



**Critical Incident Reporting  
Manual  
(OAAS-MAN-19-001)**

**For OAAS Waiver  
Programs**

**Louisiana Department of Health** **Office of Aging and Adult Services**  
**Critical Incidents Reporting Manual**

**I. Policy Statement**

It is the policy of the Louisiana Department of Health (LDH), Office of Aging and Adult Services (OAAS) that all critical incidents for OAAS Home and Community-Based Services (HCBS) waivers be reported, investigated, and tracked. Such tracking and reporting is a component of meeting federal health and welfare assurance requirements for HCBS waivers. Critical incident categories are as follows: abuse, neglect, exploitation, extortion, major injury, major medical events, death, falls, major medication incidents, major behavioral incidents, involvement with law enforcement (participant arrested or victim of a crime), and loss or destruction of a participant's home.

**II. Purpose**

The purpose of this policy is to establish uniformity and consistency in reporting and responding to critical incidents that can impact the health and welfare of OAAS waiver participants.

**III. References**

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

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

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

**IV. Critical Incident Reporting Overview**

It is the policy of OAAS to assess, investigate, report, and follow-up on all critical incidents involving all Community Choices (CC) Waiver participants. When an event is considered critical, the provider must immediately ensure the health and welfare of the participant and complete a LDH HCBS Critical Incident Report. The provider and/or the SCA must report critical incidents within two (2) hours of first knowledge of the incident.

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The provider is required to complete and submit the HCBS Critical Incident Report within 24 hours of discovery of the incident and must provide an update to the SCA within three (3) working days.

- A. OAAS regional offices, SCAs, and DSPs must comply with all applicable federal and state statutes and regulations, including but not limited to:
  - i. State statutes on matters related to reporting abuse, neglect, exploitation, or extortion;
  - ii. Licensing regulations on matters related to reporting critical incidents; and
  - iii. The Health Insurance Portability and Accountability Act (HIPAA) on matters related to confidentiality of individual information.
  
- B. OAAS regional offices, SCAs, DSPs (including MIHC) and ADHCs must report all crimes to local law enforcement agencies.
  
- C. If appropriate, OAAS regional offices, SCAs, DSPs (including MIHC) and ADHCs must report allegations of abuse, neglect, exploitation, or extortion (A/N/E/E) directly and immediately to the appropriate protective services agency. The following agencies are responsible for investigating such allegations:
  - i. OAAS Adult Protective Services (APS): Handles reports involving vulnerable individuals ages 18 to 59.
  - ii. Governor's Office of Elderly Affairs Elderly Protective Services (EPS): Handles reports involving vulnerable individuals ages 59 and over.
  - iii. LDH Health Standards Section (HSS): Handles reports for people who reside in a public or private Intermediate Care Facility for persons with Developmental Disabilities (ICFs/DD), ICF/Nursing Facilities, and for APS cases in which the alleged perpetrator is an employee of an agency licensed by HSS (e.g., an employee of a personal care attendant agency).
  
- D. OAAS must collaborate with SCAs to ensure the implementation of procedures is consistent with the following process:
  - i. Assure that the participant is protected from further harm and that medical or other services are provided, as needed;
  - ii. Complete incident report and assure that the information is entered and monitored in W-OTIS;
  - iii. Continue to follow-up to determine the cause and details of the critical incident;

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- iv. Convene the participant's support team, when appropriate, to review the Plan of Care (POC)/service plan to identify possible measures to prevent or mitigate the reoccurrence of similar critical incidents;
- v. Revise the POC/service plan, as indicated, and monitor the effectiveness of the revised plan; and
- vi. Close the critical incident in W-OTIS.

E. **Restrictive Interventions and Restraints** - OAAS prohibits the use of restrictive interventions/restraints. Any instances of restraint that threaten participants' health and welfare should be referred to APS or HSS as outlined above.

- i. **Physical Restraint** - any manual method or physical or mechanical device, material or equipment attached to or adjacent to the individual's body that the individual cannot easily remove in the same way that it was applied and which restricts freedom of movement or normal access to one's body.

