Critical Incident Reporting for OCDD:
OCDD Operational Instruction #F-5 and
the Statewide Incident Management System (SIMS)

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to **https://ldh.la.gov/page/critical-incident-reporting**.

Questions?

Please type your question in the Q&A or email Marilee.Andrews@la.gov or SIMSWaiver@la.gov.

Time permitting, I will answer questions at the end of the webinar.

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to
https://ldh.la.gov/page/critical-incident-reporting.

OCDD Operational Instruction #F-5

OCDD Operational Instruction # F-5: *Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services*

- A document with instructions on how to operate with regards to critical incidents
- Applies to the reporting, tracking, and follow-up activities for critical incidents, as defined within the Operational Instruction (OI), related to persons (referred to as "participants") who are receiving linked and certified Home- and Community-Based Services (HCBS) waivers from the Louisiana Department of Health (LDH)— OCDD.
- Ensures the health and safety of these participants

OCDD HCBS WAIVERS:

- New Opportunities Waiver (NOW)
- Residential Options Waiver (ROW)
- Supports Waiver (SW)
- Children's Choice Waiver (CC)

OCDD Operational Instruction #F-5

- Applies to the following groups of people:
  - OCDD Waiver participants and their families
  - Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)
  - Support Coordination Agencies (SCAs) and Support Coordinators (SCs)
  - Local Governing Entity (LGE) Developmental Disabilities Director (DDD) or designee
  - LGE Staff
  - OCDD Central Office Quality Section
  - OCDD Critical Incident Review Committee (CIRC)

OCDD Operational Instruction # F-5: *Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services*

Statewide Incident Management System (SIMS) for OCDD

Web-based critical incident reporting application developed by WellSky

Provides an online method for submitting critical incidents as defined in OCDD Operational Instruction # F-5: *Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services*

Available to Direct Service Provider Agencies (DSPAs), Support Coordination Agencies (SCAs), and Local Governing Entities (LGEs)

Effective since July 8, 2019, replacing OTIS

Statewide Incident Management System (SIMS) for OCDD

Only incidents for OCDD certified waiver participants are entered into SIMS.

Long-Term Personal Care Services (**LT-PCS**) participants and Early and Periodic Screening, Diagnostic and Treatment Personal Care Services (**EPSDT-PCS**) participants **do not** require incidents to be inputted into SIMS.

OCDD HCBS WAIVERS:

- New Opportunities Waiver (NOW)
- Residential Options Waiver (ROW)
- Supports Waiver (SW)
- Children's Choice Waiver (CC)

Certain Providers of OCDD Waiver Participants _Do Not_ Enter Critical Incidents into SIMS

These providers **DO NOT** enter critical incidents into SIMS:

- Licensed respite providers
- Day habilitation centers and vocational programs
- Self-direction participants, their authorized representatives, or care worker(s)

These providers will report the critical incident to the Support Coordinator (SC) and may send a hard copy Critical Incident Report Form.

The SC will then enter the critical incident into SIMS.

SIMS Basic Guidelines: Linkages

OCDD DSP and SC SIMS Users Linked to Agencies

- OCDD DSP and SC users are linked to the DSPA and SCA that the user identified as their employer at the time of their SIMS application.

  - Each DSPA and SCA is identified by a Worker Organization Identification (WOID).
  - Any transfer to another agency (another WOID) must be reported in order for the user's account to be modified (the WOID to be updated).
  - To request changes to your SIMS account, fill out the SIMS Request Form.
  - If an employee with a SIMS account leaves your team, the manager/supervisor must fill out the SIMS Request Form to request deactivation of the account.

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to **https://ldh.la.gov/page/critical-incident-reporting**.

SIMS Basic Guidelines: Linkages

OCDD Waiver Participants Linked to Agencies

- Waiver participants are linked to DSPAs and SCAs through the Prior Authorization (PA) files.

- PA files are located in Statistical Resources Inc. (SRI)/ Louisiana Statistical Resources (LaSRS).

- Any changes in PAs are transmitted from SRI/LaSRS → WellSky. This transmission occurs nightly, but changes can take up to a week.

- The WellSky application updates participants' PA information after it receives it from SRI/LaSRS.

- Waiver participants' PAs remain in SIMS for 30 days after the termination of the PA in SRI/LaSRS.

SIMS Basic Guidelines: Pop-Ups

- SIMS uses pop-up windows to display information to users.

- Pop-up blockers *will always* prevent users from using SIMS correctly.

- Pop-up blockers *will always* require SIMS users to go back and make corrections in every critical incident entered.

- Prior to accessing SIMS, users *must enable pop-ups*.

- When browsers update, users *must again enable pop-ups*.

The specific steps to enable pop-ups varies depending on the web browser being used.

✔ How to Enable Pop-ups in Chrome

The Workflow Wizard in SIMS will not function properly if pop-ups and redirects are not enabled in the browser that is being used.

1. Open **Google Chrome**.
2. Click the **three dots** (⋮) in the top-right corner.
3. Select **Settings**.
4. On the left, click **Privacy and security**.
5. Click **Site settings**.
6. Scroll down and click **Pop-ups and redirects**.
7. Under "Default behavior," select **Sites can send pop-ups and use redirects** to allow all pop-ups.

The changes are saved **automatically.**

✓ How to Enable Pop-ups in Edge

The Workflow Wizard in SIMS will not function properly if pop-ups and redirects are not enabled in the browser that is being used.

1. Open **Microsoft Edge**.
2. Click the **three dots** (...) in the top-right corner.
3. Select **Settings**.
4. Click **Cookies and site permissions** on the left.
5. Scroll down and click **Pop-ups and redirects**.
6. Toggle the switch to **Off** to allow pop-ups from all sites.

The changes are saved **automatically.**

SIMS Basic Guidelines: Selecting the Correct Role

- Always check your "role" before entering an incident
  - Select the **OCDD role** in the drop-down when entering a CIR for an **OCDD participant**.
  - Click "**GO**" to save your role selection.

- What happens if I use the incorrect role?
  - If you use the wrong role, like entering an incident for an OCDD participant using an OAAS role, the CIR will be marked "**not eligible**."
  - You will have to start over and **re-enter the entire incident again using the correct role**. This means a lot more work for you, so always double-check your role before entering anything.
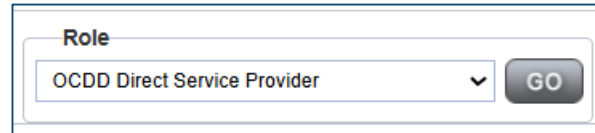
Role		Role		Role	
OCDD Direct Service Provider	GO	OCDD Support Coordinator	GO	OCDD Support Coordinator Supervisor	GO

SIMS Basic Guidelines: Selecting the Correct Role
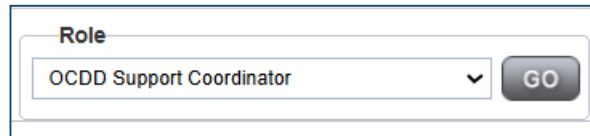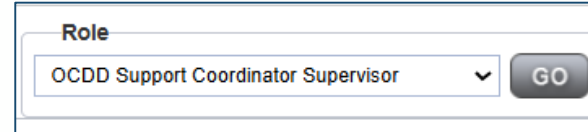
- DSPAs and DSPs

  Role
  OCDD Direct Service Provider | GO

  - If a DSPA serves both OCDD and OAAS waiver participants, the SIMS user will have an OCDD role and an OAAS role. When entering a critical incident for an OCDD waiver participant, select **OCDD Direct Service Provider** role.

