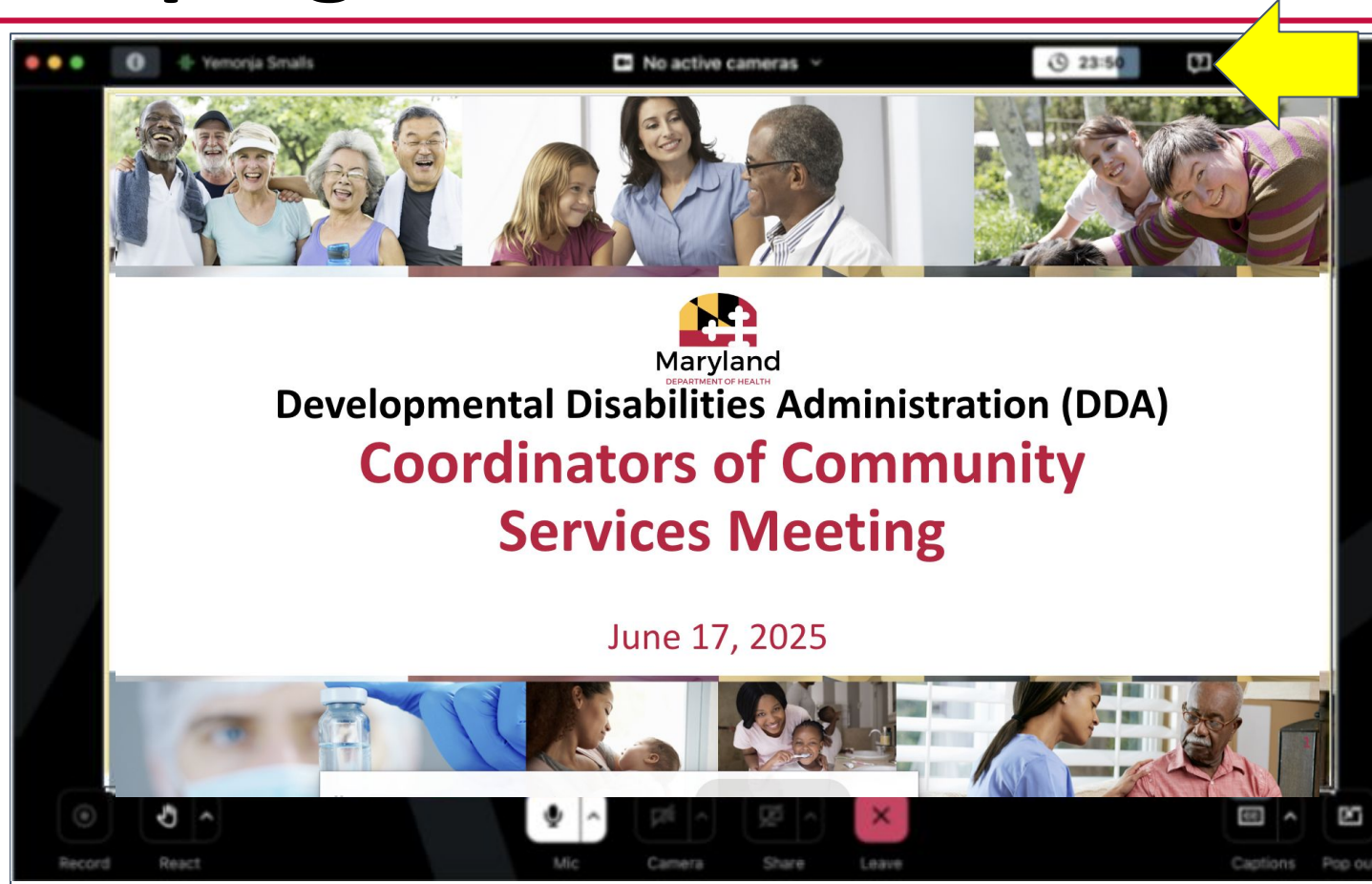
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Housekeeping



Housekeeping



Agenda

- Background of the [Policy On Reportable Incidents and Investigations](#)
- General Requirements
- Reporting Process and Expectations
- Types of Incidents
- Incident Reporting Reminder
- Statewide Contacts

What is PORII?