F. On first becoming aware of an incident, SCAs and DSPs must report non-APS critical incidents as follows:

- i. To the OAAS regional office via the Waiver Online Incident Tracking System (W-OTIS) for people receiving HCBS waiver services;
- ii. To the (HSS) for people receiving services in a residential facility (nursing facility or ICF/DD).

## V. **Protective Services Cases**

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

- i. Investigation and OTIS Entry Roles

- Allegations of A/N/E/E of participants **aged 18-59 AND do not involve provider staff/employees** are reported to APS by the DSP, SCA, and OAAS, as appropriate. **These cases are entered**

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**into OTIS by APS only. Allegations that do not involve provider staff/employees are investigated by APS.**

- a. APS is required to complete the case and documentation within 120 calendar days. Upon conclusion of the case and transfer to waiver office, APS may make recommendations for additional actions to be performed by the DSP, SCA, OAAS regional office, or HSS staff in order to prevent future occurrences. An additional 30 calendar days is allowed to ensure that the recommendations for prevention are implemented by the appropriate entities prior to incident closure.
- b. Upon closure by the waiver office, any interventions or recommendations from APS are communicated to the SCA and DSP to prevent future reoccurrence.

**B. Elderly Protective Services**

- i. Allegations involving participants **60 years of age and older AND do not involve provider staff/employees** are entered into OTIS by the SC. After investigation, the regional office manager obtains the EPS findings/recommendations for the elderly participants, addresses the recommendations, and regional office staff enters the information into OTIS.

**C. Health Standards**

- i. HSS investigates A/N/E/E allegations against **licensed provider staff/employees**. When APS is notified of an allegation of A/N/E/E against a provider employee, APS refers the report to HSS for investigation, action, and OTIS entry. OAAS regional staff monitors the progress of these investigations and contacts HSS to obtain and review HSS findings if the case has not been transferred to waiver office after 120 calendar days of incident referral. Regional office staff and SCA will implement improvement strategies as appropriate.

## **VI. Implementation**

- A. OAAS must utilize the W-OTIS database to track and analyze the following:
  - i. Incidents reported,
  - ii. Timeliness of response to the incident,

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- iii. Resolution and response to the incident by the applicable agencies involved, and
  - iv. Trends and patterns.
- B. OAAS must follow established protocols to address reporting of critical incidents resulting in abuse, neglect, exploitation, extortion, and/or self-neglect.
- C. OAAS must coordinate with other government agencies and providers to promote and ensure the health, and welfare of individuals in need of protection who receive supports and services through OAAS HCBS.

**VII. Responsibilities**

**A. Participant and/or family responsibilities:**

- i. Report critical incidents immediately to the Direct Service Provider (DSP) and/or Support Coordination Agency (SCA);
- ii. Report incidents involving abuse, neglect, exploitation, and extortion to APS or EPS;
- iii. Cooperate with investigations and information gathering; and
- iv. Participate in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

**B. Direct Service Provider responsibilities:**

- i. Take immediate action to assure the participant is protected from further harm and respond to emergency needs of the participant;
- ii. Report incidents involving A/N/E/E to APS or EPS. When the allegation is against provider staff, the DSP must ensure that any accused staff involved are removed and not have any contact with the alleged victim (participant) or other participants receiving supports and services, pending the outcome of the investigation;
- iii. Contact the SCA/support coordinator by phone or fax immediately after taking all necessary actions to protect the participant from further harm

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and responding to the emergency needs of the participant but no later than 2 hours after the discovery of the critical incident;

- iv. Complete the *LDH Home and Community Based Services (HCBS) Critical Incident Report Form*, OAAS-PF-10-014, and submit this form to the support coordination agency/support coordinator as soon as possible upon discovery, but no later than 24 hours after the discovery of the critical incident;
- v. Cooperate with the investigation and provide all necessary follow-up documentation on the *LHH HCBS Critical Incident Report Form*, at a minimum, by close of the third business day after the initial report to the support coordinator;
- vi. Submit updates to the SCA regarding the critical incident, at a minimum weekly, until resolution; and
- vii. Participate in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.
  - In the event of a fall which **occurred during service delivery by any DSP, including Adult Day Health Care (ADHC)**, conduct a fall assessment using the *OAAS Fall Assessment Form* OAAS-PF-10-012, and submit with the initial Critical Incident Description; subsequently, conduct a fall analysis and complete the *OAAS Fall Analysis and Action Form*, OAAS-PF-10-013, and submit with the Direct Service Provider Follow-up.
  - In the event of a fall which **occurred outside of direct service delivery**, which is discovered by any DSP, including ADHC, the DSP must follow the reporting procedures described in steps i through vii above. In this event, the SC has primary responsibility for completing the *OAAS Fall Assessment Form* entering it with the Critical Incident Description; and the *OAAS Fall Analysis and Action Form* entered with the Follow up.
  - Report all Major Illnesses to SC, including acute care visits. The SC screens these reports to determine if they meet the criteria for a Major Medical Event.

