

Provider Training Series

Chapter 45, Section 20

Notification of Incident Process (Module #3)

Wyoming Department of Health
Division of Healthcare Financing
DD Waiver Provider Training Series



Welcome to the Wyoming Department of Health, Division of Healthcare Financing (Division), Developmental Disabilities Section Provider Training Series for Chapter 45 of the Department of Health's Medicaid Rules (Rules). These rules govern the home and community based Comprehensive and Supports Waivers, hereinafter referred to as the DD Waivers.

Chapter 45, Section 15(d) states that all persons qualified to provide waiver services shall complete training in specific areas prior to delivering services. Although some provider organizations may choose to develop their own training modules, individuals who complete all of the Series training modules and associated training summaries will be in compliance with this specific requirement. Please note that there are provider training requirements established throughout Chapter 45, and it is the responsibility of providers to ensure they meet **all** training requirements prior to delivering waiver services.

This module covers Section 20, which addresses the notification of incident process.

Purpose of This Training



To familiarize providers with mandatory incident reporting requirements, provide information on how to report an incident, and establish the importance of using incident reporting data to improve provider processes and participant quality of life.

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Training Agenda

- ▶ Mandatory reporting requirements
- ▶ What, when, and to whom you should report
- ▶ How to complete and submit an incident report
- ▶ Required policies and procedures, including the review of internal incidents
- ▶ Reviewing incident reporting data to identify trends

By the end of the training module, the notification of incident process will have been reviewed and the following topics will have been introduced and explained:

- State laws regarding mandatory reporting;
- What to report, when to report, and to whom to report;
- How to complete an incident report using the web-based incident reporting portal;
- Required incident reporting policies and procedures, including the requirements for reviewing internal incidents; and
- The importance of reviewing and trending incident reporting data.

Please note that, for the purpose of these trainings, providers include provider staff members and case managers, unless there is a specific need to make a distinction.

Choice



Freedom to make choices is a human right. Laws protect people's right to decide how to spend their money, make their own health care decisions, work for a living, and have relationships with friends and family.

Even when addressing a topic like incident reporting, it is important to remember that home and community-based waiver services are based on the tenet that people have the freedom to make choices that impact their lives. Whether the choices are related to big decisions such as who provides their services, where they live, or what they want for their future, or small decisions such as with whom they spend time, what and when they eat, and how they spend their day, having choice is paramount to human dignity. Facilitating individual choice is a crucial part of being a DD Waiver provider.

Mandatory Reporting Requirements



W.S. 14-3-205 and W.S. 35-20-103 mandate that any person who suspects the abuse, neglect, or exploitation of a child or vulnerable adult is required to report.

According to Wyoming law, everyone must report the suspected abuse, neglect, or exploitation of children or vulnerable adults if they have reasonable cause to believe that it may be occurring.

Child or adult abuse, neglect or exploitation has no boundaries according to sexual orientation, ethnic background, age, religion, disability, or gender. The reporting of abuse, neglect, or exploitation of children and vulnerable adults is a 24-hour obligation. More information can be found on the Wyoming Department of Family Services website at <https://dfs.wyo.gov/i-need-to-report/abuse-neglect-exploitation/>.

What, When, and To Whom Should You Report?



Section 20 establishes the incidents that must be reported, when they must be reported, and to whom they must be reported.

Chapter 45. Section 20 establishes what incidents must be reported, by when they must be reported, and to whom. Failure to meet the criteria established in rule may result in corrective action that will require the provider to submit a plan to ensure that requirements are met in the future.

In many cases, incidents must be reported to entities outside of the Division, such as Protection and Advocacy Systems, Inc., the Department of Family Services, and law enforcement. The Division is responsible for assuring that Department of Health Medicaid Rules have been followed, but some incidents may require an investigation that would fall within the scope of one of the other identified agencies in order to ensure the safety of participants.

Incidents That Must Be Reported Immediately

Incident Categories:

- ▶ Suspected abuse and self-abuse;
- ▶ Suspected neglect and self neglect;
- ▶ Suspected abandonment and exploitation;
- ▶ Suspected intimidation;
- ▶ Suspected sexual abuse; and
- ▶ Death.

Report To:

- ▶ Division;
- ▶ Department of Family Services;
- ▶ Protection & Advocacy System, Inc.;
- ▶ Case manager;
- ▶ Legally authorized representative; and
- ▶ Law enforcement.

Chapter 45, Section 20(a)

Situations identified in Section 20(a) must be reported immediately after assuring the health and safety of participants and others who may be involved in the incident. These situations include:

- Suspected abuse and self-abuse;
- Suspected neglect and self neglect;
- Suspected abandonment and exploitation;
- Suspected intimidation;
- Suspected sexual abuse; and
- Death.