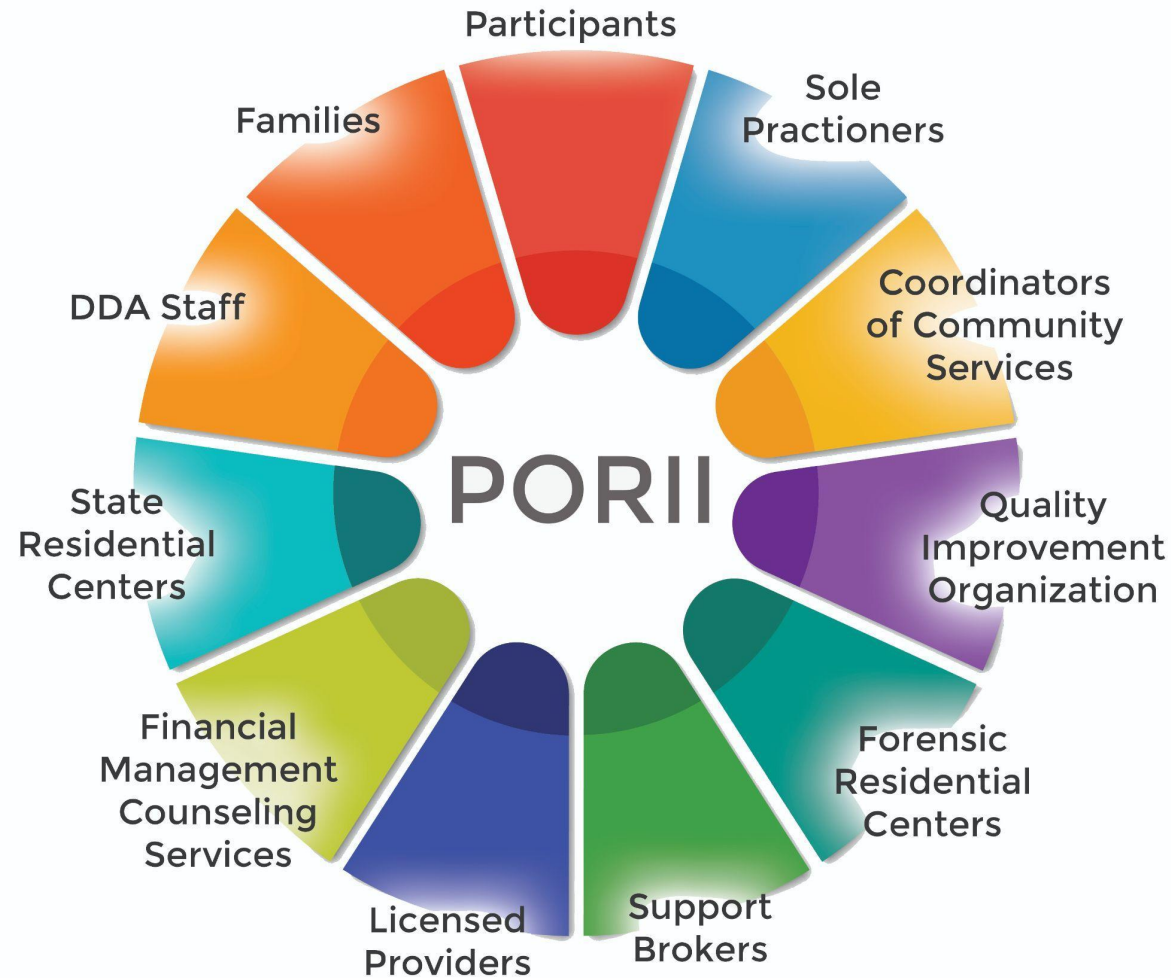
PORII is the Policy On Reportable Incidents and Investigations.

- The policy outlines the following requirements:
 - How to report;
 - When to report;
 - Type of incidents to report;
 - Responsibilities of reporters; and
 - Requirements of submitted documentation.

Purpose

- To ensure the health, safety, and welfare of individuals receiving services from DDA-licensed and DDA-funded providers.
- PORII applies to any incident that threatens the health and safety and/or has the potential to cause harm to an individual.

Who does PORII Apply too?



General Requirements

Designated Staff to Report and Investigate:

- Qualified reporters required to complete investigations training.
- Required to uphold the reporting and investigation duties noted within the PORII policy.

General Requirements

Freedom from Retaliation

- Every reporting entity must have measures in place to reduce the potential for retaliation.

Comprehensive Approach

- Office of Health Care and Quality (OHCQ): reviews, prioritizes, and investigates all of Type 1 incidents.
- DDA Regional Office: reviews, prioritizes, and investigates all of Type 2 incidents.

Reporting Process & Expectations

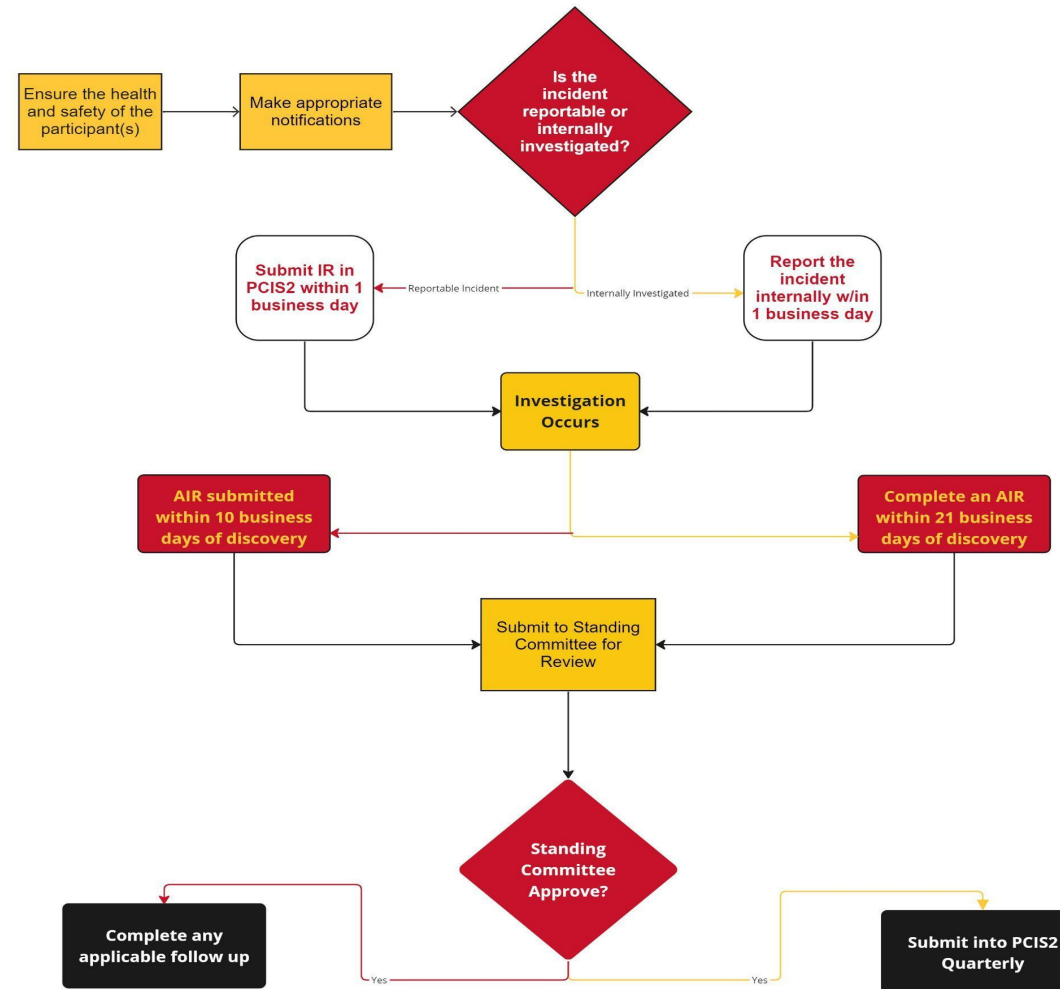
Agency Responsibilities (1 of 2)