**C. Support Coordination Agency (SCA) responsibilities:**

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- i. Take immediate action to assure the participant is protected from further harm and respond to any emergency needs of the participant;
- ii. When the incident is discovered by the Support Coordinator (SC), contact the DSP within 2 hours of discovery;
- iii. Report incidents involving abuse, neglect, exploitation, and extortion to APS or EPS;
- iv. Enter critical incident report information into the LDH OTIS by close of the following business day after notification of a critical incident by the DSP or the discovery by the SC;
- v. Enter follow-up case note by close of the sixth business day after initial report;
- vi. Continue to follow up with the DSP, the participant, and others, as necessary, and update OTIS with case notes until the incident is resolved and the case is closed;
- vii. Convene any planning meetings that may be needed to resolve the critical incident, develop strategies to prevent and/or mitigate the likelihood of similar critical incidents occurring in the future and revise the POC when needed;
- viii. Send the participant and DSP a copy of the Incident Participant Summary within fifteen (15) calendar days after Final Supervisory Review and Closure by the Regional Office. It does not include the identity of the reporter or any sensitive or unsubstantiated allegations. The Participant Summary is not distributed in the event of deaths; and
- ix. Track critical incidents to identify remediation needs and quality improvement goals to determine the effectiveness of strategies employed.
  - In the event a fall, which **occurred during service delivery by any DSP, including ADHC**, ensure that the DSP conducts a fall assessment using the *OAAS Fall Assessment Form*; enter the form with the Critical Incident Description, validates the information in the Fall Assessment through participant and/or family interview; ensures that the DSP conducts a fall analysis using the *OAAS Fall Analysis and Action Form*; entered with the follow up, reviews analysis and collaborates with DSP to implement preventative strategies; includes preventative strategies in the POC; and submits this information timely into OTIS;



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- In the event of a fall, which **occurred outside of direct service delivery** and is reported to or discovered by the SC, the SC is responsible in collaborating with the participant, informal supports and any applicable providers to complete the activities described in #9. In this event, the SC has primary responsibility for completing the *OAAS Fall Assessment Form* and the *OAAS Fall Analysis and Action Form*; entering the *OAAS Fall Assessment Form* with the Critical Incident Description; and the *OAAS Fall Analysis and Action Form* entered with the Follow up.
  
- SC will screen major illnesses to determine whether they meet the definition of a Major Medical Event as described in section XII.B. If SC determines it does not meet criteria, check “No” box on Critical Incident Report form in follow-up section and notify the DSP.

**D. OAAS Regional Office Manager** (or designee) responsibilities:

- i. On a daily basis, review all new critical incidents, determine priority level (urgent or non-urgent), and assign cases to regional staff.
- ii. Alert staff members of urgent cases within 1 business day of receipt of the incident and take appropriate action.
- iii. Review and approve extension requests made by Regional Office staff (extensions may be granted up to 30 calendar days at a time); Extensions should not exceed 90 calendar days except for APS cases in which case extensions must not exceed 150 calendar days.
- iv. Assure that all mandatory fields are entered into OTIS prior to case closure.
- v. Close cases after all needed follow-up has occurred and all necessary data has been entered into OTIS (Final Supervisory Review and Closure).
- vi. Track critical incidents to identify remediation needs and quality improvement goals and to determine the effectiveness of strategies employed.
- vii. Review death incidents and determine if referral to the OAAS Mortality Review Committee is indicated. The regional office staff reviews key information about the death in making the determination that further

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investigation is warranted to ascertain the circumstances of the death. Some triggers that may prompt further review include: discharge from a medical facility; after a change in medication; while eating/drinking; after a fall; deaths other than by natural causes; or any suspicious deaths.

