



Critical Incident Reporting Manual

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Table of Contents

I. Critical Incident Reporting Overview	3
II. OAAS Critical Incident Categories	4
A. Major Injury	4
B. Major Medical Event (MME)	4
C. Death	4
D. Fall	4
E. Major Medication Incident	5
F. Major Behavioral Incident	5
G. Involvement with Law Enforcement	5
H. Participant is a Victim of a Crime	5
I. Loss or Destruction of Home	5
J. Elderly Protective Services (EPS) Report	5
III. Roles and Responsibilities	5
A. Participant and/or Family Responsibilities	5
B. Direct Service Provider Responsibilities	6
C. Support Coordination Agency Responsibilities	8
D. OAAS Regional Office Manager Responsibilities	11
E. OAAS Regional Office Staff Responsibilities	12
G. Protective Services Cases	13
Appendix A – Adult Protective Services Definitions	17
Appendix B – Critical Incident Links and Documents	18
Appendix C – CIR Terms and Definitions	19
Appendix D – Participant Summary Report Template	21

I. Critical Incident Reporting Overview

All critical incidents for participants of Office of Aging and Adult Services (OAAS) Home and Community Based Services (HCBS) waivers must be reported, investigated, and tracked. Critical incident tracking and reporting is a component of meeting the Centers for Medicaid and Medicare Services (CMS) federal health and welfare assurance requirements and also the Louisiana Revised Statutes, see References section of this Manual.

Critical incident categories are as follows:

- Abuse;
- Neglect
- Exploitation;
- Extortion;
- Major Injury;
- Major medical event;
- Death;
- Falls;
- Major medication incidents;
- Major behavioral incidents;
- Involvement with law enforcement (participant arrested or victim of a crime; and
- Loss or destruction of a participant's home.

NOTE: Critical Incident Reports (CIRs), including those for death, are not required for certified waiver participants residing in the Nursing Facility (NF). It is the NF's responsibility to report incidents occurring during a participant's NF stay to LDH Health Standards Section (HSS). However, an incident that occurs in the community which results in a participant's NF stay, is a reportable critical incident. For example, a fall which occurred at home resulting in a major medical event and subsequent NF placement for rehabilitation, would require a CIR. A CIR may be closed before the participant discharges from the NF as long as the situation results in the CIR is addressed and recommendations for service quality improvement, risk identification, and prevention of future incidents are included in the CIR summary.

The participant/responsible representative must report any incidents that may meet CIR criteria to the Direct Service Provider (DSP) and/or Support Coordinator (SC) **IMMEDIATELY**. Once notified or aware, the DSP and/or SC must immediately take action to protect the participant from harm. All incidents involving suspected abuse, neglect, exploitation and/or extortion (A/N/E/E) must be reported to:

- Adult Protective Services (APS); or
- Elderly Protective Services (EPS).

OAAS Regional Offices (ROs), SCAs, and DSPs must comply with all applicable federal and state statutes and regulations, including but not limited to the following:

- State statutes on matters related to reporting abuse, neglect, exploitation or extortion;

- Licensing regulations on matters related to reporting critical incidents;
- The Health Insurance Portability and Accountability Act (HIPAA) on matters related to confidentiality of individual information; and
- Program office regulations on required CIR Reporting System users.

II. OAAS Critical Incident Categories

A. Major Injury

Any injury that results in unexpected medical care. Must be a suspected or confirmed injury to the participant's physical self or a wound (head or eye injury, deep cuts requiring stitches, fractures, etc.). This category is NOT used to record medical conditions or illness.

B. Major Medical Event (MME)

The participant receives a medical procedure/treatment from a physician, nurse practitioner, dentist, or other licensed health care provider. The procedure can be received at a non-scheduled inpatient visit or outpatient visit. MMEs may include but are not limited to the following:

- A new diagnosis and/or new orders for medications;
- Services (i.e. Home Health, Hospice, etc.);
- Therapy (i.e. speech therapy, occupational therapy, physical therapy, etc.);
- Durable Medical Equipment (DME);
- Health-related tasks; or
- New treatments are prescribed.

C. Death

ALL participant deaths are reportable, regardless of the cause or the location where the death occurred.