- Ensure the health and safety of the participant.
- Notify families and/or advocates; Coordinators of Community Services; external entities - Child Protective Services (CPS), Adult Protective Services (APS), police, etc.

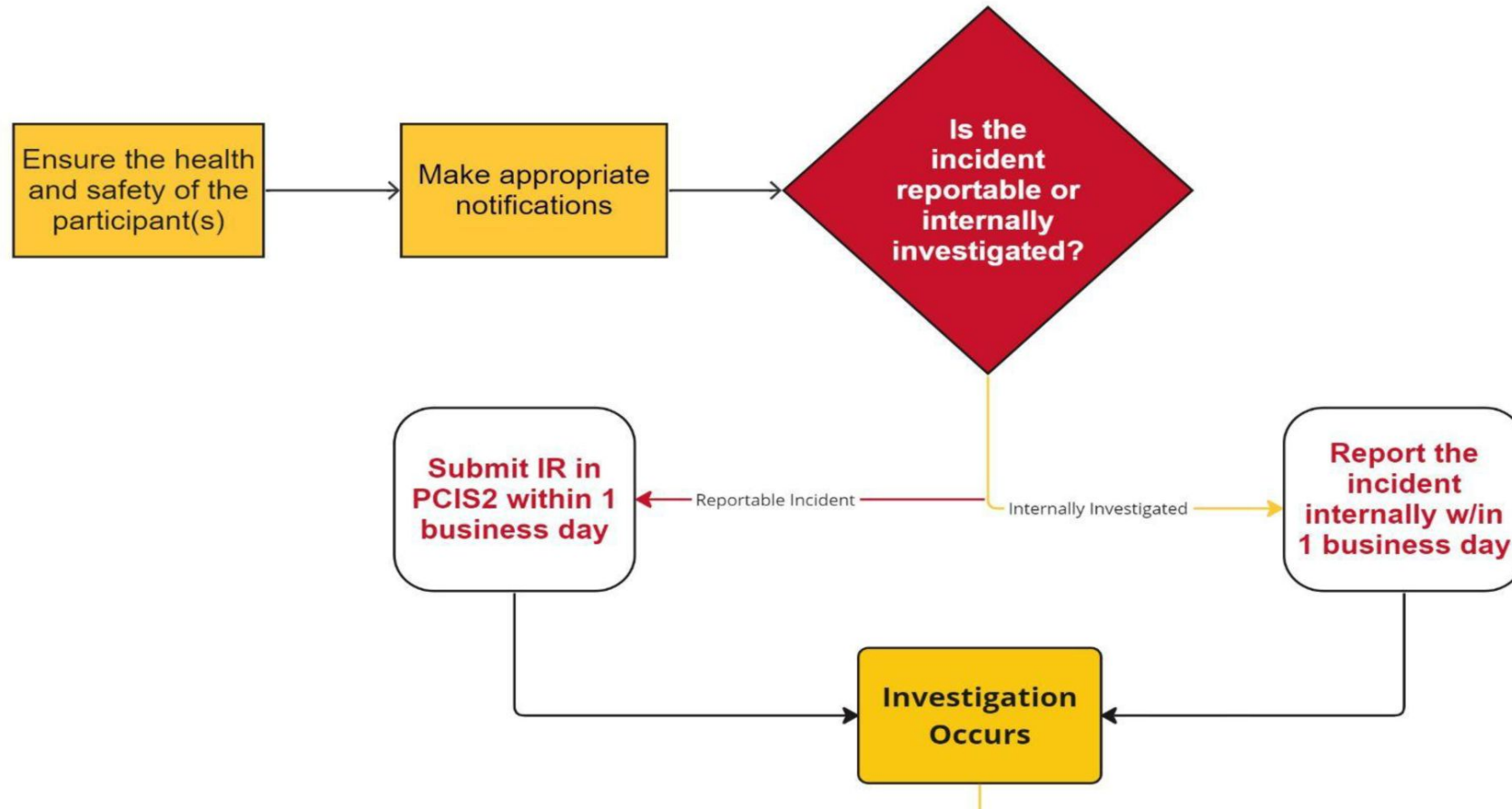
Agency Responsibilities (2 of 2)

- Report to DDA via Provider Consumer Information System (PCIS2) within one working day of the incident or date of discovery.
- Investigate each incident.
 - Agency Investigation Report (AIR) submitted to Standing Committee for review.
 - Submit an AIR within 10 working days of discovery of the incident.

