

Prevention From Harm – Incident Reporting –5101:3-51-03 A 2-5

HOME Choice Demonstration Program: conditions of participation for providers

Participant's program	Rule governing reporting responsibilities	Applicable Mandatory Reporting Laws	Report Submission	Notification Timeline	Written report submission timeline
ODA-Administered Waiver	OAC 173-39-02	ORC 5101.61 (adult protective services)	PAAs	Next Business Day	
ODMRDD-Administered Waiver	OAC 5123:2-17-02	ORC 5123.61 (persons with MR/DD) ORC 2151.421 (child protective services)	County Boards	Immediate for abuse, neglect, death, exploitation, or misappropriation	By 3 pm the next working day
ODJFS-Administered Waiver	OAC 5101:3-12-29 OAC 5101:3-45-10	ORC 5101.61 (adult protective services) ORC 5123.61 (persons with MR/DD) ORC 2151.421 (child protective services)	ODJFS Contract Case Management Agency	Within 24 hours	Within 5 calendar days
Non-Waiver HOME Choice participant	OAC 5101:3-12-29 OAC 5101:3-45-10	ORC 5101.61 (adult protective services) ORC 5123.61 (persons with MR/DD) ORC 2151.421 (child protective services)	ODJFS Bureau of Home and Community Services	Within 24 hours	Within 5 calendar days

***Our Conditions of Participation indicate notification of CM within 24 hours for abuse or neglect...APS=Immediate, MRDD=immediate PCSA=immediate

Current Reporting Requirements:

Incident Type	ODA	ODMRDD	ODJFS
Abuse	Incident	MUI	Level 1
Neglect	Incident	MUI	Level 1
Exploitation	Incident	MUI	Level 1
Hospitalization*	Incident (if meets criteria)	MUI (unplanned), UI (planned)	Level 1 (accident or injury) Level 2 (unplanned)
Emergency Room Visits*	Incident (if meets criteria)	UI	Level 1 (accident or injury)
Deaths (preventable, questionable, or unexpected)	Incident	MUI	Level 1
Involvement with the Criminal Justice System*	Incident (if meets criteria)	MUI (if charged)	Level 1 (if police intervention)
Medication Administration Errors*	Incident (if meets criteria)	MUI (if meets criteria), UI	Level 1 (with health and safety implications) Level 2 (if no health and safety implications)

*ODA only requires incident reporting if meets significant change of condition, injury or potential injury, or damage to or potential damage to property or equipment. Other occurrences of these incidents not meeting those rule criteria will require reporting for HOME Choice participants.