The Death CIR **MUST** include the circumstances prior to and at the time of death and who was present at the time of death. A Death CIR does not have to be a separate incident. If there is an existing and related CIR, it can be added to the current related CIR if the death occurred during another incident.

D. Fall

Any unintentional change in position where the participant ends up on the floor, ground, or other lower level. This includes falls that occur while the participant is being assisted by others.

- If the fall resulted in no injury, the documentation must state that the fall resulted in no injury or medical follow-up.
- If the fall resulted in an injury **AND** the participant refused medical attention, the documentation must state the recommendation of medical attention and why the participant did not follow-up.

Example: Participant had a fall which resulted in scratches and bruises. 911 was called to help but the participant refused medical attention.

- If the fall resulted in an injury **AND** the participant required and received medical attention, the documentation must state the date of the follow-up appointment and any recommendations from the follow-up appointment.
- If the fall resulted in an injury that required ER or hospital admission, refer to the MME incident category above. This CIR will be marked as both a fall and an MME.

NOTE: CIRs for recurring falls must include the strategies that will be put in place to prevent future falls. For example, the walker will be placed next to the bed, the participant will request assistance with transferring, etc.

E. Major Medication Incident

Medication that is not administered as prescribed/ordered or is administered to the wrong participant **AND** requiring treatment by a physician, nurse, dentist or any licensed health care provider. Hospitalization is **NOT** a requirement.

F. Major Behavioral Incident

Any behavioral episode resulting in either an ER/hospital visit, behavioral health hospital visit or hospital admission.

G. Involvement with Law Enforcement

Any incident in which law enforcement was called **due to an issue with the participant**. The incident **does not** require an arrest.

H. Participant is a Victim of a Crime

Any incident in which a participant is the victim of a reportable offense under local, state or federal statutes.

I. Loss or Destruction of Home

Any incident in which the participant's home was damaged or incurred loss, due to either a man-made or natural event which causes harm or risk of harm to the participant. The home is no longer inhabitable, even temporarily.

J. Elderly Protective Services (EPS) Report

Any incident in which EPS was called due to an issue of abuse, neglect, exploitation and/or extortion involving a participant.

III. Roles and Responsibilities

A. Participant and/or Family Responsibilities

Participant and/or family responsibilities include the following:

- Report **ALL** critical incidents **immediately** to the DSP and/or SCA;
- Report incidents involving abuse, neglect, exploitation and/or extortion to APS or EPS **immediately**;
- Cooperate with investigations and information gathering;
- Report any follow-up information, after the incident initially occurs, and until the incident is resolved;
- Participate in any meetings to resolve the CIR or to develop strategies to prevent or mitigate similar CIRs from occurring in the future; and
- Review the participant summary report from the SC (excluding death CIRs).

B. Direct Service Provider Responsibilities

DSP responsibilities include the following:

- Take **immediate** action to ensure that the participant is protected from further harm and respond to the participant's emergency needs;
- Notify the SC/SCA by phone, secure email or CIR entry into the CIR Reporting System within 2 hours of discovery; and
- When the DSP is the first to discover and/or be notified of the critical incident, they will enter the CIR into the CIR Reporting System no later than 1 business day after discovering the incident.

For APS or EPS involvement, the DSP will:

- Report **ALL** incidents involving abuse, neglect, exploitation, and/or extortion to APS or EPS; and
- Enter any CIRs involving EPS cases into the CIR Reporting System.

NOTE: If the CIR involves an APS case, APS is responsible for entering the CIR into the CIR Reporting System.

- If the allegation involves DSP staff, the DSP will ensure that any accused staff are removed and will have no further contact with the alleged victim (participant) or any other participant receiving LDH supports and services, pending the outcome of the investigation.

NOTE: Abuse, neglect, exploitation and/or extortion report is still required to APS or EPS; however, accused staff should be removed as soon as possible to ensure immediate health and safety.

DSP CIR follow-up includes the following:

- Enter all follow-up documentation into the CIR Reporting System by the close of the 3rd business day of the initial CIR entry date.
- Follow-up documentation is updated information received since the initial report. Follow-up includes all DSP actions to resolve the CIR and prevent future recurrence.

NOTE: Refer back to the DSP CIR Guide (OAAS-PC-21-004) for all follow-up information required for each CIR category.

