

Department of Health and Mental Hygiene Maryland Medical Assistance Program



Reportable Events Policy

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Reportable Events Policy

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Purpose

The purpose of the Reportable Events Policy (RE Policy) is to ensure the health, safety, and welfare of participants in home and community-based services (HCBS) programs. The RE Policy formalizes a process to identify, report, resolve and prevent Reportable Events (i.e., incidents and complaints) in a timely manner. A Reportable Event is an allegation or actual occurrence of an incident that adversely affects or has the potential to negatively affect the welfare of an individual. The Reportable Events reporting system is also used for communicating complaints by participants related to quality of care, service or rights concerns. This RE Policy applies to the Community First Choice (CFC), Community Options (CO) Waiver, Community Personal Assistance Services (CPAS) and Increased Community Services (ICS) programs.

Goals of the Policy

The goals of this policy are to ensure that:

1. Participants, families or representatives, and providers are involved in identification of Reportable Events and interventions that promote the participant's maximum health, safety, independence and choice.
2. There are systematic safeguards in place to protect participants from harmful situations.
3. Reportable Events are documented including interventions, plans, remediation and prevention to promote accountability and quality improvement.

Background

Centers for Medicare and Medicaid Services (CMS)

The Federal Centers for Medicare and Medicaid Services (CMS) requires each state that has a critical incident reporting and management system as a component in a Medicaid 1915(c) home and community-based waiver to specify its system's participant safeguards. This includes identifying how the state collects information on sentinel events and the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the state requires to be reported. Additionally, safeguards must include the identification of the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. The Department of Health and Mental Hygiene (the Department) has extended the incident reporting and management system developed originally for its 1915(c) waivers, to all four home and community-based services programs. Participants also have the right to have their concerns and complaints addressed, therefore in Maryland; we combine the critical incident and complaint process into a "Reportable Event" process.

Medicaid State Agency

The Department's Office of Health Services has monitoring and oversight responsibility for Medicaid HCBS programs. Office of Health Services staff are responsible for assuring that critical incidents are reported, fully documented and include remediation and prevention planning. Staff additionally review the quality of reporting to identify the need for training and guidance. Therefore, the Department has developed and implemented this RE Policy to guide the work of management staff, Reportable Event review staff, Supports Planners, Nurse Monitors and others involved in providing or monitoring services to participants.

Reportable Event Tracking System

LTSSMaryland is an electronic tracking system used by the Department to manage HCBS programs across multiple agencies. Supports Planners and other authorized providers submit reports in the Reportable Event module of the LTSSMaryland tracking system for incidents and complaints involving CFC, CO waiver, CPAS and ICS program participants. Supports Planners are also required to submit in the LTSSMaryland tracking system a Reportable Event report received in any form (email, telephone, paper Reportable Event form, etc.) from a provider, participant, family member, representative or other concerned individual.

Reportable Event Types

There are two types of Reportable Events: incidents and complaints. When incidents are reported in LTSSMaryland Reportable Event Unit staff triage the incidents to Unit review staff. Incidents are internally assigned a triage category to guide the Reportable Event reviewer in prioritizing assigned reviews. The triage categories assigned are:

- Immediate Jeopardy (addressed in Immediate Jeopardy Incident section)
- Non-Immediate Jeopardy – low, medium or high priority
- Administrative Review
- Referral Only
- Non-Reportable Event
- No Further Action Necessary

Incidents are triaged as immediate jeopardy if the event poses an immediate and serious threat of injury, harm, impairment, or death to a participant. The incident includes both the strong potential for harm and actual harm. Reportable Event reviewers give priority to the review of incidents categorized as immediate jeopardy. Due to the threat to the participant's health and safety, special attention must be given by the Supports Planner to thorough documentation.

- Incident

An incident is an event or situation that may involve the infringement of personal rights, harm or risk of harm, to a participant including, but not limited to, the following:

- Abuse,
- Neglect,
- Accident/injury,
- Emergency room visit and/or hospitalization,
- Fall/fracture/burn/wound,
- Death/suicide/suicide attempt,
- Abandonment, missing person,
- Exploitation (financial or theft),
- Rights violations,
- Seclusion/Restraint, or
- Medication or treatment error.

Please see the Appendix A. Event Category Definitions for more information on each type of event.