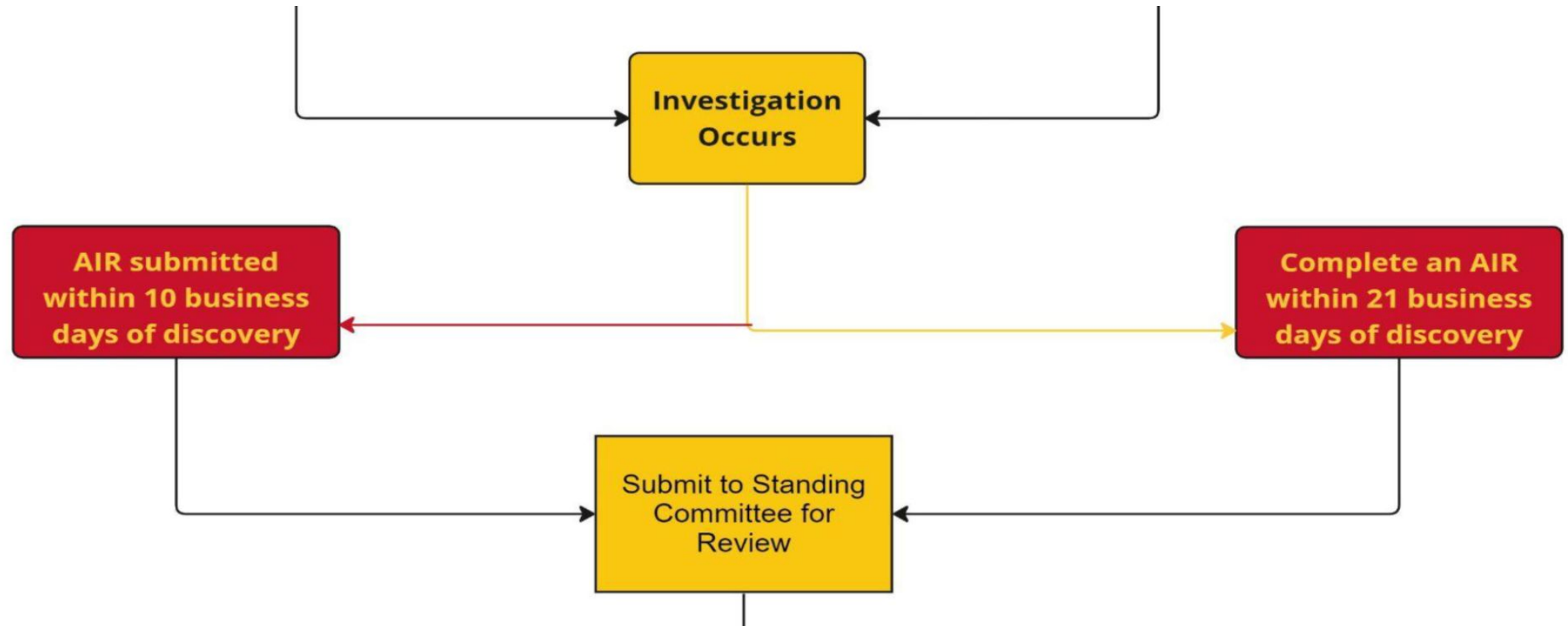
Reportable vs. Internally Investigated Incidents