  Role
  OCDD Support Coordinator | GO

  Role
  OCDD Support Coordinator Supervisor | GO

- SCAs and SCs

  - If a SCA serves both OCDD and OAAS waiver participants, the SIMS user will have an OCDD role and an OAAS role. When entering a critical incident for an OCDD waiver participant, select **OCDD Support Coordinator** role, or **OCDD Support Coordinator Supervisor** role.

Do not enter an incident for an OCDD waiver participant under an OAAS role.

SIMS Basic Guidelines: Incident Life Cycle

Include participant's **first and last name** in the incident narrative.

- DSPA or SCA enters an incident

- Pop-up window appears (workflow wizard) → search for participant → link participant → create and complete the CIR form → change status of CIR form from pending to complete

- Region generates → LGE is able to view incident, track, and enter notes

- SCA assignment generates → SC is able to view incident and enter follow-up notes

- LGE reviews CIR to determine outcome.

If you don't enter an incident correctly, it will stay in "pending" and won't be viewed by anyone or worked by anyone. If you don't see a pop-up window (called the workflow wizard) after entering the incident, it wasn't entered correctly.

SIMS Basic Guidelines: Problems with SIMS

If problems come up, the below steps may help:

- **Clear Your Browser Cache and Cookies**: Clearing your cache helps fix loading or display issues by removing old stored files. Deleting cookies removes saved site preferences and login information, which may resolve login or access problems.
  - Google Chrome
    - Click the three-dot menu in the top-right corner
    - Go to *Delete Browsing Data...*
    - Select *Cookies and other site data* and *Cached images and files*
    - Select *Delete Data*
  - Microsoft Edge
    - Click the three-dot menu in the top-right corner
    - Go to *Settings*
    - Select *Privacy, search, and services* on the left
    - Under *Delete browsing data* section, next to *Clear browsing data now*, select *Choose what to clear*
    - Select *Cookies and other site data* and *Cached images and files*
    - Select *Clear now*

SIMS Basic Guidelines: Problems with SIMS

If problems come up, the below steps may help:

- **Restart Your Computer and Browser**

  - After clearing your cache and cookies, restart your computer, which will also restart your browser.

- **Use This Form to Report Issues**

  - To report a technical issue within SIMS, fill out the SIMS Request Form.

SIMS Request Form is available on OCDD's dedicated critical incident reporting webpage.
Scan the QR code or navigate to **https://ldh.la.gov/page/critical-incident-reporting**.

- **Still Need Help?**

  - Email us at SIMSWaiver@la.gov with **OCDD** in the subject line and a **detailed explanation** of the issue with **screenshots**. We're here to support you!

SIMS Basic Guidelines: A Checklist

Direct Service Provider Review Checklist

CIR form is accurate and complete	☐
Documentation of immediate actions completed to assure health & safety	☐
Documentation notification to protective services (if applicable)	☐
Follow-up appointments, prescriptions documented	☐
Notification to authorized representative or legal guardian documented	☐

Support Coordinator Review Checklist

CIR form is accurate and complete.	☐
Documentation of immediate actions completed to assure health and safety	☐
Referrals for further care are scheduled (if necessary)	☐
Report to protective services documented (if necessary)	☐
Risk factors leading to the incident are identified	☐
Revisions to POC are documented (if necessary)	☐
DSP follow-up actions are complete	☐
SC follow-up actions are complete	☐
Confirm notification to authorized representative or legal guardian	☐

LGE Review Checklist

Support Coordinator checklist is complete and accurate	☐
Current location of participant is confirmed	☐
Identification of further supports available through LGE	☐
Referral to protective services confirmed (if necessary)	☐
Referral to OCDD - Mortality Review Committee (MRC) - checklist complete	☐
Recommendations from OCDD-MRC addressed	☐
Referral to OCDD-Clinical review Committee (CRC) - checklist complete	☐
Recommendations from OCDD-CRC addressed	☐

NOTE: Clinical Review Committee (CRC) has been renamed to Critical Incident Review Committee (CIRC)

LDH Policy 145.1: *LDH Policy on Client Abuse and Neglect*

- LDH is committed to **preserving the right of each person receiving services** from LDH to be free from abuse and neglect.

- LDH strictly **prohibits all forms of abuse and/or neglect** of LDH clients by employees of LDH and its affiliates.

- Each program office and facility providing direct services to clients of LDH shall establish an abuse and neglect policy specific to that program office or facility.

LDH Policy 145.1: *LDH Policy on Client Abuse and Neglect*

Duty to Report Abuse and Neglect

- La R. S. 14:403.2 **mandates reporting of abuse and/or neglect**, including by an employee of LDH or an affiliate.
- Persons who report in good faith have immunity from liability (unless they are involved in the abuse and/or neglect).
- The following are violations of the law and subject to criminal penalties:
  - Failure to report the abuse or neglect of an adult within 24 hours of becoming aware of the situation
  - Knowingly and willfully making a false report
  - Retaliating against anyone making a report
  - Obstructing or interfering with the procedures of receiving and investigating reports of adult abuse and neglect
  - Disclosing confidential information about or contained within a report

Reporting Abuse, Neglect, Exploitation, or Trafficking

Reporting for Children (0 to 17 years old)

- Contact the <u>Louisiana Department of Children & Family Services' Children Protective Services (CPS)</u> at 1-855-4LA-KIDS (1-855-452-5437) and local law enforcement.

Reporting for Adults (18 to 59 years old)