**E. OAAS Regional Office Staff** responsibilities:

- i. Continue to follow up with the SCA; provide technical assistance, as necessary; and request additional information in writing, as necessary, until closure of the critical incident;
- ii. Make timely referrals to other agencies, as necessary;
- iii. Assure that all necessary information is entered into OTIS by the SCAs;
- iv. Assure that activities occur within required timelines, including closure of the incident within 30 calendar days, unless an extension has been granted;
- v. Submit requests for extensions to the Regional Manager for review and approval; and
- vi. Assure that the Incident Participant Summary is completed for all cases, including APS cases.

**F. OAAS State Office** responsibilities:

- i. Provide technical assistance to regional office staff, as needed;
- ii. Identify statewide needs for training regarding: (a) response to critical incidents; (b) adherence to the critical incident policy; (c) OTIS entry of critical incident data; (d) tracking critical incidents; (e) using data for remediation and/or quality enhancement; and (f) other related topics;
- iii. At least quarterly, aggregate and review report data representing 100% of the incidents for adherence to policy, appropriateness of extensions, and analyze actions taken to address/resolve the critical incident, non-resolved cases, and other pertinent issues as determined by regional and state office staff;
- iv. Identify any remediation actions needed to be taken by DSPs, SCAs, or regional office staff;
- v. Aggregate critical incident data and analyze the data to identify trends and patterns;

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- vi. Generate and review reports of the trends and patterns to identify potential quality enhancement goals; and
- vii. Use critical incident data to determine the effectiveness of quality enhancement strategies.
- viii. The OAAS Mortality Review Committee monitors and analyzes suspicious deaths to: (1) identify remediation activities associated with provider individual cases; (2) generate recommendations for system level quality improvement; and (3) reduce future risk.

**VIII. Follow-up Process**

- A. The Written Follow-up from the DSP is defined as an update of information received since the initial report that includes all actions taken by the provider to resolve the incident and prevent future recurrence.
  - For falls, written follow-up must include an *OAAS Fall Analysis and Action Form*. See Direct Service Provider agency responsibilities.
- B. If nothing has changed or no actions were taken since the initial report, the DSP must state this in writing by the follow-up due date.
- C. In cases where the SC notified the DSP of an incident, the DSP must send a written report by the 3<sup>rd</sup> business day after notification.
- D. **Participant Death Incidents:** If the initial DSP report contains all required information **AND** the DSP has addressed all questions/concerns from the SC and regional office, the SC may use the “Written Report Received” date/time as the “Follow-up Received” date/time.
- E. If the SC does not receive the written follow-up by the close of the 3<sup>rd</sup> business day after the initial report, SCs are responsible for contacting the DSP, obtaining a verbal report, requesting the written report, and documenting these actions in OTIS.
- F. If the DSP fails to submit the written follow-up by the 6<sup>th</sup> business day, the SC notifies the regional office via email. The regional office sends a warning notice, *i.e.*, verbal or written, to the DSP and works to acquire acceptable documentation prior to incident closure. Regional office enters documentation of the warning notice into the Staff Notes section of the CIR.

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- G. At the time of incident closure, if the DSP has not submitted written follow-up, the regional office enters an event into OTIS which states “Written Report not received from DSP”. DSPs that do not respond to the regional office warning are reported to Health Standards Section (HSS) with supporting documentation.

