

OCDD Critical Incident Reporting for the Self-Direction Population

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Questions?

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

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



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

Agenda

- The Office for Citizens with Developmental Disabilities (OCDD)
- Rights and Responsibilities of Waiver Participants
- Critical Incidents for Waiver Participants
- OCDD Operational Instruction #F-5
- Roles/Responsibilities in Critical Incident Reporting
- Why Critical Incident Reporting Matters
- Types of Reportable Incidents (Incident Categories)
- Reporting Abuse, Neglect, Exploitation, or Extortion
- Filing a Complaint with OCDD
- Critical Incident Resources for Self-Direction (SD) Population
- Acronyms

Office for Citizens with Developmental Disabilities (OCDD)

- OCDD is a **program office** within the Louisiana Department of Health (LDH).
- Serves as the **Single Point of Entry (SPOE)** into the developmental disabilities (DD) services system.
- Oversees public and private residential services and other services for people with developmental disabilities.
- Administers **Home- and Community-Based Services (HCBS) waiver services**, coordinating statewide services in a manner that is accessible to Louisiana individuals and families who require specialized supports and services.



OCDD HCBS WAIVERS:

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

Rights and Responsibilities for Individuals Requesting or Receiving Home- and Community-Based Waiver Services

- These are your rights and your responsibilities as an individual receiving HCBS waiver services.
- 4-page form that waiver participants or their family members sign and agree to when a waiver is accepted.
- *“I understand my responsibility to cooperate with OCDD in this process. I understand that Waiver Services may be discontinued for me or the person whom I am authorized to represent in this matter.”*



RIGHTS AND RESPONSIBILITIES FOR INDIVIDUALS REQUESTING OR RECEIVING HOME AND COMMUNITY-BASED WAIVER SERVICES

These are **your rights** as an individual requesting/receiving Home and Community-Based Waiver Services:

- To be treated with dignity and respect, free from any abuse or neglect on the part of the provider.
- To participate in and receive person-centered, individualized planning of supports and services.
- To receive accurate, complete, and timely information that includes a written explanation of the process of evaluation and participation in a Home and Community-Based Waiver, including how you qualify for it and what to do if you are not satisfied.
- To work with competent, capable people in the system.
- To privacy; dignity and respect; and freedom from coercion, restraint, and seclusion.
- To have the freedom and support to control your own schedules and activities and to have access to food and visitors of your choosing at any time.
- To file a complaint or grievance with a support coordination agency, a service provider, or the Louisiana Department of Health/Office for Citizens with Developmental Disabilities (LDH/OCDD) regarding services provided to you. *NOTE: Call Health Standards Section (HSS) toll free Complaint Line at 1-800-660-0488.*
- To report suspected Abuse or Neglect. *NOTE: Call Adult/Elderly Protective Services at 1-800-898-4910 or Child Protective Services at 1-855-452-5437.*
- To contact OCDD for general information about your waiver services. *NOTE: Call the OCDD toll free number 1-866-783-5553 or contact your Local Governing Entity (LGE).*
- To file an appeal after you have been denied a service or additional services through OCDD. *NOTE: Call or write the Division of Administrative Law - Health Section:
P.O. Box 4189
Baton Rouge, LA 70821-4189
Oral Appeal Phone: (225) 342-5800
Fax Appeal: (225) 219-9823*
- To report grievances, abuse, or neglect without suffering retribution, retaliation, or discharge.
- To have a fair hearing after you have been denied a service or additional services. *NOTE: You may contact your LGE or request assistance from your support coordinator.*
- To have a choice of service/support providers when there is a choice available.
- To receive services in a person-centered way from trained competent caregivers.
- To have timely access to all approved services identified in your Plan of Care (POC).

Rights and Responsibilities

- ***Some of Your Rights...***

- To be treated with ***dignity and respect***, free from any abuse or neglect
- To participate in and receive ***person-centered***, individualized planning of supports and services
- To privacy; dignity and respect; and freedom from coercion, restraint, and seclusion
- To have a ***choice*** of service/support providers when there is a choice available

- ***Some of Your Responsibilities...***

- To actively ***participate*** in planning and making decisions on the supports and services you need
- To ***cooperate*** with OCDD, Local Governing Entity (LGE) waiver staff, and your support coordinator (SC) by allowing them to ***contact you by phone*** monthly and visit with you as required by the waiver in which you participate.
- To ***report*** medical visits, emergency room visits, and hospitalizations to your support coordinator as soon as possible after the event, but within 24 hours, to ensure continuity of care
- To understand the definition of a ***critical incident*** and the waiver program requirement for ***reporting them timely*** to your provider agency and support coordinator

Critical Incidents for OCDD Waiver Participants

- Supporting individuals means ensuring **safety, quality, and accountability**.
 - Sometimes, incidents or actions happen that **impact the health, safety, or well-being** of a waiver participant.
 - These are called **Critical Incidents** — and they must be reported to the participant's Support Coordinator (SC), tracked, and followed-up on.
 - Critical incidents for OCDD waiver participants are defined in [OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services](#).



By understanding and reporting critical incidents, we help assure participant **health and safety**.

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 people who are receiving linked and certified Home- and Community-Based Services (HCBS) waivers from the Louisiana Department of Health (LDH)— OCDD.
- Assures the **health and safety** of these participants.



Roles/Responsibilities in Critical Incident Reporting

- **OCDD Operational Instruction #F-5** applies to the following groups of people:
 - **OCDD Waiver participants and their families**
 - **Self-Direction (SD) Population: SD Providers, Participants, Their Authorized Representatives, or Care Workers**
 - 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)



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 at the *participant's home location*.
- Understand the **types of reportable incidents (incident categories)** and the HCBS waiver program **requirement for reporting them timely** to one's residential service provider (if applicable) and SC.
- Understand that all **emergency room, urgent care clinic, or acute care facility visits** are reportable and alert your residential provider (if applicable) or SC, even if you are unsure of which other category would apply.
- Report critical incidents ASAP (no later than 24 hours) after the incident to DSP and/or SC.
- Provide information about the circumstances of the critical incident including, but not limited to:
 - Hospital, emergency room, or urgent care discharge summary/orders
 - Medication changes
 - Arrest information, court dates, incarceration
 - Any reports to CPS, APS, or EPS
- **Participate** in all planning meetings to resolve critical incidents or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Roles/Responsibilities in Critical Incident Reporting

Self-Direction Population: SD Providers, Participants, Their Authorized Representatives, or Care Workers

- 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 at the **participant's home location**.
- Understand **the types of reportable incidents (incident categories)** and the HCBS waiver program **requirement for reporting them timely** to one's residential service provider (if applicable) and SC.
- Understand that all **emergency room, urgent care clinic, or acute care facility visits** are reportable and alert your residential provider (if applicable) or SC, even if you are unsure of which other category would apply. SC will report these as a critical incident in one of the critical incident categories.
- Report every **admission** to and **discharge** from an **acute care facility** to your SC and FEA. This is for billing purposes.

Emergency Room = Emergency room or urgent care center

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.

Roles/Responsibilities in Critical Incident Reporting

Self-Direction Population: SD Providers, Participants, Their Authorized Representatives, or Care Workers

- **Report** critical incidents ASAP (**no later than 24 hours**) after the incident to SC. The **SC will enter** the critical incident into SIMS.
- Provide **information about the circumstances** of the critical incident including, but not limited to:
 - Hospital, emergency room, or urgent care discharge summary/orders
 - Medication changes
 - Arrest information, court dates, incarceration
 - Any reports to CPS, APS, or EPS
- **Participate** in all planning meetings to resolve critical incidents or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.
- **Train employee(s)** on the [OCDD OI #F-5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services](#) and all of these roles/responsibilities.



Roles/Responsibilities in Critical Incident Reporting

- The critical incident process begins with the **waiver participant** and extends all the way to **OCDD's Central Office**.
- Along the way, **everyone has a part to play** in assuring participant health and safety, accountability, and proper follow-up.
- After the SD provider reports a critical incident to the SC, other groups have roles/responsibilities they must complete:
 - Support Coordinators (SCs) and Support Coordination Agencies (SCAs)
 - Local Governing Entity (LGE) staff and Developmental Disabilities Directors (DDD)
 - OCDD Central Office Quality Section
 - OCDD Critical Incident Review Committee (CIRC)

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>.

See *Presentation on Critical Incident Reporting for OCDD: OCDD Operational Instruction #F-5 and the Statewide Incident Management System (SIMS)* for details on roles/ responsibilities of others.



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 the State to prove it protects people from harm through **strict reporting rules**. OCDD reports its critical incident data on a quarterly and annual basis.
- If critical incidents are not reported, Louisiana risks **losing this federal funding**.
- Reporting helps ensure **continued access to waiver services** for your loved ones by maintaining federal funding and preventing loss of your waiver due to not fulfilling individual responsibility to report.
- Families play a vital role by reporting incidents to **keep the program safe and funded**.
- 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.

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

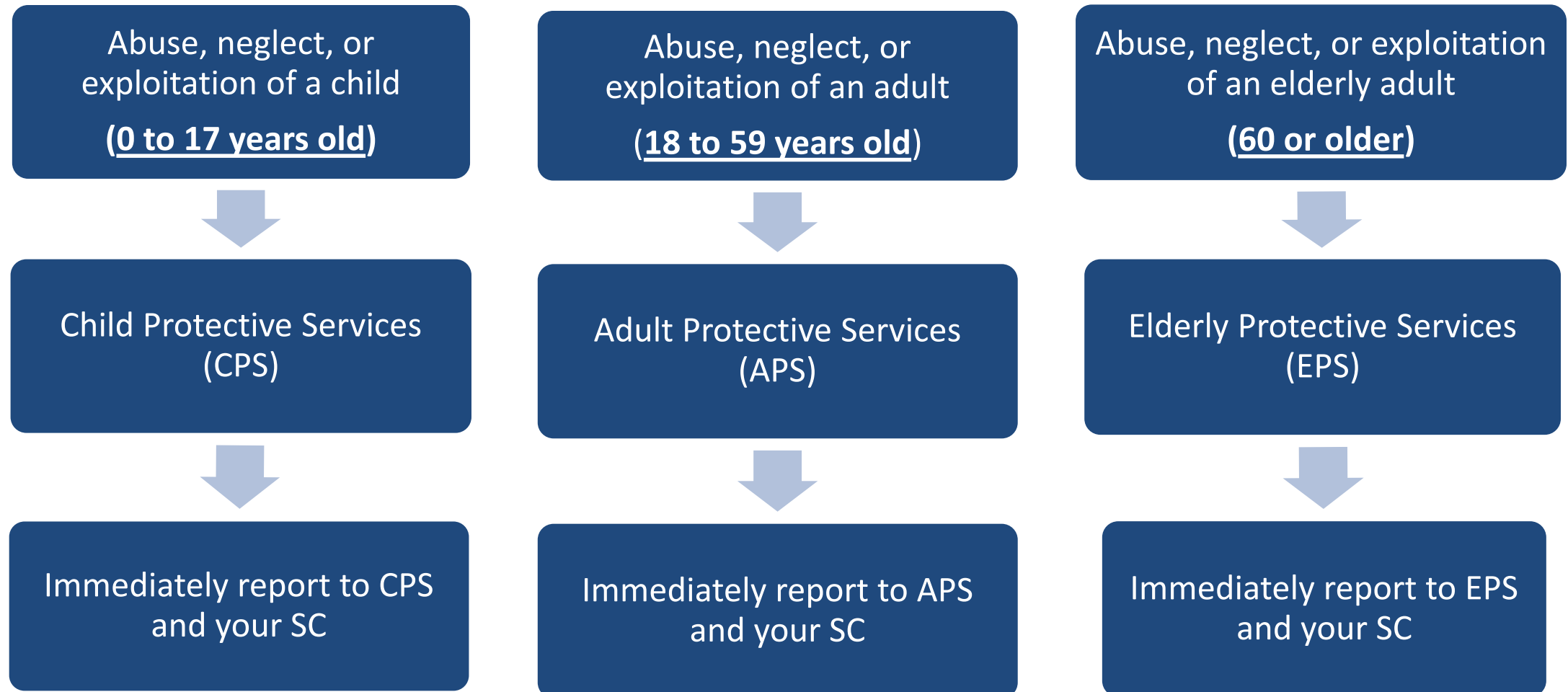
- Failure by a caregiver responsible for a person's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for their wellbeing
- Can apply to child, adult, or elderly



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, or Extortion



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 (I)).

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).

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.

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.)



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).



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 center, 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 Center
 - Acute Care Facility
- **Note:** Any illnesses or conditions that result in treatment at one of the above facilities are reportable critical incidents as "other major illness."

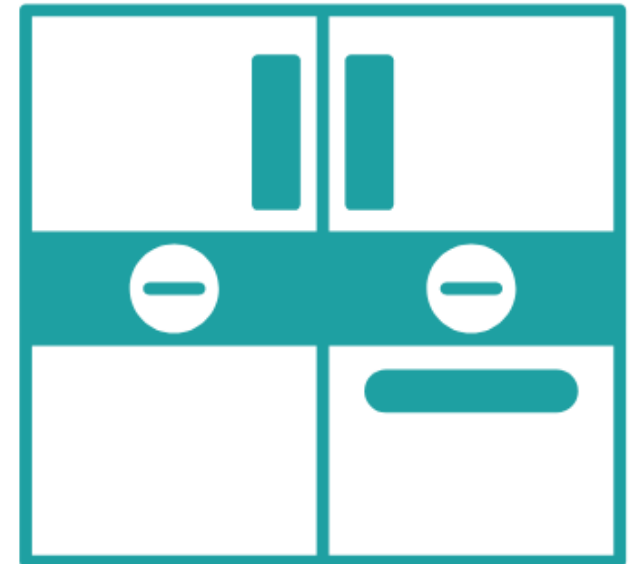
The following specific major illnesses are additionally reportable by category as part of OCDD's risk management obligation:

- **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 healthcare provider at one of the following locations:
 - Emergency Room
 - Urgent Care Center
 - Acute Care Facility

EMERGENCY



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 Center
 - 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).

Healthcare 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.

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.
- [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).

Reporting Abuse, Neglect, Exploitation, or Extortion

Reporting for Children (0 to 17 years old)

- Contact the [Louisiana Department of Children & Family Services' Children Protective Services \(CPS\)](#) at 1-855-4LA-KIDS (1-855-452-5437) and local law enforcement.

Reporting for Adults (18 to 59 years old)

- Contact [LDH's OAAS Adult Protective Services \(APS\)](#) program at 1-800-898-4910 and local law enforcement.

Reporting for Elderly Adults (60 years and older)

- Contact the [Governor's Office of Elderly Affairs' Elderly Protective Services \(EPS\)](#) 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 [LDH's Health Standards Section \(HSS\)](#) 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 or call 225-342-0095.
- OCDD Policy # 602: Customer Complaints



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>.



- Critical Incident Resources for the Self-Direction (SD) Population
 - Summary of critical incident reporting for OCDD waivers
 - Types of Reportable Incidents (Incident Categories)
 - User resources for SIMS users and families
 - Reporting abuse, neglect, exploitation, or extortion
 - How to file a complaint

🏠 > Office for Citizens with Developmental Disabilities > Critical Incident Reporting for OCDD

Critical Incident Reporting for OCDD

Critical incidents for OCDD Home- and Community-Based Services (HCBS) waiver participants are defined in [OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services](#).

OCDD waivers include:

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

OCDD is responsible for monitoring all critical incidents to ensure appropriate follow-up occurs and steps are taken to help prevent similar incidents in the future.

Critical incident reporting requirements apply to:

- Participants of all OCDD waiver services and/or their family members
- Licensed Direct Service Provider Agencies (DSPAs)
- Approved Support Coordination Agencies (SCAs)
- Local Governing Entities (LGEs)

These entities must follow OCDD's guidelines for identifying, documenting, and responding to critical incidents involving participants receiving OCDD HCBS waiver services.

Critical incident categories for OCDD are:

✔ Abuse (Child, Adult, Elderly)	✔ Death	✔ Involvement with Law Enforcement	✔ Major Medication Incident
✔ Neglect (Child, Adult, Elderly)	✔ Fall	✔ Loss or Destruction of Home	✔ Restraint Use (Personal, Mechanical, Chemical)
✔ Exploitation	✔ Major Illness	✔ Major Behavioral Incident	
✔ Extortion	✔ Major Injury		

NOTE: 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 should be reported. 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

- **OCDD** Office for Citizens with Developmental Disabilities
- **DD** Developmental Disabilities
- **SPOE** Single Point of Entry
- **HCBS** Home- and Community-Based Services
- **FEA** Fiscal Employer Agent
- **CIR** Critical Incident Report
- **OI** Operational Instruction
- **RS** Revised Statute
- **CMS** Centers for Medicare and Medicaid Services
- **LGE** Local Governing Entity
- **SD** Self-Direction
- **DSPA** Direct Service Provider Agency
- **DSP** Direct Service Provider
- **SCA** Support Coordination Agency
- **SC** Support Coordinator
- **CPS** Child Protective Services
- **APS** Adult Protective Services
- **EPS** Elderly Protective Services
- **HSS** Health Standards Section

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>.



THANK YOU

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