- Contact the <u>LDH's OAAS Adult Protective Services (APS)</u> program at 1-800-898-4910 and local law enforcement.
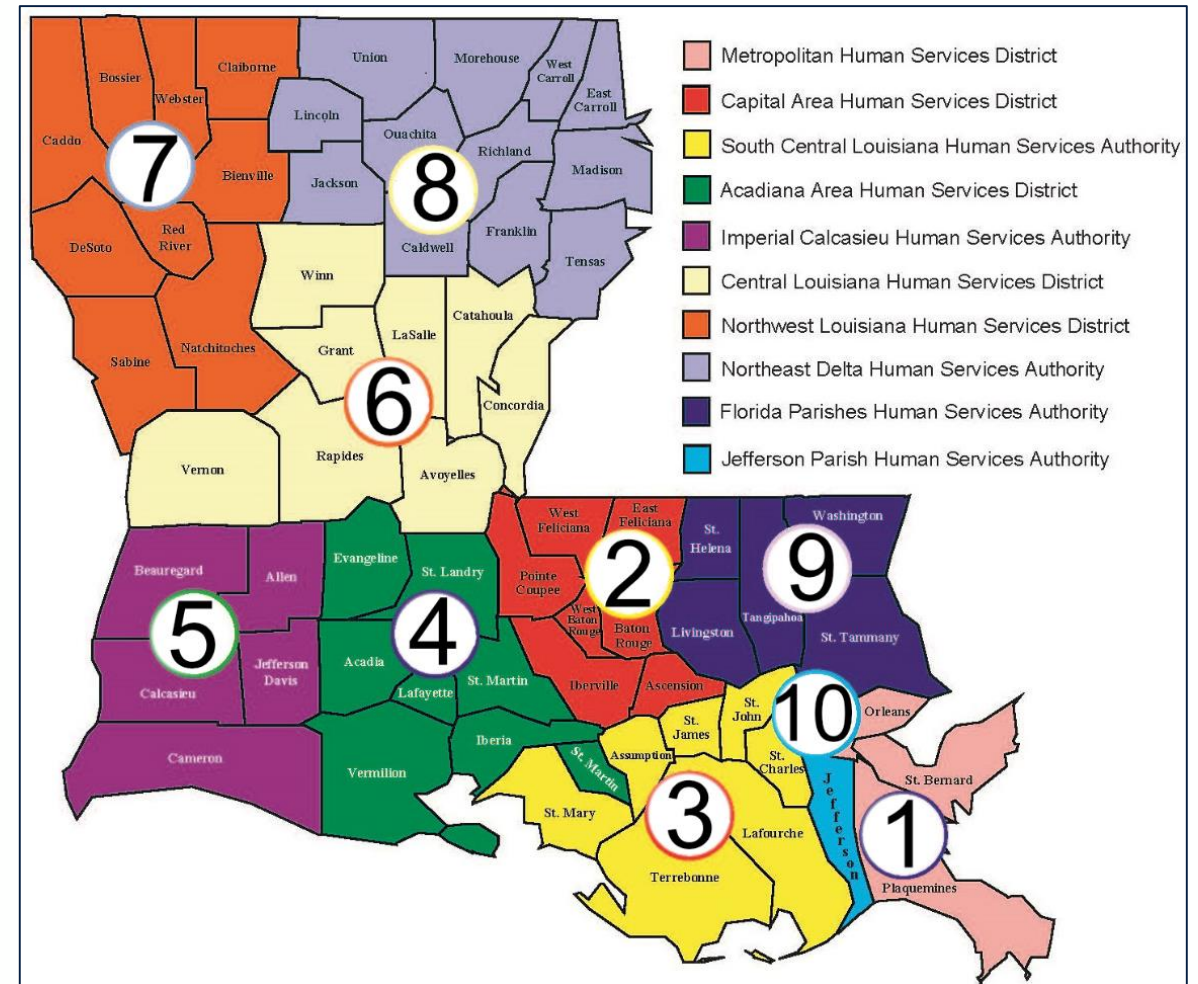
Reporting for Elderly Adults (60 years and older)

- Contact the <u>Governor's Office of Elderly Affairs' Elderly Protective Services (EPS)</u> at 1-833-577-6532 and local law enforcement.

Reporting for Nursing Homes and Privately Owned intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/ID) Providers

- Contact <u>LDH's Health Standards Section (HSS)</u> at 1-877-343-5179.

Filing a Complaint with OCDD

- To file a complaint, concern, or dissatisfaction involving services administered by OCDD or its contracted entities, contact your Local Governing Entity (LGE) or call 225-342-0095.

- OCDD Policy # 602: Customer Complaint Policy

Metropolitan Human Services District
Capital Area Human Services District
South Central Louisiana Human Services Authority
Acadiana Area Human Services District
Imperial Calcasieu Human Services Authority
Central Louisiana Human Services District
Northwest Louisiana Human Services District
Northeast Delta Human Services Authority
Florida Parishes Human Services Authority
Jefferson Parish Human Services Authority

Critical Incident Resources in One Place

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to
https://ldh.la.gov/page/critical-incident-reporting.

Please bookmark this link

- Summary of critical incident reporting for OCDD waivers
- Critical incident categories
- Links to other LDH offices reporting critical incidents and/or using SIMS
- Summary of SIMS
- Link to access SIMS
- How to apply for a SIMS account

- SIMS password help
- SIMS general help
- User resources for SIMS users and families
  - Policies
  - Training Materials
  - Visual Workflows
  - OCDD Critical Incident Report Form

Why Critical Incident Reporting Matters

- The federal government – specifically Centers for Medicare and Medicaid Services (CMS) – provides Louisiana with funding for OCDD waiver services.

- CMS requires Louisiana to prove it protects people from harm through strict reporting rules. OCDD reports its critical incident data on a quarterly and annual basis.

- DSPs and SCs must enter critical incidents into SIMS and work them through to resolution and closure – If this is not done, Louisiana could lose federal funding for OCDD waivers.

- If DSPs and SCs do not enter incidents into SIMS correctly and follow them through to resolution, LDH can take adverse actions such as:
  - Deficiencies or sanctions
  - Loss of agreements and/or authority to provide services
  - For individuals, being placed on LDH's exclusion list, which means you cannot work in Medicaid-funded programs

- Additionally, reporting allows OCDD to identify larger patterns or risks that could affect others and gives Louisiana the opportunity to improve its service delivery system.

When you enter critical incidents into SIMS and follow up on them until they are closed, you help keep participants **safe and healthy.**

Types of Reportable Incidents (Incident Categories)

- Abuse (Child, Adult, Elderly)
- Neglect (Child, Adult, Elderly)
- Exploitation
- Extortion
- Death
- Fall
- Involvement with Law Enforcement

- Loss or Destruction of Home
- Major Behavioral Incident
- Major Illness
- Major Injury
- Major Medication Incident
- Restraint Use (Personal, Mechanical, Chemical)

Any incident/action that results in a visit to an **acute care facility**, **emergency room**, or **urgent care center** qualifies as a critical incident and must be reported.

Types of Reportable Incidents (Incident Categories)

- Next slides illustrate how incident categories appear in a Critical Incident Report (CIR) Form in SIMS

- As boxes are selected, different options appear (in certain incident categories) for further selection. Example:

Select "**Major Injury**" →

"**Type of Major Injury**" populates as the selection →

"**Emergency Room Visit**" or "**Acute Care Hospital Visit**" populate as options →

Must select one as the type of major injury

INCIDENT CATEGORIES: (Check only those that apply)

Note: All protective services allegations must be verbally reported

Note to Support Coordinator (SC): If the SC discovers/witnesses an Abuse, Neglect, Exploitation or Extortion incident involving a participant over the age of 18, the SC should immediately verbally report the incident to APS.

The SC shall not enter the information regarding APS Cases aged over 18 into the Incident System. This only applies to APS cases aged over 18.