**IX. DSP Non-compliance with Written Follow-up Policy**

- A. SC enters the OTIS event “Follow-up Received” ONLY when the written follow-up is received. Verbal follow-ups are NOT entered into OTIS as the follow-up received event; however, the verbal follow-up is entered into case notes.
- B. When a **written** follow-up is obtained, SCs enter the actual date and time that the written follow-up report is received in the SCA.
- C. SCs must contact the DSP manager if a written follow-up is not received by the 3<sup>rd</sup> business day (DSP due date) after the initial report. During this contact the SCs must request verbal follow-up, inform the DSP manager that written follow-up report is still required and it must be received by noon on the 6<sup>th</sup> business day (SC due date).
- D. If the SC does not receive written follow-up by noon on the 6<sup>th</sup> business day, the SC notifies OAAS regional office.
- E. The Regional Office will then send a warning notice, i.e., verbal or written, to the DSP that written follow-up is past due.
- F. The SC enters in OTIS Incident Case Notes “Follow-up” all relevant documentation related to the noncompliance.
- G. When no DSP written follow-up report is received by the incident closure due date, the Regional Office will:
- i. Enter the same date and time for the following OTIS events:
    - Follow-up received (in this case, infers verbal follow-up only)
    - Written follow-up not received
    - Final supervisory review and closure
  - ii. Email the OAAS Quality Manager with the incident ID number, who will then report these findings to the appropriate HSS HCBS Manager for action.

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- X. **Self-Direction Option** - Because there is no DSP involved with participants using the Self-Direction Option under the Community Choices Waiver (CCW), the 3 mandatory events which would normally involve a DSP should be entered into OTIS as follows:
- A. “Reported by DSP” or “SC Notified DSP”: Enter the date and time that the SC notified the responsible representative of the incident when applicable. If there is not an responsible representative, enter the date and time that the SC first spoke with the participant about the incident.
  - B. “Written Report Received”: Self-directed participants are not required to send a written report to the SC. Enter this field as the same date and time entered for “Reported by DSP” or “SC Notified DSP”.
  - C. “Follow-up Received”: Self-directed participants are not required to send a written follow-up report to the SC. The SC must contact the participant or responsible representative, as applicable, to obtain a verbal follow-up report. Enter this date and time for the “Follow-up Received”.
- XI. **Oversight of Critical Incidents** - OAAS collaborates with DSPs, SCAs, APS, and HSS to ensure the implementation of critical incident procedures to accomplish the following:
- A. Assure that the participant is protected from further harm and that medical or other services are provided as needed.
  - B. Complete incident report and assure that the information is entered and monitored in OTIS.
  - C. Continue to follow-up to determine the cause and details of the critical incident.
  - D. Convene the participant’s support team, when appropriate, to review the POC to identify possible measures to prevent or mitigate the reoccurrence of similar incidents.
  - E. Revise the POC as indicated and monitor the effectiveness of the revised plan.
  - F. Close the critical incident in OTIS.
  - G. Inform the participant and other relevant parties of the investigation results.
  - H. APS is required to complete the case and documentation within 120 calendar days. Upon conclusion of the case and transfer to waiver office, APS may make recommendations for additional actions to be performed by the DSP, SCA, OAAS regional office, or HSS staff in order to prevent future occurrences. An additional

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30 calendar days is allowed to ensure that the recommendations for prevention are implemented by the appropriate entities prior to incident closure.

- I. Upon closure by the waiver office, the participant is sent a summary of the incident with recommendations to prevent future reoccurrence.

**XII. OAAS OTIS Critical Incident Categories**

- A. **Major injury** – any suspected or confirmed wound or injury to a person of known or unknown origin which requires treatment by a physician, dentist, nurse, or other licensed health care provider.

**NOTE: Use this category only if there is no reason to suspect abuse or neglect.**

- B. **Major Medical Event** – an occurrence in which the participant receives a medical procedure by a physician, nurse practitioner, dentist, or other licensed health care provider either during an inpatient or outpatient visit, and a new diagnosis is identified or new orders for medications, services (such as Home Health), therapy, equipment, health-related tasks, or treatments are prescribed. **See Appendix D for additional information on the Major Medical Event incident category.**

**NOTE: Major Medical Events does NOT include routine doctor's office visits, routine treatments, routine laboratory tests, scheduled medical procedures, and emergency room visits that do not meet the Major Medical Event definition.**

**Medical procedures DO include evaluation, diagnostic screening/testing, surgery, and laboratory work.**

- C. **Death** - all deaths of participants are reportable, regardless of the cause or the location where the death occurred. The CIR must include the circumstances surrounding the death, prior to and at the time of death. Documentation must address:
  - i. Dates of all events and correspondence;
  - ii. Cause of death;
  - iii. If the participant was receiving Hospice or Home Health services;
  - iv. The who, what, when, where, and why facts concerning the death;
  - v. If the direct service worker was present with the participant at the time of death;
  - vi. Relevant medical history and CIRs associated with the death.
- D. **Fall** - when the person is (1) found down on the floor (un-witnessed event) or (2) comes to rest on the floor unintentionally, whether or not the person is being assisted at the time.