- If a DSP does not have all of the necessary follow-up information by the 3rd business day after a critical incident is entered, the DSP **MUST** enter a follow-up note stating that there is no additional follow-up information. However, the DSP will continue to provide CIR follow-up.
- If the SC notified the DSP of an incident, the DSP **MUST** send a written follow-up report by the 3rd business day after the date of the notification.
- Respond to SC or OAAS RO requests for additional information via the Critical Incident System.
- After the initial 3 day follow-up, the DSP **MUST** submit CIR updates in the CIR Reporting System at least weekly until there is a resolution and the CIR is closed; and
- Participant in any meetings to resolve the CIR or to develop strategies to mitigate the occurrence of similar future CIRs.

Participant Falls:

If a fall occurs **during** direct service delivery **by the DSP**, the DSP will:

- Complete the **OAAS Fall Assessment Form** (OAAS-PF-10-012) located within the CIR Reporting System; and
- Complete the **OAAS Fall Analysis and Action Form** (OAAS-PF-10-013) located in the CIR Reporting System.

If a fall occurs **outside** of direct service delivery **AND** is **discovered first by any DSP staff**, the DSP will:

- Report the incident to the SC; and
- Complete the **OAAS Fall Assessment Form** (OAAS-PF-10-012) and the **OAAS Fall Analysis and Action Form** (OAAS-PF-10-013) in the CIR Reporting System.

CIR Reporting System:

The CIR Reporting System requirements for DSPs are as follows:

- The DSP will maintain **at least 1 active DSP staff user account** for the CIR Reporting System **at all times**;

NOTE: Each DSP is granted 2 accounts per agency, per region.

- Email SIMSwaiver@LA.gov for assistance in gaining access to the CIR Reporting System.

NOTE: A DSP may be reported to LDH Health Standards Section (HSS) if they fail to gain and/or maintain access to the CIR Reporting System.

- Email SIMSwaiver@LA.gov for any issues related to the CIR Reporting Systems.
- Email SIMSwaiver@LA.gov to disable DSP staff user accounts **immediately** upon any DSP staffs' termination and/or separation from the DSP.

C. Support Coordination Agency Responsibilities

SCA responsibilities include the following:

- Take **immediate** action to ensure that the participant is protected from further harm and respond to the participant's emergency needs.
- When the SC is the **first to discover and/or be notified** of the CIR, they should enter the CIR into the CIR Reporting System no later than 1 business day after discovering the incident.
- The SC should notify the participant's DSP by phone, secure email or CIR entry into the system within 2 hours of discovery.
- Review CIRs and DSP follow-up note as the SC is the first level reviewer after an incident is reported.
- Screen **ALL** entered CIRs to ensure that an incident meets the CIR criteria and includes all necessary information.
- Screen **ALL** medical events to determine if they meet the criteria for a Major Medical Event CIR category.
- If the SC determines that any CIR does not meet the required criteria, they will:
 - Change the disposition in the CIR Reporting System to "**Support Coordinator reviewed – not eligible**".
 - Enter a note, with the note type "**Not Eligible**", detailing why the critical incident does not meet the required criteria.

For APS or EPS involvement, the SCA will:

- Report **ALL** incidents involving abuse, neglect, exploitation and/or extortion to APS or EPS.
- When the SC is the **first to discover and/or be notified of any CIRs involving EPS** cases, they will enter these incidents into the CIR Reporting System.

SCA CIR follow-up includes:

- After reviewing the DSP's follow-up requests, the SC will enter a follow-up note by close of business on the 6th business day after the initial report (regardless of who initially reports the critical incident) is entered.

NOTE: Reference the SC CIR Guide (OAAS-SC-21-009) for follow-up requirements for each CIR category.