Child Abuse	⌄
Child Neglect	⌄
CPS Confirmation: ID of Intake Worker	☐
EPS Incident Type (For use by Regional or LGE personnel only)	☐
Major Injury	☐
Fall	☐
Death	☐
Loss or Destruction of Home	☐
Major Illness	☐
Major Behavioral Incident	☐
Major Medication Incident	☐
Restraints Use	☐
Involvement with Law Enforcement	☐

INCIDENT CATEGORIES: (Check only those that apply)

Note: All protective services allegations must be verbally reported

*Note to Support Coordinator (SC): If the SC discovers/witnesses an Abuse, Neglect, Exploitation or Extortion incident involving a participant over the age of 18, the SC should immediately verbally report the incident to APS.*

The SC shall not enter the information regarding APS Cases aged over 18 into the Incident System. This only applies to APS cases aged over 18.

Child Abuse	[dropdown]
Child Neglect	[dropdown]
CPS Confirmation: ID of Intake Worker	[text field]
EPS Incident Type (For use by Regional or LGE personnel only)	☐
Major Injury	☑
Type of Major Injury *	Emergency Room Visit [dropdown]
Fall	☐
Death	☐
Loss or Destruction of Home	☐
Major Illness	☐
Major Behavioral Incident	☐
Major Medication Incident	☐
Restraints Use	☐

INCIDENT CATEGORIES: (Check only those that apply)

Note: All protective services allegations must be verbally reported

Note to Support Coordinator (SC): If the SC discovers/witnesses an Abuse, Neglect, Exploitation or Extortion incident involving a participant over the age of 18, the SC should immediately verbally report the incident to APS.

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Child Abuse	[dropdown ▾]
Child Neglect	[dropdown ▾]
CPS Confirmation: ID of Intake Worker	[text field]
EPS Incident Type (For use by Regional or LGE personnel only)	☐
Major Injury	☑
Type of Major Injury *	[Acute Care Hospital Visit ▾]
Fall	☐
Death	☐
Loss or Destruction of Home	☐
Major Illness	☐
Major Behavioral Incident	☐
Major Medication Incident	☐
Restraints Use	☐

ADDITIONAL EVENT INFORMATION:

DSP notified APS/EPS:	☐
Date DSP notified APS/EPS:	MM/DD/YYYY
Time DSP notified APS/EPS:	[▾] [▾] [▾]
DSP notified Law Enforcement:	☐
Date DSP notified Law Enforcement:	MM/DD/YYYY
Time DSP notified Law Enforcement:	[▾] [▾] [▾]

Type of Health Care Admissions and Date of Admissions (check all that apply):

Emergency Room	☐
Emergency Room Date:	MM/DD/YYYY
Acute Care Hospital	☐
Acute Care Hospital Date:	MM/DD/YYYY
Psychiatric Hospital	☐
Psychiatric Hospital Date:	MM/DD/YYYY
Nursing Home	☐
Nursing Home Date:	MM/DD/YYYY
Respite Center	☐
Respite Center Date:	MM/DD/YYYY

Reporter must always complete entire CIR Form.

Reporter must scroll down to "**ADDITIONAL EVENT INFORMATION**" and complete "**Type of Health Care Admissions and Date of Admissions**" if applicable.

Roles/Responsibilities in Critical Incident Reporting

- OCDD waiver participants and their families

- Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- Local Governing Entity (LGE) Developmental Disabilities Director (DDD) or designee

- LGE staff

- OCDD Central Office Quality Section

- Critical Incident Review Committee (CIRC)

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Roles/Responsibilities in Critical Incident Reporting
OCDD Waiver Participants and their Families

- Keep a copy of the OCDD OI #F-5: *Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services* and paper copies of the CIR form available at the participant's home location

- Allow SC to make monthly contacts to check in and ask questions. Be honest and open during these conversations. Tell SC if any critical incidents have happened.

- Understand the types of reportable incidents (incident categories) and the HCBS waiver program requirement for reporting critical incidents timely to SC.

- Report critical incidents ASAP *(no later than 24 hours)* after the incident to SC.

- Report every emergency room, urgent care clinic, and acute care facility visit to SC ASAP *(no later than 24 hours)* – These qualify as critical incidents, too.

- Give details about the critical incident including, but not limited to:
  - Who, where, when, and how
  - After-visit summaries and/or discharge orders
  - Medication changes
  - Arrest/incarceration information or court dates
  - Any reports to CPS, APS, or EPS

- Participate in all planning meetings to resolve critical incidents and to develop strategies to prevent them from happening again.

Roles/Responsibilities in Critical Incident Reporting
Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- *Immediately* take the necessary action(s) required to **ensure the participant is protected from further harm** and respond to any emergency needs of the participant.

- *Immediately* **contact the appropriate protective service agency** (APS, CPS, EPS) if abuse, neglect, exploitation, or extortion is suspected.

- When there is an allegation of abuse or neglect, DSPA ensures that any accused staff are removed from and do not have any contact with the alleged victim (participant) or other participants receiving supports and services, pending the outcome of the internal investigation.

Roles/Responsibilities in Critical Incident Reporting
Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- If the abuse, neglect, or exploitation involves a child (birth to 17) and the perpetrator is a DSW, *immediately* verbally report the incident to CPS (and enter incident into SIMS.)

- If the abuse, neglect, or exploitation involves a child's family member, *immediately* verbally report the incident to CPS (and enter incident into SIMS.)

- If the abuse, neglect, exploitation or extortion involves participants ages 18 to 59, *immediately* report the incident to APS. (Do not enter incident into SIMS.)

- If the abuse, neglect, exploitation, or extortion involves participants ages 60 and older, *immediately* verbally report to EPS (and enter incident into SIMS.)

Roles/Responsibilities in Critical Incident Reporting

Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- Cooperate with appropriate protective service agency (APS, CPS, EPS) once that agency has been notified and an investigation commences.

- Provide relevant information, records, and access the agency conducting the investigation.

- Contact the SCA/SC by email or fax *immediately* after taking all necessary actions to protect the participant from further harm and responding to the emergency needs of the participant but *no later than 24 hours* after the discovery of the critical incident.

- Enter critical incident into SIMS *ASAP upon discovery, but no later than 48 hours* after the discovery of the critical incident.

- Provide all applicable descriptive information regarding the incident. Refer to *Types of Reportable Incidents (Incident Categories)* to obtain and include accurate information about the types of child, adult, and elderly abuse reported.

Roles/Responsibilities in Critical Incident Reporting
Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- **Enter follow-up case notes *within six business days* after the initial CIR is received from the DSP or the discovery by the SC and *as needed* until case closure**

- **Continue to follow-up with DSP, the participant and others as necessary, in order to update the case notes in SIMS *until the incident is resolved and the case is closed*.**

- Participate in support team meeting(s) to develop an action plan(s) in response to critical incident(s). Provide documentation of these meetings.

- Develop and implement strategies recommended by the participant's support team, LGE waiver office, and Critical Incident Review Committee (CIRC) to reduce or eliminate the occurrence of critical incidents for the affected participant in the future.

- Provide assistance in obtaining documentation for the LGE's review, including proactive strategies that have been attempted and the results.

- Document and review all critical incidents for individual and consider related previous incidents or trends in any future actions taken.

- If concerning trends across participants emerge, include actions to reduce critical incidents within the agency Quality Improvement Plan.

