
CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.10: INCIDENTS, ACCIDENTS AND COMPLAINTS**PAGE(S) 3**

INCIDENTS, ACCIDENTS AND COMPLAINTS

Support coordinators, ADHC providers and direct service providers are responsible for reasonably ensuring the health and welfare of the recipient and are required to report all incidents, accidents, or suspected cases of abuse, neglect, exploitation or extortion. Reporting shall be in accordance with applicable laws, rules and policies and be made to the appropriate agency named below. Only reporting to a supervisor does not satisfy the legal requirement to report. The supervisor shall be responsible for ensuring that reports or referrals are made in a timely manner to the appropriate agency.

ADHC providers, refer to Medicaid ADHC Provider Manual Chapter 9, Section 9.9-Incidents/Accidents/Complaints for details on reporting.

Incident/Accident Reports

Providers are responsible for documenting and maintaining records of all incidents and accidents involving the recipient. A report of the incident/accident shall be maintained in the recipient's record as well as the central records system. The report shall include:

- Recipient identifying information;
- Event information (including date, time, location, etc.) of the incident/accident;
- Circumstances surrounding the incident/accident;
- Description of the incident/accident (including any medical attention or law enforcement involvement, witnesses, etc.);
- Action taken to correct or prevent future occurrence of incident/accident; and
- Name of person completing the report.

Critical Incident Reports

Additional provider responsibilities apply to incidents defined as critical. Critical incidents include, but are not limited to those involving:

- Abuse;

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.10: INCIDENTS, ACCIDENTS AND COMPLAINTS**PAGE(S) 3**

- Neglect;
- Exploitation;
- Extortion;
- Major injury;
- Major medical events;
- Death;
- Major behavioral incidents;
- Involvement with law enforcement;
- Loss or destruction of a recipient's home;
- Falls; and
- Major medication incidents of the recipient.

Critical incidents are fully defined in the Office of Aging and Adult Services' (OAAS) *Critical Incident Reporting Policy and Procedures* and include the specific provider responsibilities that must be followed. Non-compliance will result in administrative actions (See Appendix B for information on obtaining this policy).

Imminent Danger and Serious Harm

Providers must report all suspected cases of abuse (physical, mental, emotional and/or sexual), neglect, exploitation or extortion to the appropriate authorities. In addition, any other circumstances that place the recipient's health and well-being at risk should be reported to the appropriate authorities (See Appendix A for contact information).

For recipients ages 18 through 59 and emancipated minors, Adult Protective Services (APS) must be contacted. APS investigates and arranges for services to protect adults with disabilities at risk of abuse, neglect, exploitation or extortion (See Appendix A for contact information).

For recipients age 60 or older, Elderly Protective Services (EPS) must be contacted. EPS investigates situations of abuse, neglect and/or exploitation of individuals age 60 or older (See Appendix A for contact information).

If the recipient needs emergency assistance, the worker must call 911 or the local law enforcement agency before contacting the supervisor.

The responsibilities of the support coordination agency and the direct service provider are outlined in the *OAAS Critical Incident Reporting Policy and Procedures* (See Appendix B for information on obtaining this policy).

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.10: INCIDENTS, ACCIDENTS AND
COMPLAINTSPAGE(S) 3

Internal Complaint Policy

Recipients must be able to file a complaint regarding their services without fear of reprisal. The support coordination agency, ADHC providers, and direct service providers must have a written policy to handle recipient complaints. In order to ensure that the complaints are efficiently handled, the agency/provider must comply with the following procedures:

- Each agency/provider must designate an employee to act as a complaint coordinator to investigate complaints. The complaint coordinator must maintain a log of all complaints received. The complaint log must include the date the complaint was made, the name and telephone number of the complainant, nature of the complaint and resolution of the complaint.
- All written complaints should be forwarded to the complaint coordinator. If the complaint is verbal, the staff member receiving the complaint must document all pertinent information in writing and forward it to the complaint coordinator.
- The complaint coordinator must send a letter to the complainant acknowledging receipt of the complaint **within five working days**.
- The complaint coordinator must thoroughly investigate each complaint. The investigation includes, but is not limited to, gathering pertinent facts from the recipient, the responsible representative, the employee, and other interested parties. The agency/provider is encouraged to use all available resources to resolve the complaint internally. The employee's supervisor must be informed of the complaint and the resolution.
- The agency/provider must inform the recipient, the complainant, and/or the responsible representative in writing **within ten working days** of receipt of the complaint and the results of the internal investigation.
- If the recipient is dissatisfied with the results of the ADHC/direct service provider's internal investigation, he/she may continue the complaint resolution process by contacting the Health Standards Section (See Appendix A for contact information).
- If the recipient is dissatisfied with the results of the support coordination agency's internal investigation, he/she may continue the complaint resolution process by contacting the Office of Aging and Adult Services regional office (See Appendix A for contact information).