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

**NOTE: Applies to all types of Major Medication Incidents.**

Medication errors may be due to the following:

- i. **Staff error** - the staff fails to administer a prescribed medication, or administers the wrong medication or dosage to a person; staff failure to fill a new prescription order within 24 hours or a medication refill prior to the next ordered dosage.
  - ii. **Pharmacy error** - the pharmacy dispenses the wrong medication, wrong dose, provides inaccurate/inappropriate administration directions, etc. Report to the Louisiana Board of Pharmacy at 225-925-6496.
  - iii. **Participant error** - the person unintentionally fails to take his/her medication as prescribed.
  - iv. **Family error** - a family member intentionally or unintentionally fails to administer a prescribed medication, or fails to fill a new prescription order within 24 hours, or fails to obtain a medication refill prior to the next ordered dosage.
- F. **Major Behavioral Incident** - the occurrence of an incident that can reasonably be expected to result in harm or may affect the safety and well-being of the person. The following are examples of major behavioral incidents: attempted suicide, suicidal threats, self-endangerment, elopement, self-injury, and physical aggression. Offensive sexual behavior and sexual aggression are considered reportable if it is a new behavior which is not addressed in the POC, or if there has been an increase in intensity or frequency.
- G. **Involvement with law enforcement** resulting in participant's arrest.
- H. **Participant is victim of a crime** - A participant is the victim of a reportable offense under local, state, or federal statutes.  
**NOTE: Do NOT enter a Critical Incident Report with this category if the offense may meet the definition of abuse, neglect, exploitation or extortion (see reporting instructions in section IV.B.)**
- I. **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 action, man-made or natural. Examples include fire, flooding, eviction, unsafe or

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unhealthy living environment, etc.



## **Appendix A**

### **Adult Protective Services Definitions**

#### **A. Abuse**

1. **Physical** – contact or actions that result in injury or pain; such as, hitting, pinching, yanking, shoving, pulling hair, etc.
2. **Emotional** - threats, ridicule, isolation, intimidation, harassment
3. **Sexual** – any unwanted sexual activity, without regard to contact or injury; any sexual activity with a person whose capacity to consent or resist is limited.

#### **B. Neglect**

1. **Care Giver** – means withholding or not assuring provision of basic necessary care; such as, food, water, medical, other support services, shelter, safety, reasonable personal and home cleanliness or any other necessary care.
2. **Self** – means failing, through one’s own action or inaction, to secure basic essentials; such as, food, medical, care, support services, shelter, utilities or any other care needed for one’s well-being.

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

#### **D. Extortion** – taking something of value from a person by force, intimidation, or abuse of legal or official authority.

## **Appendix B**

### **Department of Health and Hospitals Home and Community-Based Services Critical Incident Report Form (OAAS-PF-10-014)**

(See OAAS Website, Critical Incident Reporting & OTIS Resources Page)

<http://www.dhh.louisiana.gov/index.cfm/newsroom/detail/1418?uuid=1295548571800>

<b>Critical Incident Reporting Forms</b>	
<b><u><a href="#">Critical Incident Report Form</a></u></b>	<a href="http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Critical-Incident-Report-Form.pdf">http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Critical-Incident-Report-Form.pdf</a>
<b><u><a href="#">Fall Assessment Form</a></u></b>	<a href="http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Assessment-Form.pdf">http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Assessment-Form.pdf</a>
<b><u><a href="#">Fall Analysis Action Form</a></u></b>	<a href="http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Analysis-Action-Form.pdf">http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/Fall-Analysis-Action-Form.pdf</a>

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Narrative elements to be entered by the Support Coordinator and the OAAS Waiver Regional Office staff as appropriate (located on the Incident Case Notes page). Support Coordinators and Waiver staff have the capability to enter information in the Description and Follow-up fields. Only Waiver staff has the capability to enter information in Staff Notes, Messages, Final Report, and Summary fields.