Visual Workflow for Direct Service Provider Agencies (DSPAs):
DSPA Key Responsibilities in Critical Incident Reporting

LOUISIANA DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

DSPA KEY RESPONSIBILITIES IN CRITICAL INCIDENT REPORTING

Critical incident occurs (*no* suspected abuse, neglect, exploitation, or extortion):

STEP 1: Take immediate action to ensure the participant is safe from further harm and respond to their emergency needs.

STEP 2: Contact the SCA/SC **immediately after** taking all necessary actions to protect the participant from further harm and respond to the participant's emergency needs (**no later than 24 hours** after the CI's discovery).

STEP 3: Enter CI into SIMS as soon as possible upon discovery, but **no later than 48 hours** after the CI's discovery and provide all applicable descriptive information regarding the CI.

STEP 4: Enter follow-up case notes **within 6 business days** after the DSP receives the initial CIR or the SC's discovery and as needed until CIR closure.

STEP 5: Continue to follow-up with DSP, the participant, and others **as necessary** to update the CIR in SIMS until the CIR is resolved and closed.

STEP 6: Participate in support team meetings to develop a plan of action in response to CIs. Provide documentation of these support team meetings.

STEP 7: Develop and implement strategies recommended by the participant's support team, the LGE, and the CIRC to reduce future CIs to the participant.

STEP 8: Assist LGE in obtaining information/documentation for the LGE's review, including proactive strategies that have already been tried and their results.

STEP 9: Document and review all CIs for each participant, analyze them for related previous CIs or trends, and consider these in future decision-making.

STEP 10: When concerning trends emerge, develop and implement actions to reduce CIs in the DSPA's Quality Improvement Plan.

NOTE: DSPAs should review SIMS daily for new CIRs and/or to follow-up on existing CIRs.

ACRONYMS:
- **CI:** critical incident
- **CIR:** critical incident report
- **DSP:** direct service provider
- **DSPA:** direct service provider agency
- **SC:** support coordinator
- **SCA:** support coordination agency
- **SIMS:** Statewide Incident Management System
- **ICF/DD:** intermediate care facilities for individuals with developmental disabilities
- **APS:** Adult Protective Services
- **CPS:** Child Protective Services
- **EPS:** Elderly Protective Services
- **HSS:** Health Standards Section
- **CIRC:** Critical Incident Review Committee

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Replaces all prior issues
OCDD-PC-25-001
DSPA Key Responsibilities in Critical Incident Reporting

LOUISIANA DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

DSPA KEY RESPONSIBILITIES IN CRITICAL INCIDENT REPORTING

Critical incident occurs **that is suspected** abuse, neglect, exploitation, or extortion:

STEP 1: Take immediate action to ensure the participant is safe from further harm and respond to their emergency needs.

STEP 2: Ensure that any accused staff are removed and don't have any contact with the alleged victim or other participants receiving supports and services, pending the internal investigation's outcome.

If the abuse, neglect, exploitation, or extortion involves...

STEP 3:
- **Child (birth to 17): immediately** report to CPS (1-855-452-5437) and local law enforcement. Enter into SIMS ASAP upon discovery, but **no later than 48 hours** after the CI's discovery and provide all applicable descriptive information regarding the CI.
- **Elderly (60 and older): immediately** report to EPS (1-833-577-6532) and local law enforcement. Enter into SIMS ASAP, but **no later than 48 hours** after the CI's discovery and provide all applicable descriptive information regarding the CI.
- **Nursing homes and privately-owned ICF/DDs: immediately** report to HSS (1-877-343-5179).
- **Adult (18 to 59): immediately** report to APS (1-800-898-4910) and local law enforcement. Do **not** enter into SIMS. Complete step 4 below. Instead of completing steps 5 – 11, obtain APS findings from LGE and/or SCA/SC and collaborate with LGE and SCA/SC to complete any necessary follow-up and/or recommendations.

STEP 4: Contact the SCA/SC **immediately after** taking all necessary actions to protect the participant from further harm and respond to the participant's emergency needs (**no later than 24 hours** after the CI's discovery).

STEP 5: Enter follow-up case notes **within 6 business days** after the DSP receives the initial CIR or the SC's discovery and as needed until case closure.

STEP 6: Continue to follow-up with DSP, the participant, and others **as necessary** to update the case notes in SIMS until the incident is resolved and the case is closed.

STEP 7: Participate in support team meetings to develop a plan of action in response to CIs. Provide documentation of these support team meetings.

STEP 8: Develop and implement strategies recommended by the participant's support team, the LGE, and the CIRC to reduce future CIs for the participant.

STEP 9: Assist LGE in obtaining information/documentation for the LGE's review, including proactive strategies that have already been tried and their results.

STEP 10: Document and review all CIs for each participant, analyze them for related previous incidents or trends, and consider these in future decision-making.

STEP 11: When concerning trends emerge, develop and implement actions to reduce CIs in the DSPA's Quality Improvement Plan.

NOTE: DSPAs should review SIMS daily for new CIRs and/or to follow-up on existing CIRs.

Issued 4/17/2025
Replaces all prior issues
OCDD-PC-25-001
DSPA Key Responsibilities in Critical Incident Reporting

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to **https://ldh.la.gov/page/critical-incident-reporting**.

Roles/Responsibilities in Critical Incident Reporting

Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- When the SC discovers an incident, contact the provider *within two hours of discovery* and inform the provider of the incident, collaborate to ensure that the participant is protected from further harm, and ensure that emergency actions are taken.

- In the event that SC is a witness to or discovers abuse, neglect, exploitation, or extortion, *immediately* take action to make sure the participant is protected from further harm and respond to the emergency needs of the participant; and *immediately* verbally report and forward a copy of the completed DI-IH HCBS CIR Form to CPS or EPS.
  - If the incident involves a participant age 18 to 59, the SC should only verbally report the incident to APS (*immediately*) and do not enter information into SIMS.
  - If the incident involves abuse, neglect, exploitation, or extortion involving a participant ages birth to 17 and 60 years of age and older, enter into SIMS *within 24 hours* of witness or upon discovery of the incident.

Roles/Responsibilities in Critical Incident Reporting
Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- **Enter CIR information into SIMS *within 48 hours*** following the discovery by the SC or in the following circumstances:
  - Waiver participant is linked to supports waiver or uses self-direction;
  - The incident occurs at a day habilitation or work site;
  - Participant is approved for waiver services but is not at this time using services through a licensed direct support provider;
  - The direct services provider is unable to enter into the SIMS.

Roles/Responsibilities in Critical Incident Reporting
Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- Review critical incidents *daily* for new CIRs or requested follow-up from the LGE.

- Convene necessary planning meetings that may be required to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents from occurring in the future and revise the participant's support plan accordingly. At a minimum this must occur in response to each critical incident as described in OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review*

- Revise the participant's support plan *as needed* to include actions or services to implement recommended strategies. Assist in linking the participant to needed supports and services.

- Enter follow-up case notes *within six business days* after the initial critical incident report is received from the DSP or the discovery by the SC *and as needed until case closure*.