Protection From Harm

Incident Reporting Categories	Reporting Responsibilities	Investigation/Review Responsibilities	Timelines for Investigations/Review	Remediation Responsibilities
<p>ODA:</p> <ul style="list-style-type: none"> ▪ Abuse: Physical, sexual, verbal and psychological ▪ Neglect ▪ Attempted Suicide ▪ Abandonment ▪ Misappropriation or exploitation ▪ Illness: unknown cause/origin ▪ Injury: unknown cause/origin, accident/injury, fall ▪ Death: unnatural or suspicious ▪ Pattern of failure to provide services ▪ Gas leak, fire, natural disaster, flood, structure damage to home rendering it unlivable ▪ Consumer lost / wandering; missing person ▪ Rights Violations 	<p>Mandatory Reporter Status for Adult Protective Services: Any employee of a home health agency, any senior service provider, having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services (ORC 5101.61); and notify ODA or its designee (PAA) of any such suspicions (OAC 173-39-01 (B)(11)). Providers must have a written procedure for documenting consumer incidents with evidence of notification to ODA or its designee. (OAC 173-39-01 (B)(4))</p> <p>The PAA must report incidents of abuse, neglect, and exploitation to ODA's Risk Manager within 1 business day. PAAs must assure that such incidents were reported timely to</p>	<p>PAAs review incidents with PASSPORT participants and providers and ensure sufficient immediate actions have been taken to protect the participant from harm or further harm, including the involvement of other community or governmental entities such as ODA, ODH, ODJFS, Adult Protective Services, local law enforcement, county board of MR/DD, local mental health case manager, and the Office of the State Long Term Care Ombudsman authorities as appropriate. The PAA Case Manager and/or Provider Quality Assurance staff follow up with the PASSPORT-certified waiver provider and any other interested parties at the conclusion of the investigation.</p> <p>ODA's designated Risk Manager reviews all incidents for completeness of information, the plan of corrective action if required, and determines any other</p>	<p>The initiation of review would be immediate in response to the type of incident and should be completed within 30 days to a maximum of 180 days in order to allow for information from outside entities (i.e. waiting for the final outcome of the coroner's office or court proceedings.</p> <p>ODA's Community Long-Term Care Division (CLTCD) tracks the timeliness of PAA reporting.</p>	<p>PAAs and agency providers, working with participants and caregivers, are responsible for taking all reasonable steps necessary to prevent the reoccurrence of an incident. ODA's Risk Manager operates an incident reporting database that allows ODA and the PAA to share information and track appropriate, effective and timely follow-up and planning to assure the implementation of preventive actions to prevent re-occurrence.</p> <p>Findings of provider agency failings may be referred to the PAA Provider Quality Assurance Unit for follow-up which may result in technical assistance to the provider, conduct of a structural compliance review and/or the issuance of sanctions. The PAA will track and document the actions and outcomes of community and/or governmental entities that may be involved in the resolution and /or remediation of an incident. Such entities may include, but not be limited to, local law enforcement, Adult Protective Services, the Ohio Department of</p>

Protection From Harm

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	<p>APS. All other incidents are to be reported to ODA within 2 business days of the PAA's notification of the incident.</p> <p>If the incident report indicates a request for technical assistance, ODA will contact the agency within 48 hours (2 business days) of receiving the report.</p>	<p>questions ODA review staff may have for the PAA. ODA's designated Risk Manager is responsible for evaluating each incident by reviewing the data elements on the report and determining follow-up, if necessary.</p> <p>ODA has responsibility for oversight and follow-up of incidents and events involving PASSPORT participants. When needed, ODA may refer incidents to other appropriate investigatory agencies (e.g., county board of MR/DD, local mental health case manager, etc).</p>		<p>Health and the Office of the State Long-Term Care Ombudsman.</p> <p>ODA's Risk Manager reviews all incident reports to identify appropriate actions are taken in response to the incident facts and seeks follow-up actions as deemed necessary. The ODA Risk Manger finalizes an incident report when it is reasonable to believe that measures are being taken to ensure the health and safety of the participant at risk; preventive measures have been identified and put into place; and referrals have been made to appropriate agencies, such as law enforcement, etc.</p>