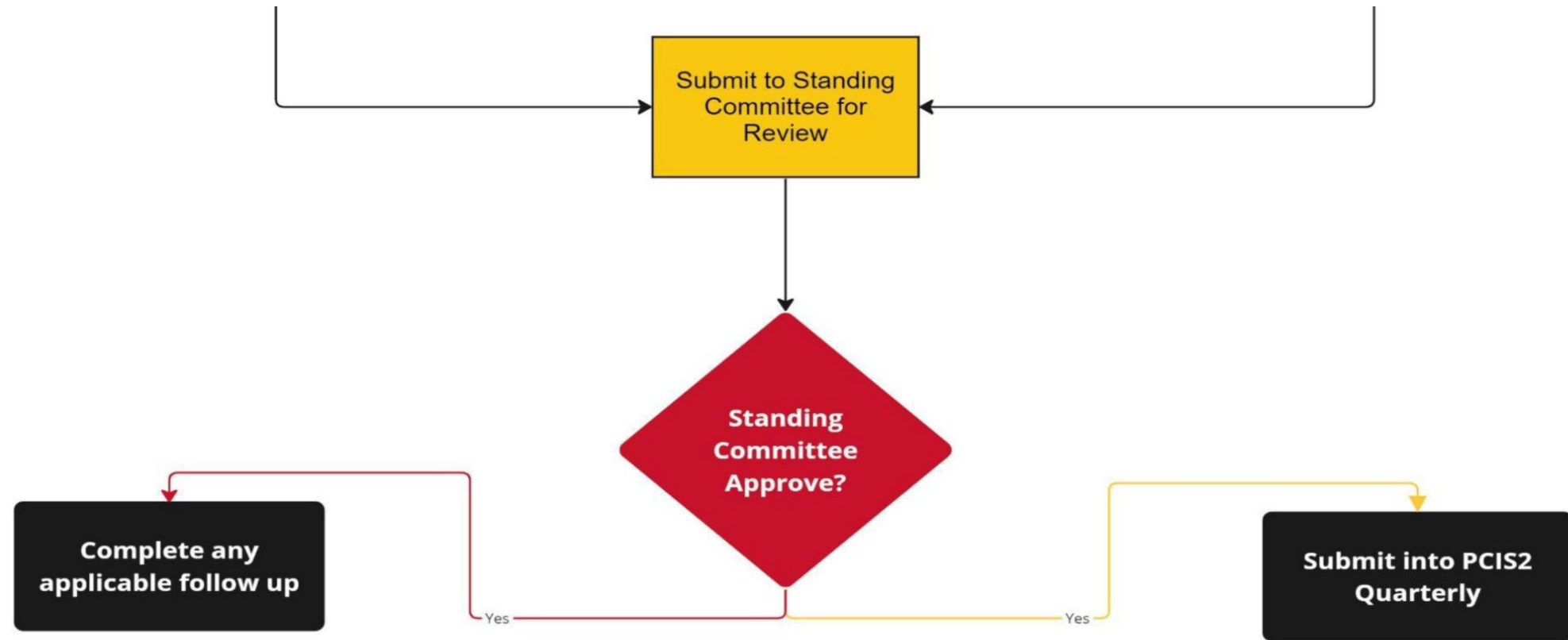
Reportable vs. Internally Investigated Incidents



Reportable vs. Internally Investigated Incidents



Reportable vs. Internally Investigated Incidents



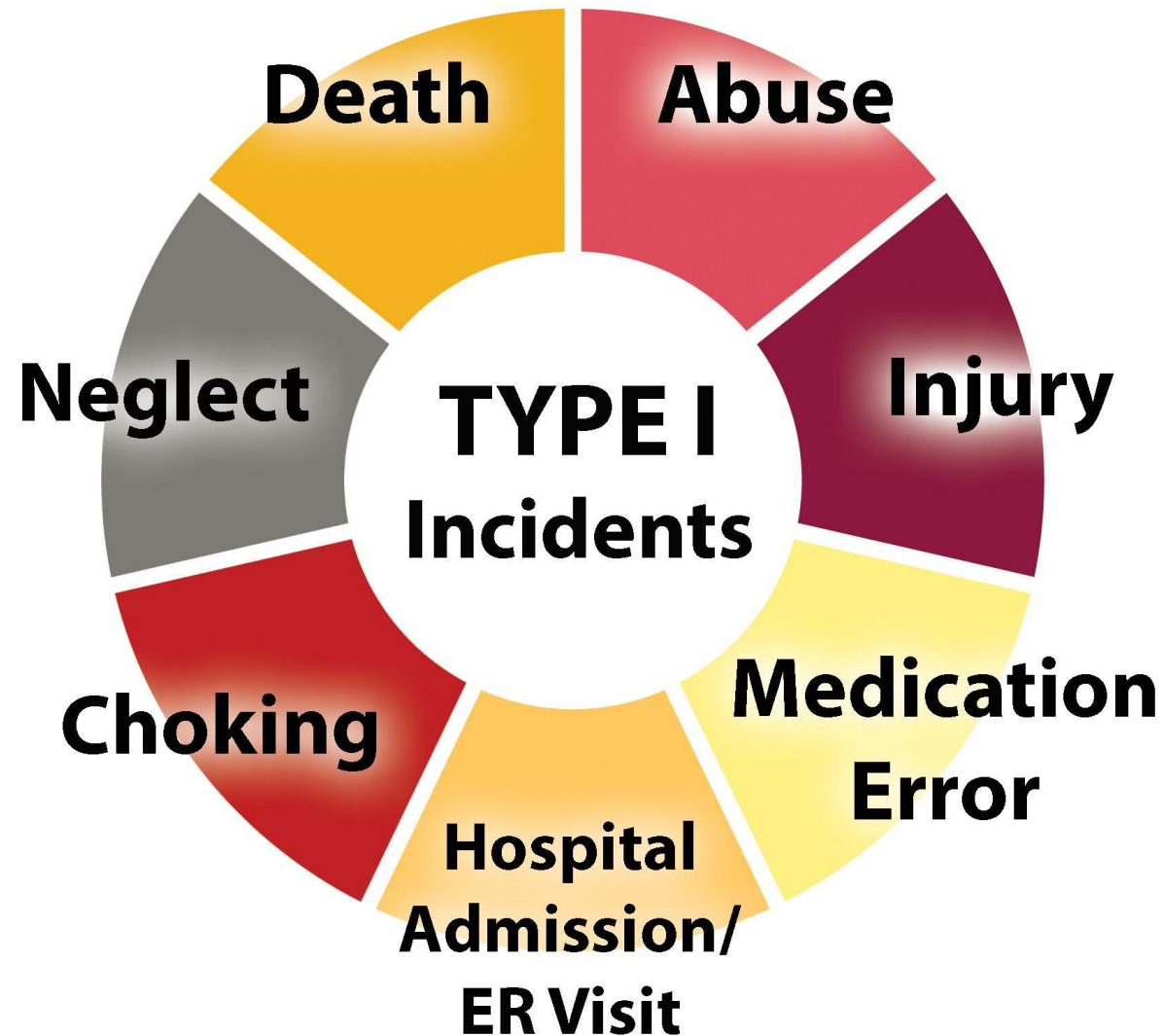
Internally Investigated Reporting Period