Roles/Responsibilities in Critical Incident Reporting
Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- Continue to follow-up with the DSP, the participant, and others *as necessary* in order to update the case notes in SIMS *until the incident is resolved and the case is closed*.

- **Compile documentation as required for critical incidents that require LGE or CIRC review** per OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and response to any recommendations. Provide this information to the LGE for submission to the CIRC.

- Send the participant a copy of the incident participant summary *within 15 days* after final supervisory review and closure by the LGE. Do not include the identity of the reporters or any sensitive or unsubstantiated allegations in the participant summary. In the event of the participant's death, forward the participant summary to the Medicaid-authorized representative or legal guardian.

Roles/Responsibilities in Critical Incident Reporting
Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- *At each quarterly meeting for participant*, review critical incidents for any trends and facilitate discussion with the support team to identify any additional actions or services that need to be implemented.

- Meet the required actions involved in the death of a participant.
  - *Upon receipt of* the Mortality Review Committee (MRC) checklist and the signed Release of Information Letter from the LGE, SCAs and SCs are to provide the information as required by the OI #F-1 *Mortality Review Process*

Visual Workflow for Support Coordination Agencies (SCAs):
SCA Key Responsibilities in Critical Incident Reporting

Visit OCDD's dedicated webpage on critical incident reporting by scanning the QR code or navigating to **https://ldh.la.gov/page/critical-incident-reporting**.

Roles/Responsibilities in Critical Incident Reporting

**Support Coordination Agencies (SCAs) and Support Coordinators (SCs) +
Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)**

Determining What Agency Enters a CIR in SIMS

- **If DSP was on duty** at the time of the incident: DSPA is responsible for entering the CIR into SIMS. A "second" discovery by SC later does not shift responsibility.

- **If DSP was not on duty** at the time of the incident: Responsibility falls to whoever discovers the incident first:
    - If the SC is the first to discover the incident (e.g., during a monthly contact): SCA is responsible for entering the CIR into SIMS.
    - If the DSP is the first to discover the incident (e.g. at next shift): DSPA is responsible for entering the CIR into SIMS.

- For participants using **self-direction**: SCA is responsible for entering the CIR upon discovery.

- For participants **without an in-home provider**: SCA is responsible for entering the CIR upon discovery.

- **Unforeseen circumstances**: DSPA can request SCA to enter the CIR if there are legitimate unforeseen issues (e.g., power outages, natural disasters). Lack of SIMS access, inactive SIMS accounts, or lack of staff trained in SIMS is not an acceptable excuse; DSPAs are responsible for training DSPA staff on SIMS, maintaining active SIMS accounts, and resolving SIMS access issues within CIR entry timelines.

Roles/Responsibilities in Critical Incident Reporting

LGE Developmental Disabilities Director (DDD) or LGE Designee

- *On a daily basis*, review all incoming CIRs and assign to LGE staff.

- *Immediately, or within 24 hours*, notify OCDD Central Office Quality Section when critical incidents involve one of the below. (These notifications are done via the LDH OCDD Internal Notification Template and must have CIR number included.)
  - Death
  - Involvement with law enforcement
  - Missing person
  - Media attention/ probability of
  - Contact with government officials/ probability of

- Review and approve any extension requests made by staff of the LGE.

- Ensure that all mandatory information is entered into SIMS *prior to case closure*.

- Track critical incidents (or ensure designated staff do) to ensure that any incidents identified in OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* that require LGE review or CIRC review are identified and requirements of OI F-8 are followed.

- Close cases after all needed follow-up has occurred and all necessary data has been entered into SIMS (Supervisor Review and Closure).

- Periodically select a sample of critical incidents to review for adherence to policy including a review to determine if all necessary actions were taken to address and resolve critical incidents.

Roles/Responsibilities in Critical Incident Reporting
LGE Developmental Disabilities Director (DDD) or LGE Designee

- Comply with the OI #F-1 *Mortality Review Process* for participant deaths.

- Ensure that all critical incidents involving deaths *remain open* until after OCDD's Mortality Review Committee (MRC) has met and until recommended closure is received from Central Office critical incident program manager/designee.

  - NOTE: May require granting extension(s) to staff *until all information is received* from support coordinator and until after MRC has met or if MRC requests additional information based upon their review.

- Close APS Cases

Roles/Responsibilities in Critical Incident Reporting

LGE Staff

- Continue to follow-up with SCA and DSPA, providing technical assistance *as necessary* and requesting additional information in writing until closure of the critical incident

- Make timely referrals to other agencies as necessary

- Ensure that SCA and DSPA enters all necessary information into SIMS

- Ensure that activities occur within required timelines, including closure of the incident *within 30 days, unless an extension has been granted*

- Submit requests for extension to the DDD/designee for review and approval

- Ensure that participant summary is completed for all cases including APS, EPS, and CPS. The participant summary should not include the name of the reporter of the incident or any other sensitive information.

- Comply with the requirements of the OI #F-1 *Mortality Review Process* and OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review*

- When waiver staff suspect or becomes aware that a waiver incident meets the definition of an APS case, they must report the case immediately to APS. (Convert waiver incident to APS case.)

> DSPAs and SCAs are responsible for training their staff on how to use SIMS, maintaining active SIMS accounts, and resolving SIMS access issues.

Roles/Responsibilities in Critical Incident Reporting
OCDD Central Office Quality Section

- Notify CIRC and OCDD Executive Management Team *upon receipt of email or verbal notification* of any incident that involves or may involve a degree of risk such that immediate action from OCDD is required and may (or has) resulted in involvement of the media and/or legal system (not including a single arrest incident which should follow typical reporting and actions).

- Provide technical assistance to the authorities/districts as needed.

- Identify statewide needs for training regarding the following:
  - Responding to critical incidents
  - Adhering to OCDD Operational Instruction # F-5: *Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services.*
  - Entering critical incident data into SIMS
  - Adhering to OI #F-1 *Mortality Review Process* and OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and/or other related topics.

Roles/Responsibilities in Critical Incident Reporting
OCDD Central Office Quality Section

- Select a sample of critical incidents to review for adherence to policy, including a review to determine if all necessary actions were taken to address and resolve critical incidents

- Identify necessary remediation to be taken by DSPA, DSP, SCA, SC, and LGE staff

- Pull aggregate reports of critical incident data and participate on the CIRC

- Comply with:
  - OI #F-1 *Mortality Review Process* when a critical incident involves the death of a participant
  - OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* when specific identified critical incident thresholds are met

Critical Incident Review Committee (CIRC)

- OCDD Central Office has established a CIRC

- CIRC reviews individual incidents that cross set thresholds as established by OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and conducts the following QE activities for all aggregate critical incident data:

- Analyze data to identify trends for effective program management to ensure:
  - Safety/wellbeing of participants receiving OCDD supports and services
  - That participants receive quality supports and services from OCDD

- Analyze data to determine the effectiveness of QE goals and activities

- Identify participants who experience frequent critical incidents and whose support plans will need to include strategies to mitigate risks from future incidents, including review *within one business day* of all incidents reported in OI #F-1 *Mortality Review Process* with a follow up report and recommendations to OCDD's assistant secretary, EMT, and LGE

- Immediately review and recommend actions related to any incidents identified in LDH OCDD Internal Notification Template with a report to EMT and any follow up actions and reporting *as needed until the incident is closed satisfactorily*.