Protection From Harm

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<p>ODMRDD</p> <ul style="list-style-type: none"> ▪ Abuse: Physical, sexual, and verbal ▪ Misappropriation; ▪ Neglect; ▪ Death, by any cause; ▪ Incidents involving law enforcement and resulting in the arrest or filing charges against an individual; ▪ Attempted suicide; ▪ Fire, natural disaster, or mechanical failure that results in overnight relocation or an inability to provide services; ▪ Missing persons; ▪ Medical emergency ▪ Prohibited sexual relationship; ▪ Failure to report; ▪ Unplanned or unscheduled hospital admission; ▪ Injury of an unknown or suspicious origin requiring physician, physician assistant, or nurse practitioner treatment; ▪ Injury of a known or non-suspicious origin 	<p>All incidents of possible abuse, including misappropriation, or neglect, of any individual, as defined in section 5123.61 of the Revised Code, shall be immediately reported to the local law enforcement entity with jurisdiction and which may constitute a criminal act and the county board or immediately to the public children's services agency when the individual is under the age of twenty-one years. The county board shall ensure that the notifications were made. Reports regarding the remaining categories of MUIs shall be filed and the requirements of this rule followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider. The provider shall immediately, but no later</p>	<p>The county board evaluates the report to ensure sufficient immediate actions have been taken to protect the individual from harm or further harm.</p> <p>County board-certified investigative agents are responsible for conducting investigations unless the incident meets the criteria for a separate investigation by the state or if law enforcement or children's services is conducting the investigation.</p> <p>When an agency provider, conducts an internal review of an incident for which an MUI has been filed, the agency shall submit the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency becoming aware of the incident.</p> <p>Allegations of Abuse,</p>	<p>Protocol investigation cases include abuse, exploitation, misappropriation, neglect, prohibited sexual relations, rights code violation, and suspicious or accidental death: The county board initiates investigations on these types of cases within 24 hours of the report filing, unless the cases requires immediate investigation. All protocol investigations must be completed in 30 working days unless an extension is granted by ODMRDD.</p> <p>For all other types of incidents the county board shall commence an investigation within a reasonable amount of time based upon the initial information received and consistent with the health and safety of all at-risk individuals, but no later than three working days</p>	<p>County boards and agency providers are responsible for taking all reasonable steps necessary to prevent the reoccurrence of MUIs. Along with the individual's team, preventive measures are developed that include reasonable steps to prevent the reoccurrence of MUIs. The county board designee shall ensure that preventive measures are fully implemented.</p> <p>ODMRDD reviews investigation reports submitted by a county board and closes the following types of incidents: abuse, death, exploitation, failure to report, misappropriation, missing persons, neglect, peer-to-peer acts, prohibited sexual relations, rights code violations, unapproved behavior support, unknown injury, and any MUI investigated by the department. The department may review any other report and may obtain additional information necessary.</p> <p>The county board reviews and closes reports on the following types of incidents: attempted</p>

Protection From Harm

<p>with significant impact on the individual's physical health</p> <ul style="list-style-type: none"> ▪ Unapproved behavior support, ▪ Rights violation 	<p>than four hours after discovery of the incident, notify the county board of incidents or allegations of abuse, exploitation, misappropriation, neglect, suspicious or accidental death, or when the provider has received inquiries from the media regarding an MUI.</p> <p>The provider shall submit a written incident report to the county board by three p.m. the next working day following the provider's initial knowledge of any major unusual incident.</p> <p>The county board ensures or makes notifications to the guardian or individual, and the service and support administrator for the person.</p> <p>By 3pm p.m. on the working day immediately following receipt of the written incident report submitted by the provider, the county board shall report these incidents on ITS and indicate the entity or entities notified.</p>	<p>Neglect, Misappropriation, Unknown Injury, Suspicious or Accidental Death, Missing Individual, or others as determined by the county board must be investigated following an investigation protocol. County boards complete an investigation report which is entered into ITS.</p> <p>The county board develops a written summary that include a statement of the facts and findings of the investigation, which is provided to the individual, advocate selected by the individual, or the legal guardian, as applicable, and the provider, as well as ODMRDD.</p> <p>ODMRDD may conduct or direct an investigation or may conduct an investigation review requested or it is required due to a conflict of interest.</p>	<p>from notification or identification by the county board. The completed investigation report is submitted in the ITS within thirty working days unless the department grants an extension.</p>	<p>suicide, known injury, law enforcement, medical emergency, unscheduled hospitalization.</p> <p>Incidents are closed based upon the following criteria:</p> <ul style="list-style-type: none"> ▪ Whether sufficient reasonable measures have been taken to ensure the health and safety of any at-risk individual; ▪ Whether a thorough investigation has been conducted consistent with the standards for protocol and non-protocol investigations; ▪ Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors; ▪ Whether the county board has ensured that the preventive measures have been implemented to prevent reoccurrence; ▪ Whether the incident is part of a pattern or trend as flagged through ITS requiring some additional action; and
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Protection From Harm