- If the SC does not receive the written follow-up from the DSP by close of business on the 3rd business day after the initial report, the SC must:
 - Contact the DSP;
 - Obtain a verbal report from the DSP;
 - Request a written report from the DSP; and
 - Document these actions in the CIR Reporting System.
- If the DSP fails to submit the written follow-up by the 6th business day, the SC will notify the OAAS RO via email for their further involvement and action.
- The SC will continue to follow-up with the DSP, participant, responsible representative (if applicable) and OAAS RO, as necessary, and update the CIR Reporting System with case notes weekly until the CIR is resolved and closed.
- Respond to OAAS RO requests for additional information.
- Convene meetings to resolve the CIR or to develop strategies to prevent or mitigate similar CIR's from occurring in the future; and revise the Plan of Care (POC) when needed. If changes to the POC are not warranted, the SC should document this on the **Support Coordination Documentation form (SCD)** (OAAS-SC-19-004).
- Reference the **SC CIR Guide** (OAAS-SC-21-009) for team meeting considerations for applicable CIR categories.
- Send the participant a copy of the Incident Participant Summary within 15 calendar days after the incident closure by OAAS RO.
 - **DO NOT** send a Participant Summary Report in the following circumstances:
 - The APS/EPS incident summary report includes the identity of the reporter;
 - The APS/EPS Incident Summary report includes any sensitive or unsubstantiated allegations; and
 - The documented event is death.
- Develop strategies to minimize risks and conduct a team meeting (if necessary) to prevent reoccurrences.

- Track the outcomes of recommended strategies. If strategies are not proven to be effective, develop new strategies or hold a team meeting to discuss and develop strategies to prevent further reoccurrences.

SCA Responsibilities for Participant Falls:

- In the event of a fall which occurred **during service delivery by any DSP:**
 - Ensure the DSP conducts a fall assessment using the **OAAS Fall Assessment Form** (OAAS-PF-10-012); and, validate the information in the Fall Assessment through an interview with the participant and/or family.
 - Review the **OAAS Fall Assessment Form** to ensure that it is accurate and complete.
 - a. Ensure that the DSP conducts a fall analysis using the **OAAS Fall Analysis and Action Form** (OAAS-PF-10-013) by doing the following:
 - Review the analysis and collaborate with the DSP to implement preventative strategies;
 - Include preventative strategies in the POC; and
 - Submit all of this information into the critical incident reporting system in a timely manner (when the SC first discovers a critical incident).
 - b. Review the **OAAS Fall Analysis and Action form** to ensure that it is accurate and complete.
- In the event that the fall occurred outside of direct service delivery, at an Adult Day Health Care (ADHC) facility, involved a Self-Direction participant or it is first reported or discovered by the SC:
 - The SC is responsible for entry into the CIR Reporting System, including collaborating with the participant, informal supports and any applicable providers to complete the activities described above.
 - The SC has primary responsibility for reporting the incident and completing the **OAAS Fall Assessment form** and the **OAAS Fall Analysis and Action form** in the CIR Reporting System.
 - The SC will screen and determine whether the fall also meets the definition of a MME as described in Section II of this document.

SCA Responsibilities for Participants in the Self-Direction Option:

Because there is no DSP involved with participants using the Self-Direction Option under the Community Choices Waiver, the SC is responsible for entering any critical incidents into the CIR Reporting System.

- Self-Direction Participants are not required to send a written report or follow-up report to the SC. The SC **must** contact the participant/employer or responsible representative, as applicable, to obtain a verbal follow-up report.
- Every SC and SC supervisor should have a working CIR Reporting System user account **at all times**.
 - If an SC or SC supervisor needs assistance in gaining access to the CIR Reporting System, they should email SIMSwaiver@LA.gov.
 - If an SC or SC supervisor terminates employment from an SCA, it is the responsibility of the SCA to email SIMSwaiver@LA.gov to disable the user account immediately.
 - Failure to gain and maintain access to the CIR Reporting System can result in a report to OAAS State Office.

D. OAAS Regional Office Manager Responsibilities

The OAAS RO Manager (or designee) responsibilities include the following:

- Complete the following daily:
 - Review **all** new critical incidents daily;
 - Determine the priority level (urgent or non-urgent as defined in Appendix A);
 - Assign cases to RO staff.
- Via email, alert the assigned RO staff and Program Operations RO Manager of urgent cases within 1 business day of receipt and take appropriate action (i.e. alert protective services or law enforcement, etc.).
- Review and approve extension requests made by RO staff.
 - Extensions may be granted for up to 30 calendar days at a time.
 - Extensions should not exceed 90 calendar days **except** for APS or EPS cases in which case extensions must not exceed 150 calendar days.
- Close cases after all necessary follow-up has occurred and all required data has been entered into the CIR Reporting System (incident closure).
- Track critical incidents to identify remediation needs, areas of quality improvement and to determine if the effectiveness of strategies employed.
- If an incident was entered under the waiver roles in SIMS, and was later entered by APS, the RO staff will change the disposition of the critical incident to **“Duplicate”**. The RO Manager will close the case in the RO Manager role.
- Review death incidents and determine if a referral to the OAAS Mortality Review Committee is indicated. The RO staff reviews key information about the death in order

to determine if further investigation is needed to find out the circumstances of the death. Some triggers that may prompt further review include:

- Discharge from a medical facility;
- Transition from a nursing facility within the past 60 days;
- Following a medication change;
- While eating or drinking;
- After a fall;
- The cause of death is anything other than natural causes; or
- The death is suspicious or unexpected.

E. OAAS Regional Office Staff Responsibilities

OAAS RO staff responsibilities include:

- Continue to follow-up with the SCA and provide technical assistance until the critical incident is closed.
- Suggest referrals or resources to DSPs and SCAs in the participant summary report.
- Assure that all necessary information, including follow-up notes, is entered into the CIR Reporting System by the SCAs and DSPs (refer to OAAS-PC-21-004 and OAAS-SC-21-009).
- Assure that activities occur within the required timelines (OAAS-PC-21-003), including closure of the incident within 30 calendar days, unless an extension has been granted.
- Submit requests for extensions to the RO Manager for review and approval before the due date.
- Complete the Participant Summary Report note for all cases, including APS and EPS cases (See Appendix D for template).
- In the case of a death, RO staff should complete a Final Report. Participant Summary Reports are not completed for deaths. A Final Report is only used for the Death CIR category and is not needed for other CIR category types.

F. OAAS State Office Responsibilities

OAAS State Office staff responsibilities include:

- Provide technical assistance to RO staff and managers as needed.
- Identify statewide needs for training regarding the following:
 - Response to critical incidents;
 - Adherence to the critical incident policy;
 - CIR Reporting System entry of critical incident data;

- Tracking critical incidents;
 - Using data for remediation and/or quality enhancement; and
 - Other related topics.
- At least quarterly, aggregate and review report data representing 100% of the incidents for the following:
 - Adherence to policy;
 - Appropriateness of extensions;
 - To analyze the actions taken to address/resolve the critical incident, non-resolved cases; and
 - To review other necessary issues as determined by regional and state office staff.
 - Identify any remediation actions needed to be taken by DSPs, SCAs and/or RO staff.
 - Aggregate critical incident data and analyze the data to identify trends and patterns;
 - Generate and review reports of the trends and patterns to identify potential quality enhancement goals.
 - Use critical incident data to determine the effectiveness of quality enhancement strategies.
 - Oversee and monitor user accounts for the CIR Reporting System.
 - Oversee the OAAS Mortality Review Committee (MRC). The OAAS MRC monitors and analyzes suspicious deaths to:
 - Identify remediation activities associated with individual provider cases;
 - Generate recommendations for system level quality improvement; and
 - Reduce future risk.

G. Protective Services Cases

Protective Services Critical incidents shall be reported by any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation, and/or extortion (A/N/E/E) and shall report to the adult protection agency or to law enforcement. (Louisiana Revised Statute 14:403.2). OAAS APS receives intake reports on all allegations of A/N/E/E of waiver participants aged 18 to 59 through a central reporting toll-free telephone number, **1-800-898-4910**.

1. Reporting and Investigation Roles

a. Adult Protective Services

- Allegations of A/N/E/E of participants aged 18-59 **AND** do not involve provider agency staff/employees are reported to APS by the DSP, SCA

and OAAS as appropriate. These cases are entered into the critical incident reporting system by APS only.