Types of Reportable Incidents (Incident Categories)

- Abuse (Child, Adult, Elderly)

- Neglect (Child, Adult, Elderly)

- Exploitation

- Extortion

- Death

- Fall

- Involvement with Law Enforcement

- Loss or Destruction of Home

- Major Behavioral Incident

- Major Illness

- Major Injury

- Major Medication Incident

- Restraint Use (Personal, Mechanical, Chemical)

Any incident/action that results in a visit to an **acute care facility**, **emergency room**, or **urgent care center** qualifies as a critical incident and must be reported.

Abuse, Neglect, and Exploitation

Abuse
- Any of the acts defined for child abuse or adult/elderly abuse that seriously endanger the physical, mental, or emotional health and safety of the individual
- Can apply to child, adult, or elderly

Neglect
- Failure by a caregiver responsible for a person's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for their wellbeing
- Can apply to child, adult, or elderly

Exploitation
- The illegal or improper use or management of an aged person's or adult with disability's funds, assets, or property, or use of the person's power of attorney or guardianship for one's own profit or advantage (R.S. 15:503)
- Can apply to child, adult, or elderly

Abuse, Neglect, Exploitation

Abuse, neglect, or exploitation of a child (**0 to 17 years old**)	Abuse, neglect, or exploitation of an adult (**18 to 59 years old**)	Abuse, neglect, or exploitation of an adult (**60 or older**)
↓	↓	↓
Child Protective Services (CPS)	Adult Protective Services (APS)	Elderly Protective Services (EPS)
↓	↓	↓
Immediately report to CPS	Immediately report to APS – Do not enter into SIMS	Immediately report to EPS
↓		↓
Enter incident into SIMS		Enter incident into SIMS

Abuse (Child)

- The infliction or attempted infliction, or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of **physical or mental injury** upon the child by a parent or by any other person.

- The **exploitation or overwork of a child** by a parent or by any other person.

- The involvement of a child in **any sexual act with a parent or with any other person**, or the aiding or toleration by a parent or the caretaker of the child's sexual involvement with any other person, or the child's involvement in **pornographic displays** or any other involvement of a child in sexual activity constituting a crime under the laws of this state (Louisiana Children's Code, Article 1003 (l)).

- **Primary Child Abuse:** the accused or perpetrator is identified as the biological mother, father, stepmother, stepfather, or legal guardian/curator

- **Non-Primary Child Abuse:** the accused or perpetrator is identified as a staff person of a DSPA, a neighbor, or others.

Abuse (Adult and Elderly)

- The infliction of **physical or mental injury** on an adult by other parties, including (but not limited to) sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value, to such an extent that their health, self-determination, or emotional well-being is endangered (R.S. 15:503).

Extortion is defined as the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority (R.S. 15:503).

Neglect (Child)

- The **refusal or failure of a parent or caretaker to provide the child with necessary food, clothing, shelter, care, treatment, or counseling** for an injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired.

- Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing having reasonable, proven record of success, the child shall not, for that reason alone, be considered neglected or abused. (Children's Code, Article 1003).

- **Primary Child Neglect:** the accused or perpetrator is identified as the biological mother, father, stepmother, stepfather, or legal guardian/curator

- **Non-Primary Child Neglect:** the accused or perpetrator is identified as a staff person of a DSPA, a neighbor, or others.

Neglect (Adult and Elderly)

- The **failure by a caregiver** responsible for an adult's care or by other parties **to provide the proper or necessary support or medical, surgical, or any other care necessary for their wellbeing.** No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall, for that reason alone, be considered to be neglected or abused (R.S 15:503).

Self-neglect (adult/elderly) is defined as the failure by an adult participant's action or inaction to provide the proper or necessary supports or other medical, surgical, or any other care necessary for his/her own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing, in lieu of medical treatment, shall for that reason alone be considered to be self-neglected (R.S. 15:503).

Exploitation

- The **illegal or improper use** or management of an aged person's or adult with disability's **funds, assets, property, or use of the person's power of attorney** or guardianship for one's own profit or advantage (R.S. 15:503).

- The **definition for exploitation does not differ between child, adult, or elderly** (as opposed to definitions for abuse and neglect).

- The OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services includes process for reporting exploitation for children, adults, and elderly.

Death

- Determined by the physician or coroner who issues the death certificate for an individual

- All deaths are reportable regardless of the cause or the location where the death occurred.

- See February 20, 2024 Memo: *Critical Incident Report (CIR) of a Death in the Statewide Incident Management System (SIMS)*

- Changes in three areas of death CIRs in SIMS

February 20, 2024 Memo: Critical Incident Report (CIR) of a Death in the Statewide Incident Management System (SIMS)

	Area for Improvement	Recommendation
1.	A CIR is created for a death, but "Death" is not selected under "Incident Categories" in the CIR Form.	When completing a CIR for a death that has occurred, please ensure "Death" is selected under "Incident Categories" in the CIR Form.
2.	A death occurs, but a CIR is not created for the death.	All deaths are reportable incidents and must be reported in SIMS as a critical incident, per OCDD Operational Instruction # F-5 *Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services*. Please ensure a CIR is completed for all deaths.
		As outlined in Recommendation 1 above, when completing a CIR for a death, please ensure "Death" is selected under "Incident Categories" in the CIR Form.
3.	A "Death" selection under "Incident Categories" is added to a previously entered, non-death CIR. The previously entered CIR is primarily regarding the circumstances that let up to the death, however, it is not for the death itself. When a "Death" selection is added to an existing non-death CIR that predates the death, inconsistencies are created in tracking the participant's actual date of death in comparison to the date of death reported in SIMS.	Please create a new CIR for each death. Documenting a CIR for a death prior to the date of the death itself has been found to create inconsistencies in the mortality data in SIMS. It is essential for the MRC to accurately track the date of a participant's death.

Fall

- The participant is **found down on the floor or ground** [unwitnessed event] (not intended to include finding someone on the floor engaged in intentional activity such as a child playing on the floor even if the act of sitting to play was unwitnessed); **or comes to rest on the floor or ground unintentionally**, witnessed (not intended to include participants who fall in the course of playing sports or other activities when these activities are not contraindicated by their plan of care and falling or sliding is a normal occurrence of the activity.)

- Must complete two forms when a fall occurs:
  - **Fall Assessment Form**
  - **Fall Analysis & Action Form**
- These will populate for completion in SIMS when a fall is selected as an incident category.
- Please be as detailed as possible.
- Ideal to complete these at the same time CIR is completed.

Involvement with Law Enforcement

- A participant, their staff, or others responsible for the participant's care are **involved directly or indirectly in an alleged criminal manner**, resulting in law enforcement becoming involved such as:
  - A participant is arrested for an offense/crime or law enforcement is called to the scene due to actions of the participant.
  - An on-duty staff person is arrested/charged with an offense/crime.
  - An on-duty staff person is issued a citation for a moving violation while operating an agency vehicle, or while transporting a participant(s) in a private vehicle (e.g. staff-owned vehicle).