- Complaint

A Reportable Event may also be a complaint made by a participant or a participant's representative and can be submitted orally or in writing. Complaints include quality of care or service-related concerns and may pertain to any aspect of the program.

A complaint must relate to the participant. Complaints regarding a provider's concerns, unrelated to the participant, should be handled separately with the Supports Planner or State agency staff. This includes complaints about payment-related issues or policy.

All agency providers and providers of assisted living services must have an internal process for addressing participant complaints. Documentation must be maintained of complaints and outcomes.

Requirement to Report

All entities associated with Medicaid HCBS programs are required to report alleged or actual incidents and complaints. Supports Planners are the primary point of contact for Reportable Events due to their level of ongoing involvement as they assist participants to meet their needs and goals. In addition to Supports Planners, local health department Nurse Monitors and Assessors play an important role in the Reportable Event system by reviewing the quality of care received by program participants or conducting assessments. Nurse Monitors and Assessors may initiate a report in the LTSSMaryland tracking system if they become aware of an incident or complaint while performing their duties.

Supports Planners are required to communicate with service providers, Nurse Monitors if applicable, participants, witnesses, family members and representatives to fully investigate and appropriately address each Reportable Event. Procedures and time frames for handling Reportable Events are determined by whether the participant is in immediate jeopardy or is in a more stable non-emergency situation.

Immediate Jeopardy Incidents

An immediate jeopardy incident poses an immediate and serious threat of injury, harm, impairment, or death to a participant. The incident includes both the strong potential for harm and actual harm. Reportable Event system procedures for immediate jeopardy situations include taking immediate action to safeguard the participant from harm and a thorough investigation by the Supports Planner.

Whenever abuse, neglect or exploitation has been identified, the incident must be closely assessed to determine if immediate jeopardy exists.

- Immediate Jeopardy: Contact law enforcement.

If there is concern for the immediate health and safety of a participant, law enforcement must be contacted immediately.

- Immediate Jeopardy: Contact Adult or Child Protective Services.

Reporting to protective services does NOT require proof that abuse, neglect or exploitation has occurred. Incidents are to be reported as soon as they are suspected. Waiting for proof may unnecessarily endanger the participant. All reporters of suspected abuse, neglect or exploitation are immune from civil liability according to Maryland law.

*** Adult Protective Services (APS)**

All suspected cases of Adult Abuse and Neglect should be reported to the local department of social services (DSS) or by calling 1-800-91-PREVENT or (1-800-917-7383).

Link to local DSS offices (APS): <http://www.dhr.maryland.gov/office-of-adult-services/adult-protective-services/>

*** Child Protective Services (CPS)**

If you suspect that a child is being abused please call the local DSS in your area.

Link to local DSS offices (CPS): <http://www.dhr.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/local-offices/>

Once the appropriate authorities have been notified of an immediate jeopardy situation, the Office of Health Services must be notified within 24 hours. If someone other than the Supports Planner becomes aware of an immediate jeopardy situation, the Supports Planner must also be notified within 24 hours.

Contacts:

- Supports Planner
- Office of Health Services – Reportable Event Review Unit (410-767-1739)
- DHMH.REUnit@maryland.gov

If the participant is living in an assisted living facility, also contact:

Assisted Living Complaint Unit at OHCQ:

- http://dhmh.maryland.gov/ohcq/docs/complaint_form.pdf
- 410-402-8217; toll free 877-402-8221
- **Manager of Assisted Living Facility (unless the Manager is believed to be involved)**

- Immediate Jeopardy: Site Visit

If the participant's safety may still be in jeopardy, the Supports Planner must physically meet with the participant within (1) business day. When the Supports Planner knows the participant's safety has been assured, an onsite visit for an immediate jeopardy Reportable Event must be made with the participant within (2) business days of being notified of the event.

Reportable Events Involving Deaths

All deaths, whether explained or unexplained, must be reported by the Supports Planner. It is the responsibility of the Supports Planner to document the circumstances surrounding the participant's death as quickly and thoroughly as possible before being removed from LTSSMaryland as the decedent's Supports Planner. This would include information such as the immediate circumstances of the death including where the participant died (name and address of hospital if applicable), the identification of witnesses to the death or of individuals who find the body, information regarding the participant's recent health status and cause of death if obtainable. While there is no requirement to obtain a copy of the death certificate, an effort should be made by the Supports Planner to obtain any official document, including a death certificate or autopsy report, which provides valuable information about the circumstances surrounding a death. If the Supports Planner is unsuccessful in this endeavor, specific information about steps taken by the Supports Planner to obtain the information must be documented in the Reportable Event form.