- Allegations that do not involve provider agency staff/employees are investigated by APS.
- APS is required to complete the investigation and documentation within 120 calendar days. Upon conclusion of the investigation and case transfer to waiver office, APS may make recommendations for additional actions to be performed by the DSP, SCA, OAAS RO or HSS staff in order to prevent future occurrences. An additional 30 calendar days is allowed to ensure that the recommendations for prevention are implemented by the appropriate entities prior to incident closure.
- Upon closure by the waiver office, any interventions or recommendations from APS are communicated to the SCA and DSP to prevent future reoccurrence through the Participant Summary Report.

b. Elderly Protective Services

- Allegations involving participants 60 years of age and older **AND** do not involve provider agency staff/employees are entered into the CIR Reporting System by the SC or DSP.
- After the investigation, the RO Manager will do the following:
 - Obtain the EPS findings/recommendations for the elderly participants;
 - Address the recommendations; and
 - RO staff will enter the information into the CIR Reporting System through the Participant Summary Report.
- OAAS RO Manager will extend the EPS Report Critical Incidents until the findings or recommendations are obtained and the critical incident is ready for closure.
- Upon closure by the waiver office, any interventions or recommendations from EPS are communicated to the SCA and DSP to prevent future reoccurrence through the Participant Summary Report.

c. Health Standards Section

- HSS investigates A/N/E/E allegations against licensed provider agency staff/employees. When APS is notified of an allegation of A/N/E/E against a provider agency employee, APS refers the report to HSS for investigation, action and CIR Reporting System entry.

- OAAS RO staff monitors the progress of these investigations and contacts HSS to obtain and review HSS findings if the case has not been transferred to the waiver office after 120 calendar days of incident referral.
- OAAS RO staff, the DSP and the SCA will implement improvement strategies, as required, according to the Participant Summary Report.

2. Direct Service Provider and Support Coordinator Non-Compliance

- The DSP/SC must enter all CIRs by the end of the business day following discovery or it will be non-compliant.
 - The RO Manager can refer any non-compliance to State Office (SIMSwaiver@LA.gov) for HSS referral.
 - DSPs and SCs both have a responsibility to enter follow-up notes by the 3rd business day (DSP) and 6th business day (SC).
 - SCs must contact the DSP manager if a follow-up note is not received by the end of the 3rd business day after the initial report. During this contact, the SCs must:
 - Request verbal follow-up; and
 - Inform the DSP manager that the written follow-up report is still required and it must be received on the 6th business day (SC due date). The SC should document this in the CIR Reporting System.
 - If the SC does not receive the follow-up note by the 6th business day, the SC notifies the RO via the CIR Reporting System and/or email.
 - If the SC does not enter the SC follow up note by the end of the 6th business day, the RO will contact the SCA to request verbal follow-up, inform the SC supervisor that a written follow-up report is still required, and must be entered by the end of the next business day.
- The RO will send a written warning notice to the DSP or SC that written follow-up is past due. After three written warning notices in the CIR Reporting System, and/or email, the Regional Office Manager will notify the OAAS Quality Assurance Manager for referral to HSS (DSP) or the OAAS Support Coordination Program Manager (SC).
- The SC or RO enters in the all relevant documentation related to the noncompliance into the CIR Reporting System.
- When no DSP follow-up report is received by the incident closure due date, the RO will enter into the CIR Reporting System the following:
 - Follow-Up received (in this case, verbal follow-up only);

- Written follow-up not received.
- Email the OAAS Quality Manager with the incident ID number, who will then report these findings to the appropriate HSS HCBS Manager for action.

3. References

The following references from the Louisiana Revised Statutes authorize reporting requirements in law regarding critical incidents for the elderly and adults with onset disabilities.

These references listed below outline the functions of OAAS as well as the requirements for reporting critical incidents for individuals who receive supports and services through OAAS HCBS waiver programs, their responsible representatives, Support Coordination Agencies (SCAs), Direct Service Providers (DSPs), and the general public.

- La. R.S. 40:2009.13 through 40:2009.21 “Health Care Provider Complaints; Procedures; Immunity”
- La. R.S. 14:403.2 “Reporting Requirements of Louisiana Adult Protective Services and Elderly Protective Services”
- La. R.S. 15:1501-15:1511 “Adult Protective Services Act”

Appendix A – Adult Protective Services Definitions

A. Abuse

- **Physical** – contact or actions that result in injury or pain, such as, hitting, pinching, yanking, shoving, pulling hair, etc.
- **Emotional** – threats, ridicule, isolation, intimidation, harassment
- **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