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<p>ODJFS: Level 1 incidents include:</p> <ul style="list-style-type: none"> ▪ physical, emotional, mental and/or sexual abuse, ▪ neglect, ▪ abandonment, ▪ exploitation, ▪ death ▪ accident or injury which may or may not result in hospitalization or ER visit ▪ inappropriate delivery of services, with health and welfare implications ▪ services provided that are beyond the provider’s scope of practice, with health and welfare implications, ▪ services delivered without physician’s orders that may have health and welfare implications, ▪ medication administration errors with health and welfare 	<p>ODJFS operates an incident management, investigation and response system (IMIRS) that requires all Ohio Home Care Waiver providers to report incidents involving waiver consumers to ODJFS and the case management agency within 24 hours (OAC 5101:3-45-10).</p>	<p>ODJFS and/or the case management agency notify the following investigatory agencies when incidents are reported/discovered: public children services agency, adult protective services agency, county board of MR/DD, local mental health case manager, Ohio Attorney General Health Care Fraud Section— Abuse/Neglect Unit, Ohio Department of Health or Ohio Board of Nursing and/or law enforcement authority. At times, investigations may be conducted jointly between ODJFS and the aforementioned agencies.</p> <p>The case management agency is responsible to investigate level 1 and level 2 incidents. Level 1 incidents are reported and tracked in the consumer and provider occurrence report</p>	<p>ODJFS expects a thorough investigation to be completed in a timely manner by the case management agency; preferably within 30 days, unless extenuating circumstances prevent closure.</p>	<ul style="list-style-type: none"> ▪ Whether all requirements set forth in statute or rule have been satisfied. <p>Upon substantiation of an incident(s), providers are notified via certified mail. The cease-and-desist letter outlines the alleged behavior or practice to be stopped, specifies the rule that supports the finding(s), specifies the corrective actions expected, and specifies the date a plan of correction must be submitted to ODJFS. Level 1 incidents must have a plan of correction developed and submitted within fifteen calendar days after the date the letter was mailed, while Level 2 incidents must have a plan of correction developed and submitted within thirty calendar days. Depending on the violation, a notice of deficiency may be issued. Aggregious violations may result in proposed adjudication orders.</p> <p>If the plan of correction is acceptable, it is approved and confirmed in writing. If ODJFS determines that it cannot approve the provider’s plan of correction,</p>

Protection From Harm

<p>implications</p> <ul style="list-style-type: none"> ▪ alleged illegal activity by the consumer resulting in police intervention, ▪ inappropriate use or abuse of substances which may result in health and welfare implications, ▪ theft of money, personal property or medication. <p>Level 2 incidents include:</p> <ul style="list-style-type: none"> ▪ alleged illegal activity occurring in the consumer’s environment without law enforcement implications ▪ exposure to or diagnosis of a communicable disease ▪ family or environmental crisis ▪ loss of informal caregiver or family member ▪ unplanned hospital or nursing facility stay. 		<p>tracking system (C-PORTS). This system is also used to ensure appropriate and timely investigatory follow-up and prevention planning. ODJFS utilizes this system to conducts site and desk reviews and monitor the case management agency’s compliance with contractual responsibilities regarding reporting, investigation and follow-up of critical incidents. Level 2 incidents are tracked by Quality Improvement staff at the case management agency.</p> <p>ODJFS may conduct a separate independent review or investigation of incidents that are under investigation. All death cases that are not expected or appear suspicious are immediately referred to ODJFS to determine if ODJFS will lead the investigation.</p>		<p>the provider is informed in writing and is required to submit a new plan of correction. The provider must submit the new plan of correction by the date specified by ODJFS</p> <p>ODJFS will impose sanctions upon the provider in accordance with rule 5101:3-45-09</p> <p>ODJFS determines when to close cases of suspected abuse, neglect, death and exploitation as well as any other “Level 1” incident investigated by the ODJFS. ODJFS is responsible for ensuring that all cases have been properly closed and may request further review if necessary.</p>
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