Unexplained deaths are deaths due to other than natural causes, particularly those potentially involving abuse, neglect or exploitation. These deaths must be investigated in more depth by the Supports Planner due to the need to discover how the death might have been preventable. Detailed documentation by the Supports Planner may enable Reportable Event Review Unit staff to determine if changes are needed to policy and procedures or if quality improvement strategies could be employed to address prevention of future negative outcomes. A full Reportable Event form explaining the circumstances of a participant's death must be submitted in LTSSMaryland prior to the disenrollment ATP. In the event that a Supports Planner is removed from their assignment in LTSSMaryland because of the participant's death, it does not relieve the Supports Planner from the obligation to complete the investigation and provide crucial information to Reportable Event Review Unit staff.

Other Incidents or Complaints

Other incidents or complaints may occur that do not place the participant in immediate jeopardy. Procedures for handling Reportable Events that are not immediate jeopardy include obtaining incident information, taking actions to address the incident or event and putting plans in place to help prevent reoccurrence. The participant's Supports Planner generally takes the lead on the Reportable Event investigation and is responsible for the documentation of event details, interventions and follow-up activity, including prevention strategies.

Local health department Nurse Monitors and Assessors are also expected to report information regarding incident and complaints to a participant's Supports Planner within (3) business days of knowledge of a non-emergency event. This notification may be done by telephone or by submitting the Event Report section of the Reportable Event form directly into LTSSMD and sending a system alert to the Supports Planner. Once notified, the Supports Planner will work on the Intervention and Action Plan, unless there is a reason for the Nurse Monitor to complete the entire Reportable Event form. The Event Report will provide a description of the event, the type of incident and the actions that were taken. The Supports Planner will continue to take the appropriate next steps and document the event as well as the follow-up that has been or will be taken to address the situation. The Reportable Event Intervention and Action Plan reporting the findings, interventions and follow-up must be submitted within (10) business days of the event notification.

A Medicaid provider is responsible for reporting non-emergency events and complaints to the participant's Supports Planner within (3) business days of knowledge is obtained of an incident or complaint. If the provider does not know how to contact the participant's Supports Planner, the provider will need to contact the Office of Health Services at (410) 767-1739 to find out this information.

Reporting Time Frames

Time frames for immediate jeopardy reportable events include:

- The Event Report section of the Reportable Event form must be submitted in the LTSSMaryland tracking system within 24 hours of the Supports Planner learning of an immediate jeopardy Reportable Event. An email must be sent to: dhmh.reunit@maryland.gov to notify the state that an immediate jeopardy RE was submitted in the tracking system.
- The Supports Planner must comply with the site visit time frames outlined in the section on Immediate Jeopardy Incidents.
- The Intervention and Action Plan must be submitted within (10) business days in LTSSMaryland.

Time requirements for other incident or complaint reportable events include:

- The Supports Planner has (3) business days in order to complete and submit the Event Report section of the Reportable Event form in the LTSSMaryland tracking system. The full Reportable Event which also includes the Intervention and Action Plan, is required to be submitted in LTSSMaryland within (10) business days of the date the Supports Planner or Nurse Monitor obtains knowledge of an incident or complaint.
- All HCBS providers are required to submit Reportable Events to the individual's Supports Planner within (3) business days if not an immediate jeopardy situation.
- A Supports Planner and Nurse Monitor are required to adhere to the reportable event time requirements even when a provider has failed to properly comply with a Reportable Event Policy requirement.

Supports Planner

In performing supports planning services, the Supports Planner can become aware of incidents, events, and situations that negatively impact the participant's quality of life. Supports Planners are required to submit a Reportable Event when knowledge is obtained regarding an incident or complaint involving a participant. A Reportable Event report includes submission of an Event Report and subsequent completion of an Intervention and Action Plan.

The Supports Planner has three business days in order to complete and submit the Event Report section of the report. This includes completing the following preliminary information pertaining to the incident or complaint:

- Reporting Information,

- Event Information,
- Alleged Incident,
- Complaint,
- Description of Event and Response, and
- Contact Information.