B. Neglect

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

Appendix B – Critical Incident Links and Documents

Form/Document	Link
Critical Incident Report Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Critical-Incident-
Fall Assessment Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Assessment-
Fall Analysis Action Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Analysis-Action-
LDH (SIMS) Training Guide for Incident Management	http://ldh.la.gov/assets/docs/OAAS/SIMS/Incident_Mgmt_OAASWaiverMTrainingManual_04_24_19.pdf
Major Medical Event (MME) Flowchart	https://ldh.la.gov/assets/docs/OAAS/CIR/MME-Flow-Chart.pdf
CIR Timelines Chart	https://ldh.la.gov/assets/docs/OAAS/publications/otis/CIRProcessFlowChart.pdf
Direct Service Provider CIR Quick Guide	https://ldh.la.gov/assets/docs/OAAS/CIR/DSP-CIR-Guide.pdf
Support Coordinator CIR Quick Guide	https://ldh.la.gov/assets/docs/OAAS/CIR/SC-CIR-Guide.pdf

Appendix C – CIR Terms and Definitions

Critical Incident Reporting Term	Definition
Description	Narrative detailing all aspects of the incident, including but not limited to: occurrences before, during, and after the incident; person(s) present; actions taken in response to the incident; any agencies/persons notified; condition of participant. This is entered with the initial incident entry.
Follow-Up	Actions, interventions, activities implemented in response to the incident. The DSP or SC is required to submit the Follow-up note in the critical incident reporting system within 3 calendar days of incident.
Notes	Communication from Waiver Regional Offices to DSPs and SCAs to provide instruction or request further information, clarification, action, etc.
Staff Notes	Ongoing information and activities documented by Regional Office Staff. Specific Note Type found on the Notes page.
Final Report	Narrative compiled by Waiver Regional Office staff detailing the incident and all actions taken until closure/resolution, including recommendations made and to whom. NOTE: Only use the final report when a Participant Summary Report is not used (i.e. Death CIRs).
Participant Summary	A report compiled by Waiver Regional Office staff to be given to the participant (or family, responsible representative) and DSP to inform them of the incident description, activities, and results. Components of the Participant Summary should include a Description, Actions Taken, Resolution, and Suggested Precautions to Prevent Recurrence. Must be completed in every CIR except for a Death CIR.

Extension	<p>Additional time allowed for completion and closure of a critical incident. Extensions are approved by the Regional Manager or designee when additional time is needed to respond to the incident. Primary examples include hospitalizations, temporary admission to a long term care facility, or awaiting Protective Services report. Extensions must not be granted for more than 30 calendar days at a time.</p> <p>Extensions should not exceed 90 calendar days unless it is an EPS or APS case in which case extensions must not exceed 150 calendar days, which also includes HSS and Mortality Review Committee investigations.</p> <p>OAAS Regional Office Staff will request an extension in the critical incident reporting system. OAAS Regional Office Manager will approve or deny the request.</p>
Priority Level	<p>A determination made by the Regional Manager or designee as to the degree of severity and immediacy of action required for each critical incident (located on the Waiver Incident Investigation page). Priority levels are either urgent or non-urgent.</p> <ul style="list-style-type: none"> • Urgent - any event or situation that creates a significant risk of substantial harm to the physical or mental health or welfare of a waiver participant. • Non-Urgent – all other events or situations.
Conversion of Waiver Case to APS Case	<p>When a DSP or SC discovers new information that causes them to suspect that a waiver incident meets the definition of an APS case they must report the case immediately to APS AND report this action to the regional waiver office. The regional waiver office must contact APS to ascertain whether the case has been accepted by APS.</p>
Occurred	<p>Date and time that the incident happened.</p> <p>NOTE: Occurred date and time for a Major Medical Event is the date and time that the participant is admitted to a facility, goes to ER or goes to medical professional for a procedure.</p>
Discovered	<p>The date and time that someone had first knowledge that an incident occurred.</p>

Appendix D – Participant Summary Report Template

Description:

Actions Taken:

Resolution:

Suggested Precautions to Prevent Reoccurrence:

NOTE: If you are not satisfied with the resolution of this incident or actions to prevent future occurrence, please contact your regional OAAS office at **<OAAS Regional Office Phone Number>** and someone will assist you, or you may fax concerns to **<OAAS Regional Office Fax Number>**.