Welcome to the
OAAS HCBS Waiver Critical Incident Training
Training Topics

• Waiver Critical Incident Reporting Policies and Procedures
• OAAS Critical Incident Report Form
• Protective Services Definitions
• OAAS Critical Incident Report Categories
• Incident Reporting Actions & Timelines

ABBREVIATIONS

ADHC  Adult Day Health Care
APS   Adult Protective Services
DSP   Direct Service Provider (agency)
EPS   Elderly Protective Services
HCBS  Home and Community-Based Services
HSS   Health Standards Section
OAAS  Office of Aging and Adult Services
OCS  /CPS Office of Community Services / Child Protective Services
OCDD  Office for Citizens with Developmental Disabilities
OTIS  Online Tracking Incident System
SC    Support Coordination (agency)
TA    Technical Assistance
W-OTIS Waiver OTIS
HCBS Waiver
Critical Incident Reporting Policies and Procedures

RESPONSIBILITIES: PARTICIPANT & FAMILY

• Report incident to provider and/or S.C.
• Report incident to protective services, if applicable
• Cooperate with investigations
• Participate in planning meetings
RESPONSIBILITIES - DIRECT SERVICE PROVIDER

- Takes immediate action to protect the participant from harm and responds to emergency needs

- Reports abuse, neglect, exploitation, or extortion to protective services

- Completes HCBS Critical Incident Report Form

RESPONSIBILITIES - DIRECT SERVICE PROVIDER

- Institutes appropriate follow-up actions

- Cooperates with investigation

- DSP submits written follow-up to SC agency

- Participates in planning meetings

- Tracks critical incidents
Responsibilities: Direct Service Provider: Falls

- Conduct a fall assessment using the OAAS Fall Assessment Form and submit with initial Critical Incident Form.

- Conduct a fall analysis and complete the OAAS Fall Analysis and Action Form and submit with Follow-up information.

Responsibilities: Support Coordination

- Takes immediate action to protect the participant from harm and responds to emergency needs.

- *When SC discovers an incident:* contacts DSP within 2 hours of discovery.

- Reports incidents to protective services.

- Enters incident information into OTIS.
RESPONSIBILITIES: SUPPORT COORDINATION

• Continues follow-up

• Convenes planning meetings, as appropriate

• Provides participant/family and DSP with a copy of the Participant Incident Summary

• Tracks critical incidents

RESPONSIBILITIES- SUPPORT COORDINATION: FALLS

• Ensures that a fall assessment was conducted using the OAAS Fall Assessment Form:
  ◦ Falls which occurred during direct service provision: DSP Completes Form
  ◦ Other falls: SC completes form with DSP collaboration

• Validates the information in the Fall Assessment through participant and/or family interview
RESPONSIBILITIES- SUPPORT COORDINATION: FALLS

(continued)

• Ensures that a fall analysis was conducted using the *OAAS Fall Analysis and Action Form*
  ▫ Falls which occurred during direct service provision: DSP Completes Form
  ▫ Other falls: SC completes form with DSP collaboration

(continued)

• Reviews analysis and collaborates with DSP to implement preventative strategies

• Includes preventative strategies in the POC

• Submits this information timely into OTIS.
RESPONSIBILITIES - 
OAAS REGIONAL OFFICE

• Reviews cases and assigns priority level
• Assures appropriate action is taken on assigned urgent critical incidents
• Follows-up with SC agency & DSP
• Provides technical assistance, as appropriate
• Makes referrals to other agencies, as appropriate
• Assures that timelines are adhered to

RESPONSIBILITIES - 
OAAS REGIONAL OFFICE

• Assures required data is entered into OTIS by SC agency
• Submits requests for extensions to Regional Manager
• Assures that Participant Summary is provided to participant/family and DSP on all incidents, including APS, CPS, & EPS
# REVIEW OF INCIDENT REPORTING PROCESS FLOW SHEET

## Waiver Incident Reporting Process Flow Chart

*Waiver Online Incident Tracking System (W-OTIS)*

<table>
<thead>
<tr>
<th>Participant or Family/ Direct Service Provider/Support Coordinator</th>
<th>Critical Incident (CI)</th>
<th>IMMEDIATELY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Action</strong></td>
<td><strong>Participant or Family/ Direct Service Provider/Support Coordinator:</strong></td>
<td>IMMEDIATELY</td>
</tr>
<tr>
<td>1. Learn of critical incident and initiates appropriate actions to protect participant from harm.</td>
<td>2. Abuse, neglect and exploitation must also be reported to APS/EPS/CP immediately</td>
<td>IMMEDIATELY</td>
</tr>
<tr>
<td><strong>Initial Reporting</strong></td>
<td><strong>Participant or Family/ Direct Service Provider (DSP)</strong></td>
<td>WITHIN TWO HOURS</td>
</tr>
<tr>
<td>• Report critical incidents immediately to the DSP and/or SC</td>
<td>• Notify the SC Agency within 2 hours of discovery AND Send written report to SC Agency within 24 hours of discovery</td>
<td>WITHIN TWO HOURS</td>
</tr>
<tr>
<td><strong>Preliminary Follow-up</strong></td>
<td><strong>Support Coordinator (SC)</strong></td>
<td>BY CLOSE OF NEXT BUSINESS DAY</td>
</tr>
<tr>
<td>• Submits written update to SC on CIR Form by close of 3rd business day after initial report</td>
<td>• Enters incident into W-OTIS by close of next business day after notification</td>
<td>BY CLOSE OF THIRD BUSINESS DAY</td>
</tr>
<tr>
<td>Take a moment to look at the new Critical Incident Report Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant or Family</th>
<th>Direct Service Provider (DSP)</th>
<th>Support Coordinator (SC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Until Closure</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Follows up and takes actions to address CI in conjunction with participant and SC</td>
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<tr>
<td></td>
<td></td>
<td>- Cooperates with the investigation</td>
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<tr>
<td></td>
<td></td>
<td>- Submits updates to SC as necessary until resolution</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Upon Closure</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sends Participant Summary Letter to participant &amp; DSP</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Within fifteen days after Regional Office has closed case</strong></td>
</tr>
</tbody>
</table>