Once event information is documented, the Supports Planner continues with next steps for the investigation of the event. This includes:

- Following-up with involved parties,
- Determining appropriate next steps for the Action Plan,
- Implementing next steps, with an emphasis when possible, on eliminating or reducing the chance of the incident re-occurring.

The Supports Planner should note the following within the Intervention and Action Plan section of the reportable event form:

- All referrals to protective services for abuse, neglect or exploitation must result in documentation of whether the allegation is substantiated or unsubstantiated (or if the referral is not accepted by protective services),
- If a HCBS provider failed to report the incident or complaint, and
- If additional follow-up is necessary by the Supports Planner or another entity.

Generally, Intervention and Action Plans are completed by the Supports Planner due to their role of rendering ongoing support services to the participant. Reportable Event situations require strong two-way communication between the Supports Planner, Nurse Monitor, and Assessor to maximize the coordination of services to the participant. A Supports Planner is expected to communicate regularly with the Nurse Monitor regarding interventions and follow up activities provided to an individual related to an incident or complaint if the Nurse Monitor should also be involved in addressing health and welfare issues.

There are instances when the Nurse Monitor or Assessor will alert the Supports Planner to complete the Intervention and Action Plan after they have submitted the initial Event Report. However, when the type of incident is pertinent to Nurse Monitor or Assessor responsibilities, the Nurse Monitor or Assessor may provide intervention and follow-up activities to a participant and in those situations, the Nurse Monitor or Assessor should complete the Intervention and Action Plan.

Nurse Monitors and Assessors

The individual, whether the Nurse Monitor, Assessor, or Supports Planner, that first becomes aware of a Reportable Event situation should submit an Event Report if one has not already been submitted or is not currently in progress. Some examples of concerns that may need to be reported by the Nurse Monitor or Assessor include, but are not limited to:

- ✓ Medication errors,
- ✓ Services not provided in accordance with a Residential Service Agency (RSA) nurses' care plan for the participant,

- ✓ Adverse outcomes such as decubitus ulcers, falls, dehydration, urinary tract infections, etc. that may place the participant in jeopardy,
- ✓ Hospitalizations/ER visits that are unknown by the Supports Planner,
- ✓ Participant dissatisfaction with the quality of services and/or providers,
- ✓ Incidents or suspicion of abuse, neglect or exploitation

When a Nurse Monitor or Assessor submits an Event Report in LTSS, the submitter will be prompted to choose whether or not to alert the Supports Planner to review the Reportable Event and complete the Intervention and Action Plan. In most cases, the Intervention and Action Plan for an Event Report submitted by a Nurse Monitor or Assessor is completed by the participant's Supports Planner as the tasks and actions are part of rendering ongoing services and supports to the participant.

However, there can be incidents or situations that are pertinent to Nurse Monitor or Assessor responsibilities for which a Nurse Monitor or Assessor will need to submit an Event Report in LTSS Maryland and provide the intervention and follow-up activities. In these situations, the Nurse Monitor or Assessor will also complete the Intervention and Action Plan. Some examples of situations in which a Nurse Monitor or Assessor may be the most appropriate entity to complete the Intervention and Action Plan include:

- ✓ Participant complains about their Supports Planner or support planning services,
- ✓ Situations involving a clinical nurse delegation issue,
- ✓ Medication related issues,
- ✓ Serious concerns regarding provider competence and adequacy of service

As stated, Reportable Event situations require strong two-way communication between the Nurse Monitor, Assessor and Supports Planner. The Nurse Monitor must review participant files in LTSS Maryland on a routine basis and prior to conducting home visits, including a thorough review of recent or relatable reportable events in order to keep up to date.

Reporting Responsibilities of Other Entities

Any entity involved in HCBS programs has a responsibility to respond appropriately to reportable incidents and complaints. The RE Policy provides guidance for each entity including supports planning agencies, local health department staff, assisted living facility owners/managers and other service providers for reporting, investigating and addressing complaints and incidents that impact program participants.

If a provider fails to report an incident or to comply with applicable program regulations, the Department may take an action against a provider in accordance with COMAR 10.09.36.08. Actions may include:

- Suspension from the Program,
- Withholding of payment by the Program,
- Removal from the Program; and
- Disqualification from future participation in the Program, either as a provider or as a person providing services for which Program payment will be claimed.