QUARTER	TIME PERIOD	REPORT DUE
1st	October - December	January 15
2nd	January - March	April 15
3rd	April - June	July 15
4th	July - September	October 15

OHCQ Incident Prioritization



Type I Incidents



Internally Investigated Incidents

- Events or situations that shall be reported to designated qualified staff within the agency.
 - Must be reported to “designated agency staff” within 1 day of discovery – agency then investigates incident.
 - AIR must be completed within 21 working days using the DDA format submitted to the standing committee.
 - All internal incidents are reported to DDA quarterly.
 - 3 internal investigated incidents of any kind within 4 weeks with the same participant is a reportable incident.

Abuse (1 of 3)



The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

Abuse (2 of 3)

Reportable when?

- There is any suspected or confirmed incident of physical, sexual, psychological abuse, inhumane treatment, and or violation of rights.

Abuse (3 of 3)

Internally Investigated only when:

- An individual repeatedly alleges unsubstantiated abuse which is documented in the Person-Centered Plan (PCP) and addressed in an approved Behavior Support Plan (BSP).
- An incident that involves physical contact between 2 or more individuals that does not result in injury.

Abuse Questions (1 of 2)

Here are a few questions to think about:

- Did you immediately ensure everyone's health and safety?
- Was the involved aggressor removed from individual contact?
- Was the incident investigated?
- Was the abuse physical or sexual? If yes, were the police notified? Was CPS/APS contacted?

Abuse Questions (2 of 2)

Considerations

- Are supports in place to assist the victim in coping with any physical or psychological trauma?
- Did the accused staff have all required training?
- Were all notifications made, including family, Coordinator of Community Services, and the Regional Office?

Neglect

- The failure to provide proper care and attention to an individual that results in significant harm or jeopardy to the individuals health, safety, or well-being.
- Failure to provide necessities such as food, clothing, medical treatment, supervision, shelter, or a safe environment.

Neglect

Reportable when?

- There is any suspected or confirmed incident of neglect or mistreatment of an at-risk adult.

Reporting Abuse & Neglect



**REPORT
ABUSE & NEGLECT
OF PEOPLE WITH DEVELOPMENTAL DISABILITIES**

Submit a report by phone (410) 402-8015 or online at <http://bit.ly/DDAOHCQ>
Learn more about the DDA by visiting: dda.health.maryland.gov



The Developmental Disabilities Administration (DDA) encourages anyone who has concerns about abuse or neglect to report it directly to:
Office of Health Care Quality
Submit a report by phone at (410) 402-8015
or at <https://bit.ly/4yHEDie>

Hospital Admission/ER Visit (1 of 2)

Reportable when?

- An unexpected and/or unplanned hospital admission or in-patient service for an individual whose PCP does not document the need for frequent/repeated hospitalizations because of a chronic somatic or psychiatric condition.
- There was a moderate or severe injury (e.g., fractured arm) in which case the incident should be reported as “injury.”

Hospital Admission/ER Visit (2 of 2)

Internally Investigated when?

- A person's PCP documents the need for frequent hospitalizations.
- Emergency Room visit (e.g., not admitted, "observation," treated and released)

Injury

- Any physical harm, hurt or damage to an individual caused by an act of that person or others.
- Injuries that result in medical emergencies that require immediate assessment and intervention are reportable incidents.

Medication Error (1 of 2)

The failure to administer medications as prescribed or administering medication not prescribed by a licensed physician (incorrect dose, time, route, etc.).



Medication Error (2 of 2)

Reportable when?

- Has the potential to cause harm or results in requiring nursing, medical, or dental observation by a physician; or results in the admission to a hospital or a 24-hour infirmary for treatment or observation.