1. **Description** – narrative detailing all aspects of the incident, including but not limited to: occurrences before, during, and after the incident; person(s) present; actions taken in response to the incident; any agencies/persons notified; condition of participant.
2. **Follow-up** – actions, interventions, activities implemented in response to the incident. The DSP is required to submit the Follow-up to the Support Coordination Agency within 3 calendar days of incident.
3. **Messages** – communication from Waiver Regional Offices to the Support Coordination Agency to provide instruction or request further information, clarification, action, etc.
4. **Staff Notes**– ongoing information and activities documented by Waiver Regional Office Staff.
5. **Final Report** – narrative compiled by Waiver Regional Office staff detailing the incident and all actions taken until closure/resolution, including recommendations made and to whom.
6. **Summary** – also known as the Participant Summary, a report compiled by Waiver Regional Office staff to be given to the participant (or family, responsible representative) and DSP to inform them of the incident description, activities, and results. Components of the Participant Summary should include a Description, Actions Taken, Resolution, and Suggested Precautions to Prevent Recurrence.

**Case Number**

Unique identifying number assigned by the LDH data contractor for each waiver participant.

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<b>Closed by</b>	Waiver Regional Manager or designee who closes the case.
<b>Contacts</b>	The person who discovers the incident and reports that an incident has occurred (for waiver, this will always be Reporter under Type).
<b>Disabilities</b>	List of conditions/diagnoses associated with the participant (located on the Participant page).
<b>Entered by</b>	Automatically populated with the person who initiates a new incident.
<b>Events</b>	Occurrences associated with a date and in most cases a time which are entered into OTIS as data. The major events are defined below:

1. **Occurred** – date and time that the incident happened.
  - Occurred date for a Major Medical Event is the date and time the participant is released from the facility or outpatient procedure.
2. **Discovered** – date and time that someone had first knowledge that an incident occurred.
3. **Reported by DSP or SC notified DSP**--date and time that the SC was notified of a critical incident OR if the SC discovered the incident, it is the date and time that the SC notified the DSP of the incident.

**NOTE: Notification may occur verbally or through receipt of the LDH HCBS Critical Incident Form--the earliest notification must be entered into OTIS.**

4. **Written Report Received** – date and time that the SC Agency received the *LDH HCBS Critical Incident Report Form* with the Critical Incident Description.
5. **Entered** – date and time automatically populated when a new incident is initiated (Save New Incident).
6. **DSP Notified Adult Protective Services** – date and time that the DSP notifies APS.
7. **DSP Notified Law Enforcement** – date and time that the DSP notifies Law Enforcement.
8. **Follow-up Received** – date and time that the SCA received the DSP written follow-up.
9. **Submitted as Complete** – date and time that the waiver staff assigned determines that the incident is resolved and ready for closure.
10. **Final Supervisory Review and Closure** – date and time that the Regional Manager (or designee) reviews the incident and closes the case.

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11. **Supervisory Closure by Waiver Office** – date and time that the Regional Manager or designee reviews the incident and closes the case when an APS case is transferred to waiver.

**Extension** Additional time allowed for completion and closure of a critical incident. Extensions are approved by the Regional Manager or designee when additional time is needed to respond to the incident. Primary examples include hospitalizations, temporary admission to a long term care facility, or awaiting Protective Services report. Extensions must not be granted for more than 30 calendar days at a time. Extensions should not exceed 90 calendar days unless it is an APS case in which case extensions must not exceed 150 calendar days, which also includes HSS and Mortality Review Committee investigations.

**Incident Investigation** OTIS page which contains Events, Priority, Report, Due date, and Extension options.

**Priority Level** A determination made by the Regional Manager or designee as to the degree of severity and immediacy of action required for each critical incident (located on the Waiver Incident Investigation page). Priority levels are either urgent or non-urgent. **Yes = Urgent and No = Non-urgent**

1. **Urgent** – any event or situation that creates a significant risk of substantial harm to the physical or mental health or welfare of a waiver participant.
2. **Non-urgent** – all other events/situations.