It is the responsibility of Office of Health Services staff to determine appropriate action if a provider fails to follow reporting requirements. Additionally, the program may refer a professional provider to his or her State professional board for investigation regarding licensure or certification violations.

- Participants and Family Members

Participants should provide information to their Supports Planner if there is an incident that impacts their safety, rights or quality of care. It is important that this information be shared with the Supports Planner even if the concern has already been reported to a Nurse Monitor or other provider. Participants should contact the Office of Health services directly if the complaint is regarding their Supports Planner or supports planning agency. Family members, representatives or others may witness or know about an incident that has negatively affected a participant and should provide information to the participant's Supports Planner or to the Department directly.

- Medicaid Providers

A provider is required to inform the Supports planner of an immediate jeopardy event within (24) hours. Other incidents and complaints must be reported to the Supports Planner within (3) business days. If the provider does not know the Supports Planner's name and contact information, the provider is responsible to contact the Supports Planner's employing agency or the Department to find out.

- Assisted Living Facility Providers

Assisted Living Facility providers are required to submit a Reportable Event form to the participant's Supports Planner when they become aware of an incident or complaint involving the participant. The incident may occur in the assisted living facility, in the community, or when the participant is receiving other services such as adult medical day care.

When there is an immediate jeopardy event, the assisted living services provider is required to call the Supports Planner and submit a reportable event form to the Supports Planner as soon as possible, but no later than (24) hours after learning of the critical incident. The assisted living services provider is responsible for contacting protective services and law enforcement if there is knowledge or suspicion of abuse, neglect or exploitation or the participant is in danger.

If the incident does not involve immediate jeopardy, the provider has three days to submit the Reportable Event form and make telephone contact with the Supports Planner. The Supports Planner must enter the information from the form submitted by the assisted living services provider into LTSSMaryland and complete the Intervention and Action Plan. It is highly recommended that the Supports Planner upload a copy of the reportable event form submitted by the provider into the reportable event document.

The Assisted Living Facility provider is expected to cooperate fully and assist the Supports Planner in the incident or complaint event investigation as well as the identifying appropriate steps to be taken to address the problem and prevent its reoccurrence if possible.

Department Review

LTSSMaryland is utilized to track participants in the CO, CFC, CPAS and ICS programs. The Office of Health Services is responsible for the oversight of the Reportable Event reporting and management system. Once an RE has been submitted in LTSSMaryland, an alert is received by Office of Health Services Reportable Event Unit staff and a review will be initiated. All Reportable Events are reviewed by Reportable Event Unit staff. This administrative review is to be completed within 45 days, unless additional time is required due to extenuating circumstances such as obtaining police reports, cause of death information, or other critical reports. Reportable Event Unit staff will often be in contact with the Supports Planner or other involved individuals during the State review process. Additional information may be needed by the Reportable Event reviewer to ensure a fully documented accounting of the incident as well as the actions taken by the Supports Planner to resolve and prevent reoccurrence of the incident or complaint.

The Department as the designated state Medicaid agency must meet the federal health and welfare assurance of demonstrating that on an on-going basis, the State seeks to identify, address, and prevent instances of abuse, neglect and exploitation. Therefore, a more detailed review will be completed by State Reportable Event review staff when there are allegations of abuse, neglect or exploitation.

Appendix A. Event Category Definitions

Abandonment

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. This may include desertion of a participant at a hospital, nursing home or other location.

Abandonment may need to be reported as neglect.

Abuse

Abuse can be physical, sexual, emotional or verbal.

1. 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.
2. Sexual Abuse is defined as non-consensual sexual conduct of any kind with a participant. 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.
3. 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, threats, intimidation, insults, 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.

4. Verbal abuse is defined as the use of any oral or gestured language that includes disparaging or derogatory terms to participants, or within their hearing distance, regardless of the participant's age, ability to comprehend, or disability.

Accident or Injury

Accident or Injury is defined as an incident resulting in the need for medical services beyond first aid (e.g. fractures, some falls, burns, lacerations/wounds, etc.) and/or patterns of injuries that may potentially indicate an immediate or serious risk of participant safety. This could include a pattern of repeated falls.

Quality of Care

A quality of care incident or complaint may include, but is not limited to, the following:

- A provider lacking adequate training to provide care,
- A participant not receiving assistance when needed,
- A provider not providing participant-centered and directed services as desired by the participant.