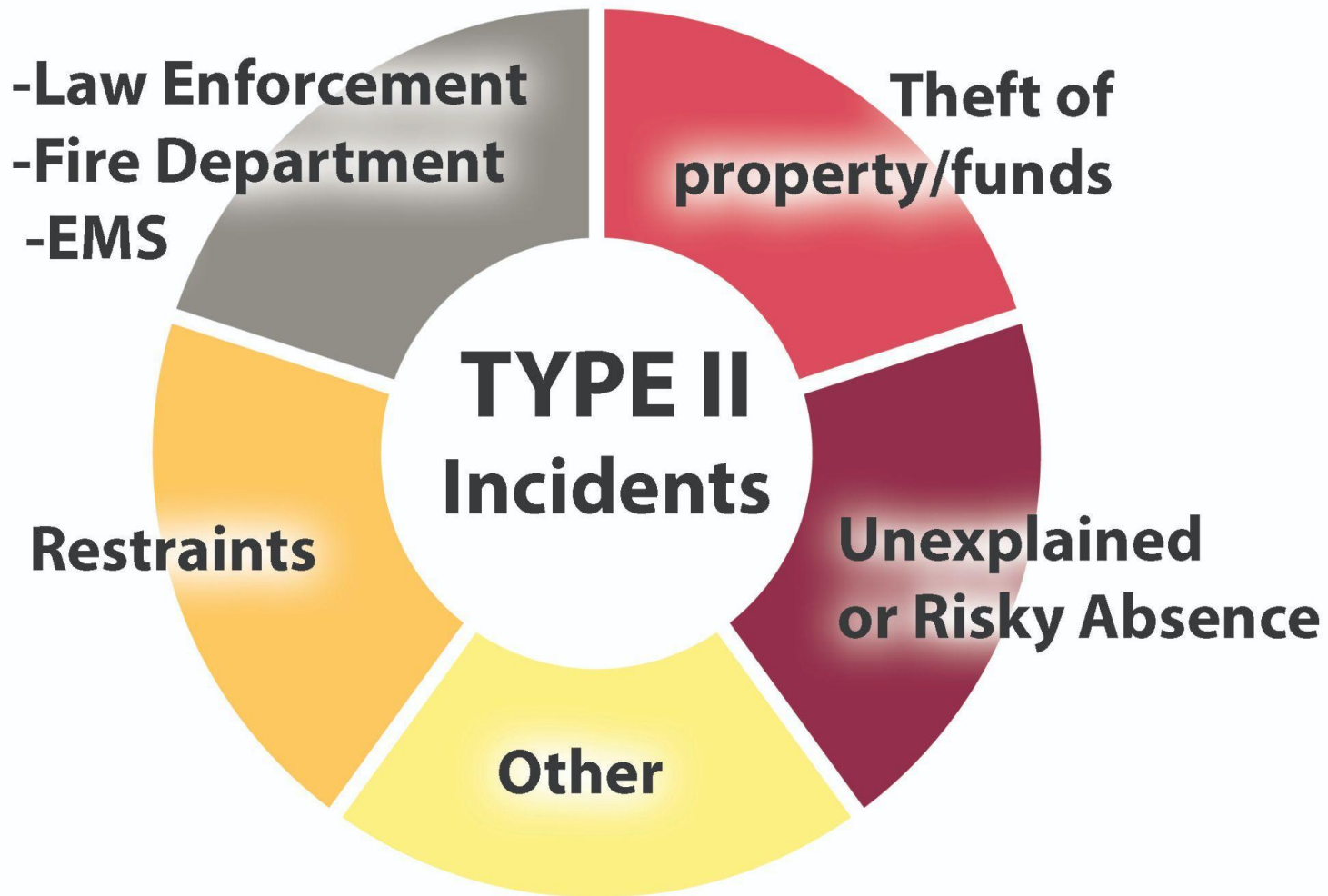
Internally Investigated when?

- An internal investigation occurs when the medication error has no adverse effects that does not require medical interventions.

Choking and Death

- **Choking** is the obstruction of the flow of air from the environment into the lungs. Choking prevents breathing, partially or completely.
 - **Reportable when?**
 - Individual loses consciousness or receives CPR as a result of choking.
 - Occurs as a result of failure to train staff of specialized diet; failure to follow protocol for choking victim.
- **Death:** All loss of life, regardless of cause is reportable.

Type II Incidents



Law Enforcement (1 of 2)

Reportable when?

- Law enforcement responded due to an individual's behavior, and one or more of the following conditions was present:
 - No Behavior Support Plan (BSP) is in place.
 - The BSP was not implemented.
 - The individual is a safety risk to themselves or others.
- May result in a police report being taken for the following reasons:
 - Forensic – arrested and taken to a police station.
 - Responding to a theft should be classified as “THEFT” incident report.



Law Enforcement (2 of 2)

Internally Investigated when?

- Law enforcement reported to a licensed site but it did NOT result in a police report.
- Police responded due to an individual's behavior, but one or more of the following conditions is present:
 - The behavior has been documented in the BSP.
 - The BSP was implemented.
 - The individual is NOT a safety risk to themselves or others.

Fire Department / Emergency Medical Services



ANY INCIDENT
REQUIRING THE FIRE
DEPARTMENT/EMS

REPORTABLE
INCIDENT

Theft



Any suspected or confirmed misappropriation of an individual's personal property or money.

Unexpected or Risky Absence

- The unexpected or unauthorized absence of an individual whose PCP does not indicate the individual has unsupervised time or an individual who is gone for more than 4 hours without approval.

Restraints

- Any physical, chemical, or mechanical intervention used to impede an individual's physical mobility or limit free access to the environment.
- **Physical and Mechanical restraints need to be reported when:**
 - Restraining without having noted in a BSP;
 - Restraints are not part of the DDA approved curriculum;
 - Restricts the movement of an individual as a substitute for programming and/or disciplinary purposes; or
 - Use of mechanical or physical restraint that results in an injury.

Chemical Restraints

- A Chemical Restraint is reportable when:
 - Medication intervention not considered as a routine support to sedate, calm, or manage acute behavior.
 - Used as a preventative measure not a response to a behavior.

Other Reportable Incidents

- Any incident not otherwise defined in PORII that impacts or may impact the health or safety of an individual.
 - Suicide threat or attempt;
 - A communicable disease outbreak per the Centers for Disease Control (CDC) or the local health department guidelines;
 - 3 internally investigated incidents within a 4-week period.

Mistakes or Omissions

- If you discover an Incident Report (IR) mistake and/or omission:
 - Send an email to the Regional Office (RO) Quality Enhancement (QE) triage mailbox.
 - An RO QE Incident Management Coordinator (IMC) will notify the DDA Service Desk that the withdrawal of the incident has been approved.
- Any internal investigations that have not been submitted can be withdrawn from PCIS2 without needing to request from the RO.