**Roles** Designation assigned to waiver staff and waiver SCs which automatically allows them to perform specific functions in OTIS.

1. **OTIS Administrator** – OTIS role for designated waiver State Office staff which allows them to view all aspects of Waiver cases, delete cases, and enter information into an incident after it has been closed.
2. **OTIS User Administrator** – OTIS role for waiver Regional and State Office staff which allows them to access the OTIS User URL for assigning roles, identification names, and passwords.
3. **Program Manager** – OTIS role for waiver Regional and State Office staff which allows access to incident information entered by the

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Support Coordinator; the capability to enter subsequent information in applicable Waiver fields; and the capability to enter new incidents.

4.     **Reporter: SC Agency** – OTIS role for wSCs which allows them access to enter incident information in applicable fields.

**Site Number**                      Unique identifying number assigned by the LDH data contractor for each Support Coordination Agency.

**Staff Assigned**                      Regional Office Waiver staff assigned to monitor and follow the incident until closure.

**Transfer of Open Critical Incidents**

This occurs when a participant is linked to a new SCA prior to the incident being closed. The losing SCA must indicate next to the “Transfer of Records” date the incident number(s) of any open critical incidents. The accepting SCA will have access to the case once they have Prior Authorization (PA) for services AND once the OAAS regional office has selected the new SCA from the SCA drop down for the specific incident number.

**Conversion of Waiver Case to APS Case**

When a SC discovers new information that causes them to suspect that a waiver incident meets the definition of an APS case they must report the case immediately to APS AND report this action to the regional waiver office. The regional waiver office must contact APS to ascertain whether the case has been accepted by APS.

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## Appendix D

### Major Medical Event

**Purpose of the Major Medical Event Category:**

To capture medical events that result in changes that need to be addressed in the participant's Plan of Care (POC). The primary purpose is to identify and address any post-discharge needs and how they will be met by informal, formal, or both supports. In short, the purpose is to:

- ensure that required actions have been taken to protect a participant's health and welfare;
- reduce risk and prevent recurrence in the community;
- ensure that support coordinators assist the participant/family when necessary; and
- document how and by whom the Major Medical Event was addressed.

**Major Medical Event Definition:**

- Occurrence in which the participant receives a medical procedure by a physician, nurse practitioner, dentist, or other licensed health care provider which involves **either**:
  - an admission or overnight stay in a health facility **or**
  - an outpatient visit (i.e. Emergency Room, Urgent Care, etc.)
- **And** involves **either**:
  - a new diagnosis **or**
  - new orders for medications, services (such as Home Health), therapy, equipment, health-related tasks, and/or treatments.

**SC Responsibilities:**

The Support Coordinator (SC) has crucial responsibilities in responding to Major Medical Event Critical Incidents:

- To maintain regular contact with the participant/family while the participant remains in an inpatient facility or to make contact promptly following an outpatient procedure or other occurrence.
- To collaborate with the facility Discharge Planner or other appropriate staff person as needed to anticipate changes in the participant's condition and ensure that those changes are addressed upon release.
- To perform MDS-HC reassessment, focused assessment, and/or Plan of Care (POC) revision as appropriate and necessary.
- To document in OTIS **how** the participant's change in condition was addressed after release to the community. Examples of this include: implementation of protective measures, actions to ensure effective service delivery, prevention strategies, etc.

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**NOTE: If DSP submits a critical incident report for Major Medical Event and SC determines it does not meet criteria, check “No” box on report form in follow-up section and notify DSP.**

**OTIS documentation should not include a detailed description of what happened to them while in the facility.**

**Major Medical Event Exclusions:**

A Major Medical Event does **NOT** include:

- routine doctor’s office visits
- routine laboratory tests
- Emergency Room visits that do not result in new orders in the community

**OTIS Data Entry:**

In OTIS, the “Occurred” date and time for Major Medical Event is the date and time that the participant is released from the facility or outpatient procedure. The “Discovered” date and time is the date and time that the SC was informed that the participant was released. The SC then enters the event into OTIS.

**Direct Service Provider (DSP) Reporting:**

The Major Illness definition has not changed for DSPs. DSPs must continue to report all major illnesses including acute care visits to the SCA. The Major Medical Event category applies only to SCs.