- Enters Follow Up Case Note into W-OTIS by close of sixth business day after initial report.
- Continues to follow up with DSP, participant as necessary.
- Updates OTIS case notes.
- Until closure by the Regional Waiver Office.
Questions?
Online Tracking Incident System Overview

Historical Overview

- Developed and released by DHH in April 2003
- Released newer versions of OTIS in March 2004 and April 2006
- Multi agency reporting
  - NF - Nursing Facilities
  - APS - Adult Protective Services
  - OCDD - Office for Citizens w/ Dev. Disabilities
  - OAAS - Office of Aging & Adult Services
  - ICF/DD - Intermediate Care Facilities/ DD
OTIS Reporting and Management Features

- **Web-based** system that is accessible to all approved users as long as they have access to the Internet.
- **Instantaneous notification** of incidents to HCBS Waiver State Oversight agencies
- **Filtering of Critical Incidents** to assist OAAS & OCDD Regional Staff with prioritizing work and tracking incidents that require immediate attention.
- **Ability to track submission timelines** to assure compliance with mandatory policy timelines
- **Secure** technical infrastructure that provides access to data only to those with approved roles.
- **Standard** requirements for reporting information—all users complete the same, standard fields and drop down values support trend analysis.
- **Reports** facilitate the identification of trends with individuals; specific providers; parish and statewide trends & patterns that can assist in targeting training, communication and other quality improvement initiatives.

The Benefits

This web-based incident management provides:

- The ability for support coordinators to file reports online 24 hours/day to automate incident reporting, management review and data analysis
- Significant reduction in paper handling
- Real-time access to incident information at all authorized levels
- Regional, parish and provider reports to target technical support and training needs
- Regional staff have the ability to triage incidents on a daily basis
ABUSE

1. **Physical** - contact or actions that result in injury or pain, such as hitting, pinching, yanking, shoving, pulling hair, etc.

2. **Emotional** - threats, ridicule, isolation, intimidation, harassment

3. **Sexual** - any unwanted sexual activity, without regard to contact or injury; any sexual activity with a person whose capacity to consent or resist is limited.
NEGLECT

1. **Care Giver** - means withholding or not assuring provision of basic necessary care, such as food, water, medical, or other support services, shelter, safety, reasonable personal and home cleanliness or any other necessary care.

2. **Self** - means failing, through one’s own action or inaction, to secure basic essentials such as food, medical, care, support services, shelter, utilities or any other care needed for one’s well-being.

Exploitation & Extortion

**Exploitation** - the misuse of someone’s money, services, property, or the use of a power of attorney or guardianship for one’s own purposes

**Extortion** - taking something of value from a person by force, intimidation, or abuse of legal or official authority.
1. **Major injury** - any suspected or confirmed wound or injury to a person of known or unknown origin which requires treatment by a physician, dentist, nurse, or any licensed health care provider.

   **Note:** Use this category only if there is no reason to suspect abuse or neglect.
2. **Major Illness** - any substantial change in health status, illness or sickness (suspected, or confirmed) which requires treatment by a physician, nurse, dentist, or other licensed health care providers OR hospitalization of 30 days or more

- REFER TO MAJOR ILLNESS CIR DECISION TREE
CATEGORIES

3. Death - all deaths of participants are reportable, regardless of the cause or the location where the death occurred.

4. Fall - when the person is (1) found down on the floor (un-witnessed event) or (2) comes to rest on the floor unintentionally whether or not the person is being assisted at the time.

CATEGORIES

Major Medication Incident * - means the administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong person, or the failure to administer a prescribed medication, which requires treatment by a physician, nurse, dentist or any licensed health care provider.

*Applies to all Major Medication Incidents
CATEGORIES
Major Medication Incidents:

5. **Pharmacy error** - the pharmacy dispenses the wrong medication, wrong dose, provides inaccurate/ inappropriate administration directions, etc.

6. **Participant error** - the person unintentionally fails to take his/her medication as prescribed.

7. **Family error** - a family member intentionally or unintentionally fails to administer a medication as prescribed.