Withdrawal of an Incident Report

If an Incident Report needs to be withdrawn from PCIS2 (e.g., submitted by accident, not reportable per PORII):

- The request and justification must be put in writing and sent to the RO triage email (see next slide).
- After approval by the Director of Quality Enhancement, the DDA Service Desk will proceed to withdraw the incident.
- RO QE IMC will email the reporting entity to inform them that the IR has been withdrawn.

Incident Reporting Reminders (1 of 2)



- Notify the Regional Office (RO) immediately;
- Incident Report (IR) is required to be submitted into PCIS2 within 1 working day;
- Include in the IR the immediate actions to ensure the health and safety of the individual and how it will be maintained during an investigation.

Incident Reporting Reminders (2 of 2)

- Be as specific as possible in the narrative of the IR;
- Do not forget to put the Date of Discovery;
- Note the final diagnosis if pertinent to the IR – DO NOT use acronyms, providing a short description is helpful;
- If an IR needs to be redone or withdrawn, contact your RO;
- AIR are due within 10 business days;
- Please remember to respond to any of the DDA or OHCQ questions as quickly as possible;
- Reference the [PORII](#) FAQ's when needed.

Post Incident

Monitoring and Follow Up

- Ensure follow up has been made with the participant following an incident.
 - Depending on severity, this can be in person and/or virtual.
- The Monitoring and Follow Up Form is required to be completed and submitted.
- Follow up with the Regional Office Quality Enhancement and/or Coordinator of Community Services Support Team if needed.



Incident Triage Contacts

CMRO: cmrotriage.ddaqa@maryland.gov

ESRO: emrotriage.ddaqa@maryland.gov

SMRO : smrotriage.ddaqa@maryland.gov

WMRO: wmrotriage.ddaqa@maryland.gov

OHCQ: dd.triage@maryland.gov

Regional Office Contacts

CMRO

Phone: 410-234-8200
After hours: 410-978-4695

ESRO

Phone: 410-572-5920
After hours: 410-572-5920

SMRO

Phone: 301-362-5100
After hours: 410-905-4985

WMRO

Phone: 301-791-4670
After hours: 410-241-0734

Coordination Agency Specifics (1 of 7)

Key reminders:

- Every coordinator must log into PCIS2 at least once a month to ensure access and to not get locked out.
- You must change your password every thirty days to remain active within the system. Coordinators should set up a reminder to do this on a monthly basis.

Coordination Agency Specifics (2 of 7)

Key reminders:

- Coordinators can only access participants assigned to them within PCIS2.
- Supervisors must ensure that they are checking PCIS2 for any new assignments and for all transfer of participants.

Coordination Agency Specifics (3 of 7)

Community Coordination	R4SC	Individual Plan	Management	
Search Relations				

* Provider:

Resource Coordinator:

Individual Information

Last name:

First name:

SSN: Must be 9 digits. eg) 123456789

Coordination Agency Specifics (4 of 7)

Community Coordination

R4SC

Individual Plan

Management

Assign Resource Coordinator to Consumer.

Fields marked with * are required.

* Provider:

Resource Coordinator:

Available Consumers

To be assigned

Move ->

<- Move

Move All ->

<- Move All

Begin Date:

7/27/2026

mm/dd/yyyy

End Date:

mm/dd/yyyy

Submit

Cancel

Coordination Agency Specifics (5 of 7)

Steps to assign participants to a coordinator:

- Supervisors should go to the Management tab then select Relations.
- Select the Add New button at the bottom to determine if there are any participants to assign.
- Select the coordinator to receive the participant.
- Then select the participant, select the move button.
- Complete the start date for the assignment.
- Select the Submit button to assign the participant.

Coordination Agency Specifics (6 of 7)

Note: Make sure that the coordinator is assigned to the participant in both the PCIS2 and LTSS*Maryland* systems.

Additional reminders:

- When a coordinator leaves, supervisors must re-assign participants in both LTSS*Maryland* and PCIS2. It may be helpful to immediately assign any participants to a supervisor within PCIS2 until the caseload is completely covered.

Coordination Agency Specifics (7 of 7)

- Any emails regarding incidents will only be sent to the assigned PCIS2 coordinator or supervisor (if assigned) for the participant.
- NOTE: Assignment of participants is an agency issue and not a Service Desk issue. Supervisors must ensure that a person is not pending assignment before reaching out to the service desk.

Coordination Follow-Up

- **Tip:** If the coordinator is the person completing the incident, it is helpful to make note of the assigned incident ID number while it is in draft. If the coordinator needs to complete other tasks before completing the draft incident report, the easiest way to find the draft is by using the incident number.

Monitoring of Incidents

As part of Liberty Healthcare's reviews, they are looking to see that coordinators are following up on incident reports.

Coordinators should be:

- Following up and documenting their reviews of all incident reports.
 - Activity notes should clearly state the coordinator's activities and the incident that it is referring to.

Note on all scheduled monitoring and follow up forms that the coordinator is aware of the incidents and all risks and service needs have been or will be addressed.

Thank you

If you have any questions specific to an incident, please contact your Regional Office's Quality Enhancement Team.

Closing

- **Reminder:**
 - **Next CCS Statewide Meeting - August 18, 2026, 10 a.m. - noon.**
 - **August 26, 2026, 1-3 p.m. for the CCS training series.**
- Please submit agenda topics, ideas, or if you would like to present on behalf of your agency's accomplishments to Debbie.balea@maryland.gov.