Service Issues

Examples of service issues include, but not limited to, the following:

- Failure by provider to comply with policies and procedures,
- Disregard for confidentiality and privacy,
- Lack of available service providers,
- Insufficient or inadequate supports planning services,
- Inability to reach agencies or responsible parties *via* phone, email, etc., or
- Unresolved issues related to a service needed by the applicant/participant.

Death

Death means the end of life. **ALL DEATHS MUST BE REPORTED** in as much detail as possible. The Reportable Event must describe the circumstances surrounding a participant's death. Unexplained deaths need to be differentiated from deaths that are explained deaths, meaning they were expected or considered a result of natural causes. The circumstances surrounding an unexplained death must document fully all available information about the death including contributory events and a clear explanation of why the death is considered unexplained (resulting from other than natural causes). If autopsy, protective services or police reports are available, they should be uploaded into the Reportable Event form.

1. Definition of Unexplained Death - a death suspected to have resulted from other than natural causes, potentially due to abuse or neglect or such as an occurrence of medical error by others.
2. Definition of Explained Death - a death caused by a long-term illness, a diagnosed chronic medical condition, serious acute illness or other natural/expected conditions resulting in death.

Exploitation – Financial/Theft (Immediate Jeopardy)

Exploitation means any action that involves the misuse of a vulnerable participant's funds, property, or person. Examples may include, but are not limited to:

- alleged fraud,
- use of participant funds for purchases without providing and maintaining itemized receipts
- cashing an individual's checks without authorization or permission,
- forging a participant's signature,
- misusing or stealing a participant's money or possessions,
- destruction of a participant's personal property,
- withholding a participant's funds,
- coercing or deceiving a participant into signing any document, or
- improper use of conservatorship, guardianship, or power of attorney.

Emergency Room Visit

Emergency Room visit means an emergency room visit for an assessment or for the management of an unstable health condition or high-risk behavior that does not result in a hospital admission.

Hospitalization

Hospitalization means an overnight admission, whether scheduled or unscheduled, but not expressly for psychiatric issues.

Inpatient Psychiatric Hospitalization

Inpatient psychiatric hospitalization means an emergency, overnight admission for assessment or management of an unstable psychological condition or high-risk behavior that require management by a physician.

Missing Person / Elopement

Missing Person / Elopement is defined as a participant whose whereabouts are unknown and he/she is considered missing. A missing person does not include a participant who is able to leave the facility to pursue activities, shop or visit with friends or relatives, unless the participant cannot be located after a reasonable time has elapsed without contact. A missing person report is not needed for a participant who lives with unpaid caregivers or housemates (such as natural family) unless the families have requested assistance locating the missing person or while the participant was a receiving waiver service. Even if the participant has been located, a completed Reportable Event form is required.

Neglect (Immediate Jeopardy)

Neglect is 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, supervision, and other essentials included in an implied or agreed-upon responsibility to a participant.

Self-neglect is characterized as the behavior of a participant that threatens his or her own health or safety including substance abuse and dangerous behavior. Self-neglect generally manifests itself as a refusal or failure to provide himself or herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

Restraints / Seclusions

Restraints / Seclusions are defined as physical, chemical or involuntary seclusion.

Physical restraint means any manual method, physical device, material, or equipment, attached or adjacent to a participant's body, that:

- a participant cannot remove easily,
- restricts freedom of movement or access to the participant's own body, or
- is used for discipline or convenience.

Examples of physical restraint may include, but are not limited to a device or garment that interferes with freedom of movement or withholding assistance or mobility device to a dependent participant for the purpose of interfering with the participant's free movement.

Chemical restraint means the administration of drugs with the intent of significantly curtailing the normal mobility or normal physical activity of a participant.

Involuntary seclusion means the separation of a participant from others such as in a locked room, or from the participant's room or 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.

Rights Violation

Rights Violation is defined as an infringement on the rights of the participant.

Suicide

Suicide is the act of taking one's own life voluntarily and intentionally.

Suicide Attempt

Suicide attempt is the act of deliberately harming one's self with the intention of causing death.