Immediately, or within 24 hours, notify OCDD Central Office Quality Section when critical incidents involve one of the below. (These notifications are done via the LDH OCDD Internal Notification Template and must have CIR number included.)

- **Death**
- **Involvement with law enforcement**
- **Missing person**
- **Media attention/ probability of**
- **Contact with government officials/ probability of**

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.

- This may be the result of any manmade or natural action, such as wind damage, fire, flood, eviction, and an unsafe or unhealthy living environment.

Major Behavioral Incident

- An incident engaged in by a participant who is alleged, suspected, or witnessed by the reporter that can reasonably be expected to result in harm, or that may affect the safety and well-being of the participant.

- **Major Behavioral Incidents:**
    - Suicidal threats
    - Missing person
    - Self-injury
    - Nonconsensual sexual behavior (offensive sexual behavior or sexual aggression)
    - Physical aggressive behavior

While an emergency room, urgent care clinic, or acute care facility visit is not required to meet the Major Behavioral Incident definition, any incident that results in an emergency room, urgent care clinic, or acute care facility visit of the participant as a result of the behavior in question qualifies as reportable as a critical incident.

Major Illness

- Any **substantial change in health status,** (suspected or confirmed) that requires medical treatment at one of the following locations:
  - Emergency Room
 - Urgent Care Clinic
  - Acute Care Facility

Note: Any illnesses/conditions that result in treatment at one of the above facilities are reportable critical incidents as "other major illness."

- The following specific major illnesses are additionally reportable by category as part of OCDD's risk management obligation:
  - **Bowel Obstruction**
  - **Decubitus**
  - **Pneumonia**
  - **Seizures**

Major Injury

- Any **suspected or confirmed wound or injury** to a participant of known or unknown origin requiring medical attention by a licensed health care provider at one of the following locations:
  - Emergency Room
  - Urgent Care Clinic
  - Acute Care Facility
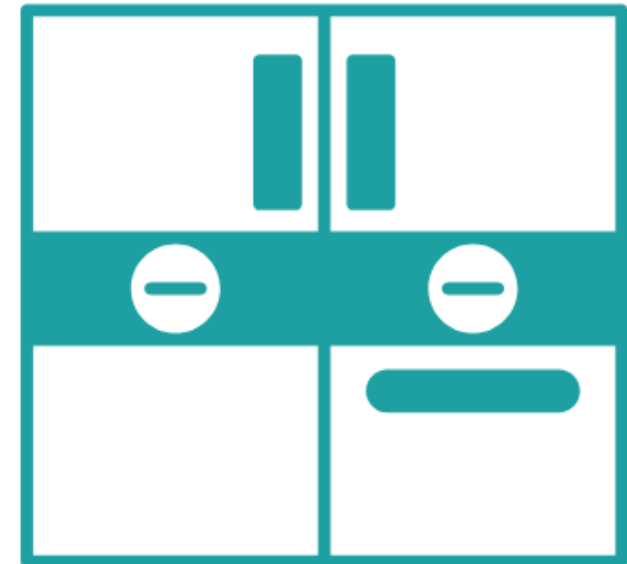
Major Medication Incident

- The **administration or self-administration of medication in an incorrect form**, not as prescribed or ordered, or to the wrong person, or the failure to administer or self-administer a prescribed medication, which requires or results in medical attention by a physician, nurse, dentist, or any licensed health care provider at one of the following locations:
  - Emergency Room
  - Urgent Care Clinic
  - Acute Care Facility

The following are major medication incidents if they meet the definition as noted to the left:

- **Staff error**
- **Pharmacy error**
- **Person error**
- **Medication Non-Adherence**
- **Family error**

Restraint Use

- The application of a physical hold (**personal restraint**), mechanical device (**mechanical restraint**), and/or medication (**chemical restraint**) for the purpose of restricting or suppressing an individual's movement or preventing an individual access to their body.

- Use of any procedure expressly prohibited by OCDD policy or CMS regulations should be reported to the appropriate APS authority under the abuse category.

Actions that may be confused as restraint but are *not* restraint:

- **Use of orthopedic** appliances or medical procedures in accordance with standard medical practice in the community
- **Approved techniques** such as physical guidance, redirection, or escorts involving brief hold/physical contact of less than 30 seconds in which no aggressive resistance is observed
- **Transports** (physically moving an individual from one place to another) whereby no aggressive resistance is observed and/or the individual does not verbally or nonverbally (e.g. gestures, pulling away, vocalizing dislike when touched) refuse the transport
- **Typical activities that are momentary in nature** that one would do in a moment of imminent risk for any individual (e.g. blocking someone from entering a street when a vehicle the individual does not see is near and the individual would otherwise come to significant harm)

Health Care Admissions that Result in a Critical Incident

- Healthcare Admission = the admission of a person to an acute care facility, hospital, or other healthcare facility for the purpose of receiving medical care or behavioral stabilization

- Reportable healthcare admissions:

  - **Acute Care Facility =** a hospital where it is expected that the patient will require treatment by licensed health care providers either as an out-patient (less than 24 hours) or as a patient who stays more than 24 hours. This includes psychiatric hospital stays/ admissions.

  - **Emergency Room** = **Emergency room or urgent care center**

- Any incident/action that results in a visit to an **acute care facility**, **emergency room**, or **urgent care center** qualifies as a critical incident and must be reported.

- Do not report doctor appointments to a doctor's office, such as PCP or other doctor's office visit.

- Visits to an **acute care facility**, **emergency room**, or **urgent care center** are *not* separate categories of incidents, but are covered in the incident categories previously mentioned.

Acronyms

- **SIMS** Statewide Incident Management System
- **CIR** Critical Incident Report
- **EMT** Executive Management Team
- **MRC** Mortality Review Committee
- **CIRC** Critical Incident Review Committee
- **LGE** Local Governing Entity
- **DDD** Developmental Disabilities Director
- **QE** Quality Enhancement
- **HCBS** Home- and Community-Based Services
- **OI** Operational Instruction
- **RS** Revised Statute

- **DSPA** Direct Service Provider Agency
- **DSP** Direct Service Provider
- **SCA** Support Coordination Agency
- **SC** Support Coordinator
- **EPS** Elderly Protective Services
- **APS** Adult Protective Services
- **CPS** Child Protective Services
- **HSS** Health Standards Section
- **PA** Prior Authorization
- **SRI** Statistical Resources Inc.
- **LaSRS** Louisiana Statistical Resources

OCDD has a dedicated webpage on critical incident reporting: https://ldh.la.gov/page/critical-incident-reporting

OCDD HCBS WAIVERS:

- New Opportunities Waiver (NOW)
- Residential Options Waiver (ROW)
- Supports Waiver (SW)
- Children's Choice Waiver (CC)

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THANK YOU

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LOUISIANA DEPARTMENT OF HEALTH

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