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CATEGORIES
Major Medication Incidents:

8. **Staff error** -
   - The staff fails to administer a prescribed medication, or administers the wrong medication or dosage to a person.
   - OR
   - Staff failure to fill a new prescription order within 24 hours or a medication refill prior to the next ordered dosage.
CATEGORIES
Major Behavioral Incidents:

• **Major Behavioral Incident** - the occurrence of an incident that can reasonably be expected to result in harm or may affect the safety and well being of the person.

9. **Attempted suicide** - the intentional and voluntary attempt to take one’s own life.

10. **Suicidal threats** - any verbal expression by a person of intent to voluntarily take one’s life.

11. **Self endangerment** - any act or lack of action by a person that is likely to lead to serious injury or death to oneself.
CATEGORIES
Major Behavioral Incidents:

12. **Elopement/Missing** - the person is missing and unaccounted for a period of time in excess of any unsupervised period provided in the individualized support plan or other plan, or a person with no supervision requirements in the plan is missing or, whereabouts are unknown for provision of services.

13. **Self injury** - any suspected or confirmed self-inflicted wound or injury which requires treatment by a physician, nurse, or any other health care provider.

CATEGORIES
Major Behavioral Incidents:

14. **Offensive sexual behavior** - imposing non-physical, sexually oriented activities upon another person such as threatening to rape another, exposing self to others, public masturbation, etc.

*If the specific behavior has already been addressed in the approved plan of care, a critical incident report is required only if there has been an increase in intensity or frequency of the behavior.*
CATEGORIES
Major Behavioral Incidents:

15. **Sexual aggression** - any act of physically forcing sexual oriented activities upon another person, such as touching another’s breast, touching private parts, or attempting to disrobe another person, etc.

If the specific behavior has already been addressed in the approved plan of care, a critical incident report is required only if there has been an increase in intensity or frequency of the behavior.

CATEGORIES
Major Behavioral Incidents:

16. **Physical aggression** - the person physically attacks a direct service worker or another person which results in injury or harm to the other person.
CATEGORIES
Involvement with Law Enforcement

A person or the person’s staff or others responsible for the person’s care is/are involved directly or indirectly in an alleged civil or criminal matter which results in involvement of law enforcement. Categories include:

17. Law: Person is a victim of a crime
18. Law: Person arrested
19. Law: Staff arrested or charged.

CATEGORIES

20. Loss or Destruction of Home

Damage to or loss of the participant’s home that causes harm or the risk of harm to the participant.

Examples include fire, flooding, eviction, unsafe or unhealthy living environment.
IMMEDIATE ACTIONS

- Immediately takes appropriate action
- Assures the participant is protected from further harm
- Responds to any emergency needs of the participant
PROTECTIVE SERVICES CONTACT

• Reports incidents involving abuse, neglect, exploitation, and extortion to APS or EPS, as appropriate.

DSP REPORTING

• NOTIFIES THE SC AGENCY WITHIN TWO HOURS OF DISCOVERY

• SUBMITS THE CIR FORM WITHIN 24 HOURS OF DISCOVERY OF A CRITICAL INCIDENT TO THE SC AGENCY

• When an SC discovers and reports an incident to the DSP the DSP is still responsible for sending a Follow-Up Report according to required timelines.
PRELIMINARY FOLLOW-UP

- Follows up and takes any needed actions to address the critical incident in conjunction with the participant and the support coordinator

- Cooperates with the investigation

BY CLOSE OF THIRD BUSINESS DAY AFTER INITIAL REPORT:

- Submits written update with all necessary information on the DSP Follow-up section of the CIR form (Submit pages 2 & 4 of the CIR form).

UNTIL CLOSURE

- Submits updates to the support coordination agency regarding the critical incident, as necessary, until resolution

- Participates in any planning meetings convened to resolve the critical incident
UPON CLOSURE

• Participates in any planning meetings convened to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future

• Tracks critical incidents to identify remediation needs and quality improvement goals and to determine the effectiveness of the strategies employed.

Waiver Regional Office Technical Assistance Contact Protocol

• DSP staff person first communicates question to DSP Supervisor
• If further clarification is needed, DSP Supervisor contacts SC Agency
• If more comprehensive TA is needed DSP Supervisor contacts OAAS Regional Office
DSP Training Responsibilities for Critical Incident Reporting

DSP agencies are Responsible for Waiver OTIS Training & Competency Validation

The most current training tools, forms & documents can be found on the OAAS W-OTIS Web page:

1. **OAAS HCBS Critical Incident Reporting: Support Coordination Responsibilities** Power Point (Note: Presentation Version or Handout Version).

2. OAAS Critical Incident Reporting Policies & Procedures
DSP Training Tools Continued

- 3. OAAS HCBS Critical Incident Report Form
- 4. CIRF Supplemental
- 5. CIRF Instructions
- 6. OAAS Fall Assessment Form
- 7. OAAS Fall Analysis & Action Form
- 8. CIR Flow Chart Process: DSP/SC
- 9. Major Illness Decision Tree
- 10. OAAS CIR Frequently Asked Questions