Treatment and Medication Errors

A treatment error involving medication is defined as any medication management event that results in participant requiring medical services beyond first aid. This would include any preventable event that may cause or lead to inappropriate medication use or omission or harm while the medication is in the control of the health care professional, family member, or participant. This may also include mistakes by prescribers or pharmacists with regard to type of medication, labeling, dosage or packaging.

Other treatment errors may include, but are not be limited to the improper delegation of a task or the inadequate or poorly performed actions of a delegating nurse or personal assistance aide.

Other Incident Types

Other incident type may include, but not limited to:

- Infectious diseases,
- Insect infestations,
- Any unusual incident, which may involves law enforcement or may attract media attention, emergency closure of a participant's home or program facility for one or more days, or
- Bankruptcy or loss of lease by program

Appendix B. Reportable Event Form

A paper version of the Reportable Event form is provided on the following three pages. The paper form should be used by all providers that do not have access to LTSSMaryland as well as families, representatives or other parties that want to report an incident regarding the participant.

The Supports Planner, Nurse Monitor or Assessor who receives a reportable event completed on a paper Reportable Event form, should enter the report information into LTSSMaryland. It is recommended that the paper form be uploaded to the electronic Reportable Event form as an attachment.

Medicaid Home and Community-Based Services Reportable Event (RE) Form

Participant Name: _____

Event Date: _____ **Supports Planner:** _____

JURISDICTION:

- Community First Choice (CFC)
 Community Options (CO) Waiver
 Increased Community Services (ICS)
 Community Personal Assistance Services (CPAS)

REPORTING INFORMATION (Check/enter all that apply)

Source of Initial Report Information:

Date/Time of Initial Report: _____ / _____

Name of Event Reporter: _____

Title/Agency (if applicable): _____

Relationship to Participant:

Phone: _____ **ext.** _____

Email Address: _____

Person Completing the Form:

Date Form Completed and sent to Supports Planner:

Name (If different from reporter): _____

Title/Agency (if applicable): _____

Relationship to Participant:

Phone: _____ **Email Address:** _____

EVENT INFORMATION (Check/enter all that apply)

Event Date/Time: _____ / _____

Event Type: Incident Complaint Both

Participant Name: _____

Address: _____

City/State/Zip: _____

Enter MA#: _____

DOB: _____ **Gender:** M F

Supports Planner Name: _____

Provider Information (if involved or present):

Provider#: _____ **Provider Type:**

Agency/ALF Name (if applicable): _____

Contact Person: _____ **Phone:** _____

Date of Service Interruption (if applicable): Start: _____ **End:** _____

ALLEGED INCIDENT(S) (Check/enter all that apply)

Abuse: Physical Sexual Verbal Emotional **Neglect:** Nutrition Medical Self Environment Death (Date) _____

Accident/Injury (A/I): Fall Fracture Burn Laceration/Wound Emergency Room Visit Other A/I: _____

Hospitalization In-Patient Psychiatric Hospitalization Suicide Suicide Attempt Abandonment Elopement/Missing Person

Exploitation: Financial Theft Rights Violation **Seclusion/Restraint:** Physical Chemical Involuntary Seclusion

Medication Error Other Treatment Error _____ Other Incident Type _____

COMPLAINT (Check/enter all that apply)

Quality of Care/Service Issue Other (specify): _____

Name of Complainant: _____ **Address:** _____

City/State/Zip: _____ **Phone:** _____ **Email:** _____

Explain dissatisfaction with any aspect of the program's operations, activities, or administration under the Description of Event section on page 2.

**Medicaid Home and Community-Based Services
Reportable Event (RE) Form**

Participant Name: _____

Event Date: _____ **Supports Planner:** _____

CONTACT INFORMATION					
This section must be completed. All applicable agencies or individuals should be contacted.					
Select all agencies/individuals contacted	Contact Name	Date	Phone #	Email	Address
<input type="checkbox"/> Supports Planner					
<input type="checkbox"/> Law Enforcement Agency					
<input type="checkbox"/> Adult (APS) or Child Protective Services (CPS) * (APS or CPS MUST be contacted for all alleged abuse, neglect or exploitation incidents.)					
<input type="checkbox"/> Office of Health Care Quality					
<input type="checkbox"/> Guardian/Representative/Family *Participant Authorized Release of information: <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Release:					
<input type="checkbox"/> Ombudsman Program					
<input type="checkbox"/> Local School System					
<input type="checkbox"/> Other:					

Comment:
