



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# HCBS Incident Reporting System



Elderly and Disabled Waiver Program  
(CCSP & SOURCE)  
Provider Training

# Counties included in April Launch

Baker	Grady	Schley
Calhoun	Harris	Seminole
Chattahoochee	Lee	Stewart
Clay	Macon	Sumter
Crisp	Marion	Talbot
Colquitt	Miller	Taylor
Decatur	Mitchell	Terrell
Dooly	Muscogee	Thomas
Dougherty	Quitman	Webster
Early	Randolph	Worth

# Counties included in June 15<sup>th</sup> Launch

Baldwin

Jones

Upson

Bibb

Lamar

Spaulding

Carroll

Meriwether

Troup

Coweta

Monroe

Twiggs

Crawford

Peach

Wilkinson

Heard

Pike

Houston

Pulaski

# Why An Incident Report Matters

- A requirement by CMS to ensure the health and safety of waiver participants
- Helps address potential gaps in the waiver participant's care and improve quality of services
- Serves to identify patterns across waiver programs, providers, and incident types to allow for aggregate and individual remediation

# Who is required to submit an Incident Report?

- Direct Service Providers
  - All incidents that occur at the direct service providers' location OR where the direct service provider is the first person to witness or discover the incident, regardless of location.
- Case Managers
  - The case manager is responsible for reporting incidents if he/she is the first person to witness or discover the incident.

*Note: ERS providers are exempt from complying with the new incident reporting system.*

# Reporting Abuse, Neglect, or Exploitation (ANE) in Long-term Care or Licensed Facilities

Mandated Reporters having reasonable cause to believe any resident or former resident has been abused or exploited while residing in a long-term care facility shall immediately report to Healthcare Facility Regulation Division (HFRD) AND an appropriate law enforcement agency or prosecuting attorney. Pursuant to O.C.G.A. § 31-8-82 mandatory reporters include:

- Administrator, manager, physician, nurse, nurse's aide, orderly, or other employee in a hospital or facility
- Employee of a public or private agency engaged in professional services to residents or responsible for inspection of long-term care facilities

To report abuse, neglect & exploitation in a Long-term care facility such as a nursing home, assisted living community or personal care home, contact:

## **HEALTHCARE FACILITY REGULATION**

(Call 911 for Life-Threatening Emergencies)

1. Call HFR 1-800-878-6442
2. On-line: [www.dch.georgia.gov](http://www.dch.georgia.gov),  
Click link "Healthcare Facility Regulation"  
Scroll down and click link, "File a Complaint" follow prompts

*Note: This incident report will be automatically submitted to HFRD if a separate report has not been filed.*



# Reporting ANE in the Community

Mandated Reporters having reasonable cause to believe that a disabled adult or elder person who is not a resident of a long-term care facility, has been the victim of abuse, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made to Adult Protective Services (APS) AND an appropriate law enforcement agency or prosecuting attorney. Pursuant to O.C.G.A. § 30-5-4(a) mandatory reporters include:

- Employees of a public or private agency engaged in professional health-related services to elder persons or disabled adults.
- Adult Day Care personnel

To report abuse, neglect or exploitation of adults with disabilities or older adults who do not live in a long-term care facility, contact:

**ADULT PROTECTIVE SERVICES**  
(Call 911 for Life-Threatening Emergencies)

1. Call APS 1-866-552-4464 and follow prompts  
Reports accepted by phone M-F 8:00 a.m. – 5:00 p.m.
2. On-line: [www.aging.ga.gov](http://www.aging.ga.gov), Click link, "Report Elder Abuse"
3. Fax Form found on "Report Elder Abuse" link to 770-408-3001

# Changes to CCSP & SOURCE General Services Manual

- New Section 601.6 - Reporting and Investigating Incidents
- Updated Section 602(B) – Corrective Action: Reasons for Suspension of Referrals
- Updated Section 602.4(B) – Reasons to Impose Adverse Actions
- Updated Section 607.5(C) – Staff Development and Training
- Appendix DD Incident Report Form – Replaced with two separate reporting forms:
  - Incident Report
  - Follow-up and Interventions Report



# Changes to CCSP and SOURCE Case Management Manuals

## CCSP Case Management

- Revised Chapter 1833 - Reporting and Investigating Incidents
- EDWP Notification Form – Revised to remove references to hospitalizations, falls and other reportable incident types.
- Hospitalization Tracking Assessment- Discontinue use in Harmony. Incidents of hospitalizations and emergency room visits will be reported using the new incident report.

## SOURCE Case Management

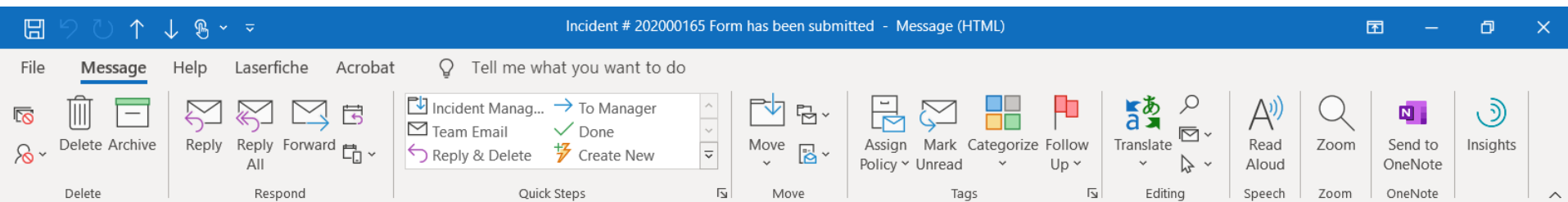
- Revised Chapter 1411 - Reporting and Investigating Incidents
- Hospitalization Tracking Form – Discontinue use. Incidents of hospitalizations and emergency room visits will be reported using the new incident report.
- Sentinel Event Form – Discontinue use. Replaced with two separate reporting forms:
  - Incident Report
  - Follow-up and Interventions Report

# Responsibilities of the Reporting Provider

- **Submit** the Incident Report to the Department within 24 hours of the incident, or the discovery of the incident, but no later than one (1) business day. The incident report will be located at: <https://www.medicaid.georgia.gov> under Provider links.
- **Notifications to:**
  - The individual's guardian and/or next of kin, as legally appropriate:
    - Notification of incident with a severity ranking of 3 and above shall occur within two (2) hours.
    - Notification of all other incidents shall occur within twenty-four (24) hours.
  - If the event occurred in an unlicensed facility/agency, Law enforcement and Adult Protective Services in instances of suspected abuse, neglect and/or exploitation of the member.
  - If the event occurred in a licensed facility/agency, Law enforcement, Healthcare Facilities Regulation Division, and the Long-term Care Ombudsman in instances of suspected abuse, neglect and/or exploitation of the member.
  - If instances of suspected abuse, neglect and/or exploitation of a member who is a minor, Law enforcement and the Child Protective Services.



# Confirmation Email Example



Incident # 202000165 Form has been submitted



workflow@dch.ga.gov

To Luca, Lavinia

Cc Dugger, Rebecca

Reply Reply All Forward ...

Thu 1/30/2020 10:29 AM



FIRST QUALITY HLTH CARE INC ICWP - 000905055A - Incident Form - 1302020 102901 AM.pdf  
123 KB

Incident Report No. 202000165 was successfully submitted to the Department of Community Health. A summary of the incident is included in this email. Please save a copy of the report in the member's record. The Follow-Up and Interventions Report is due within seven (7) business days and can be accessed using the link included in this email.

[https://forms.dch.georgia.gov/Forms/HCBS\\_Incident\\_Report\\_Follow\\_Up?Incident\\_Number\\_=202000165](https://forms.dch.georgia.gov/Forms/HCBS_Incident_Report_Follow_Up?Incident_Number_=202000165)



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# Responsibilities of Case Management

- **Investigate** or **follow-up** on the incident with involvement of other waiver providers as applicable
  - Ensure that no other incidents or abuse takes place while the investigation is ongoing.
  - Determine if risk factors existed prior to the incident, which may have identified potential for incident occurrence.
  - Identify interventions to reduce or prevent a similar incident in the future.
  - Identify the individual responsible for implementation of the interventions and the process for evaluating the effectiveness of the plan.
- **Submit** the Follow-Up and Interventions Report to the Department within seven (7) business days. Link to the report is in the confirmation email received after submission of the incident report.
- **Maintain** documentation of all reports in the client record




# Email Reminder to Submit Follow-Up Report

Follow-Up and Interventions Report is due in 3 business days - Message (HTML)

File Message Help Laserfiche Acrobat Tell me what you want to do

Delete Archive Reply Reply All Forward Quick Steps Incident Manag... To Manager Team Email Done Reply & Delete Create New Move Assign Policy Mark Unread Categorize Follow Up Translate Editing Read Aloud Zoom Send to OneNote Insights

Follow-Up and Interventions Report is due in 3 business days

 noreply@dch.ga.gov  
To Luca, Lavinia

Reply Reply All Forward

Wed 2/5/2020 10:30 AM

This is a reminder that the Follow-Up and Interventions Report is due in 3 business days for Incident No. XX. Please refer to the confirmation email of this incident to access the link to the Follow-Up and Interventions Report.

# Injury Severity Ratings

- Severity 1 – No injury (no treatment required)
- Severity 2 – Injury requiring first aid
- Severity 3 – Injury requiring treatment beyond first aid that is not serious enough to warrant hospitalization, such as sutures, broken bones, prescriptions, etc.
- Severity 4 – Injury requiring hospitalization
- Severity 5 – Death
- Severity 6 – Refused treatment

# Reportable Incident Types

- Aggressive Act
- Accidental Injury
- Alleged Abuse
  - Physical
  - Sexual
  - Verbal
  - Psychological
- Alleged Criminal Act by a Member
- Alleged Neglect or Self Neglect
- Choking with intervention
- Death
  - Unexpected
  - Expected
- Elopement greater than 30 minutes
- Environmental Threat
- Fall
  - Accidental
  - Purposeful
  - Medical
- Media Alert
- Medication Error with and without Adverse Consequences
- Hospitalization
  - Psychiatric
  - Medical
- ER Visit
- Seclusion or Restraint
- Suicide Attempt resulting injury
- Violation of Individual Rights



# Incident Types (1/5)

- **Aggressive Act** - Aggressive act resulting in injury of severity ranking 3, 4, and 5.
- **Accidental Injury** - Injuries to individuals with a known cause that were not a result of aggressive acts to self or others.
- **Alleged Abuse**
  - **Physical** - The willful or intentional use of physical force to coerce or to inflict bodily harm, pain or mental anguish. Indicators of physical abuse may include, but are not limited to, rough handling, improper use of restraints, injuries not consistent with medical diagnosis or explanation, or unreasonable confinement.
  - **Sexual** - Any kind of sexual behavior directed towards an individual without their full knowledge and consent. A spouse, partner, family member or other trusted person can perpetrate sexual abuse. Indicators of sexual abuse include, but are not limited to, any nonconsensual sexual contact, inappropriate touching, forced viewing of sexually explicit materials, sexual harassment or sexual assault.
  - **Verbal** - Verbal abuse is any use of oral, written or gestured language that may be perceived to be threatening, demeaning, discriminatory, or insulting regardless of their age, ability to comprehend, or disability.
  - **Psychological** - Using tactics, such as harassment, insults, intimidation, isolation or threats that cause mental or emotional anguish. It diminishes the person's sense of identity, dignity, and self-worth.



# Incident Types (2/5)

- **Alleged Criminal Act by a Member** - Conduct that could result in criminal proceedings
- **Alleged Neglect or Self Neglect** - Failure to provide essential services (food, water, shelter, medical, etc.) that cause actual or potential physical or medical harm, mental anguish, or mental illness. Failing to perform essential self-care such as depriving oneself of necessities such as food, water, or medication. Consciously putting oneself in harm's way or being unable to handle needs of day-to-day living because of medical, mental health or other disabilities.
- **Choking with intervention** - An incident of choking that required intervention to clear the airway. Choking is defined as any episode of airway obstruction by food or foreign object as evidenced by one or more of the following: a) inability to speak when asked if choking (if individual is verbal); b) inability to breath or difficulty taking in adequate breaths; c) movements indicating distress such as grasping for neck or throat; d) turning blue.

# Incident Types (3/5)

- **Death**
  - **Unexpected** - Death due to any cause where the cause of death is not attributed to a terminal diagnosis or diagnosed disease process where the reasonable expectation or outcome is death, does not meet the definition of an expected death. Examples include but not limited to death from suicide, homicide, medication errors, undiagnosed condition, criminal activity, an accident, or possible abuse or neglect.
  - **Expected** - Cause of death is attributed to a terminal diagnosis or diagnosed disease process identified more than 30 days before the date of death, where the reasonable expectation or outcome is death, there is no indication that the individual was not receiving appropriate care.
- **Elopement greater than 30 minutes** - A cognitively impaired person who successfully leaves unsupervised and undetected from a residential location or day program.
- **Environmental Threat** - An event with direct impact on member health and safety occurring within or around a residential location or day program. These events can result in but are not limited to mortality, illness and/or injury, and disrupts living arrangements requiring intervention or relocation.

# Incident Types (4/5)

- **Fall**
  - **Accidental:** Uncontrolled, unintentional, downward displacement of the body to the ground or other object.
  - **Purposeful:** Willful intent of an individual to cause downward displacement of the body to the ground or other object.
  - **Medical:** Uncontrolled, unintentional, downward displacement of the body to the ground or other object due to a medical condition.
- **Media Alert** - An incident that may have significant impact upon, or significant relevance to, issues of DCH public concern and/or are likely to be reported in the media.
- **Medication Error**
  - **With Adverse Consequences:** A failure in the medication process that results in a significant adverse reaction requiring medical attention in an emergency room, urgent care center, or hospital. Errors include but are not limited to omission of a medication, wrong dose, wrong time, wrong person, wrong medication, wrong route, and/or wrong position.
  - **Without Adverse Consequences:** A failure in the medication process that does not result in harm. Errors include but are not limited to omission of a medication, wrong dose, wrong time, wrong person, wrong medication, wrong route, and/or wrong position.



# Incident Types (5/5)

- **Hospitalization**
  - **Psychiatric:** An unplanned, involuntary admission of an individual to a psychiatric treatment facility.
  - **Medical:** Any admission to a hospital, either directly or through a facility's emergency room.
- **ER Visit:** Any admission to an emergency room.
- **Seclusion or Restraint:** The use of physical holding and mechanical restraints and/or solitary confinement of member, which are prohibited per waiver policy.
- **Suicide Attempt resulting injury:** Self-inflicted harm due to failed suicide attempt. Injury severity scale 2, 3, and 4.
- **Violation of Individual Rights:** A denial of an individual's rights without good cause regardless of age, race, sex, nationality, ethnicity, sexual orientation, language or religion. Examples include but are not limited to a denial of individual's rights without the benefit of due process, breaching an individual's confidentiality, purposely allowing an individual's privacy to be invaded or breached, denial of access to the Patients' Rights Advocate, and denial of legal representation.



# Intervention Types

- **Staff related** – staff training, review, changes to staffing patterns, or supervision
- **Individual related** – review of protocols, new/additional assessments (behavioral or medical), coordination of care, review of service plan, increased observation
- **Equipment/Supplies related** – purchase or repair equipment or supplies, obtain new devices
- **Environment related** – evaluate the area, make physical modifications for mobility or safety, temporary or permanent relocation
- **Policy and Procedure related** – review or update written provider policies, procedures, and/or guidelines
- **Provider Quality Improvement related** – internal investigation, internal corrective action plan, systematic assessment or change
- **Referral to other agencies or community services**
- **Other** – any action not identified above

# Incident Scenarios 1 & 2

- Reporting provider:
    - Direct Service Provider
    - Case Management will receive a copy of the incident report
  - Incident:
    - Licensed Residential Setting
    - Staff was present
    - Member's lift chair broke causing her to **fall** and injure her head and hip. Transported to ER and admitted to the **hospital**.
  - Notification:
    - To legal guardian and/or next of kin within 2 hours because the severity ranking was above a level 3
- Reporting provider:
    - Case Management
    - Inform other waiver providers as appropriate
  - Incident:
    - Member's home
    - Unknown if staff was present
    - Member was found to have bruising on wrists and back; alleged **physical abuse** by personal support staff. Transported to **ER** for confirm no other injuries and discharged same day.
  - Notification:
    - To legal guardian and/or next of kin within 2 hours because the severity ranking was a level 3.
    - Law enforcement
    - Adult Protective Services
    - Healthcare Facility Regulations Division

# Q&A



For questions or technical assistance, please email the HCBS Waiver Team at [HCBS.IncidentReports@dch.ga.gov](mailto:HCBS.IncidentReports@dch.ga.gov)