These incidents are considered critical, and must be reported to the Department of Family Services (DFS), Protection and Advocacy (P&A), the participant's case manager and legally authorized representative, and law enforcement, as well as the Division. In some instances, you will need to contact the other entities, such as DFS or law enforcement, before you notify the Division in order to assure the health or safety of the participant.

Incidents That Must Be Reported Within One (1) Business Day

Incident Categories:

- ▶ Police involvement;
- ▶ Restraint;
- ▶ Seclusion;
- ▶ Injuries caused by a restraint;
- ▶ Serious injury to participant;
- ▶ Elopement;
- ▶ Medication errors resulting in emergency medical attention; and
- ▶ Medical/behavioral admissions and ER visits.

Report To:

- ▶ Division;
- ▶ Protection & Advocacy System, Inc.;
- ▶ Case manager; and
- ▶ Legally authorized representative.

Chapter 45, Section 20(b)

Section 20(b) identifies incident categories that must be reported within one business day. These categories include:

- A participant's involvement with law enforcement;
- Any use of restraint, even if it is written into the participant's IPC;
- Seclusion;
- Injuries caused by a restraint;
- A serious injury to participant, which is defined in Wyoming Title 35-20-102 (a)(xv) as any harm, including disfigurement, impairment of any bodily organ, skin bruising, laceration, bleeding, burn, fracture or dislocation of any bone, subdural hematoma, malnutrition, dehydration or pressure sores.
- Elopement, which is defined in Chapter 45, Section 3;
- Medication errors resulting in emergency medical attention; and
- Medical or behavioral admissions and emergency room visits.

These incidents must be reported the Division, P&A, and the participant's case manager and legally authorized representative.

Medication Errors Must Be Reported Within Three (3) Business Days

Medication Errors:

- ▶ Wrong medication;
- ▶ Wrong dosage;
- ▶ Missed medication;
- ▶ Wrong participant;
- ▶ Wrong route; and
- ▶ Wrong time.

Report To:

- ▶ Division;
- ▶ Case manager; and
- ▶ Legally authorized representative.

Chapter 45, Section 20(c)

Section 20(c) identifies specific medication errors that must be reported to the Division, and the participant's case manager and legally authorized representative within three business days. These errors include:

- The provider assisting with the wrong medication or dosage;
- The participant missing a medication as a result of provider error;
- The provider assisting the wrong participant with a medication;
- The provider delivering the medication through the wrong route, such as eye drops being administered as ear drops; and
- The provider delivering a medication at the wrong time, which is a deviation from the accepted standard time for the medication assistance.

Occasionally a participant may refuse to take a medication. This situation does not need to be reported to the Division, but the provider should track these refusals internally and address them with the prescribing professional and the participant's plan of care team if they become a regular occurrence.

Other Incidents That Must Be Reported

Any time a significant risk to a waiver participant's health and safety is identified, the provider shall report the situation to the Division.

Chapter 45, Section 20(d)



Although the list of incidents that is established in rule is comprehensive, there is always the possibility that a situation results in a health and safety concern that falls outside of the established categories. Any time a concern that could put the health or safety of the participant at significant risk is identified, including times when the participant is not in services, the provider is required to report the situation to the Division. These concerns may also be reported through the Division's on-line complaint form, found at <https://wyoimprov.com/complaintreport.aspx>.

Frequently Asked Questions - Do These Examples Count?

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- ▶ Is self-harm a critical incident? What if the incident is something that is already covered in the IPC, such as a participant banging their head against the wall?
- ▶ Is a suicide attempt a critical incident?
- ▶ Is drug use an incident?

We'd like to address some of the more frequently asked questions that the Division receives regarding what is considered a reportable incident.

- Is self-harm a critical incident? What if the incident is something that is already covered in the IPC, like a participant banging their head against a wall?
 - In some instances when a participant hurts themselves, an incident report will need to be submitted. Just because a participant's behavior is listed the IPC does not mean it is not an incident.
 - Look at the statutory definitions of injuries. If the incident did not result in a serious injury, then it would not need to be reported; however, if the self-harm resulted in the need for medical attention, then an incident report should be submitted.
 - Even if the incident is not reportable to the Division, providers should document the event as an internal incident or through some other behavior tracking mechanism.
- Is a suicide attempt a critical incident?
 - Yes. Attempted suicide must always be reported as self-abuse.
- Is drug use an incident?
 - The short answer to this question is...sometimes.
 - Police involvement is an incident. Unsafe behaviors that cause injuries while intoxicated are incidents.

- You may want to contact your local DFS office to discuss the incident and determine if it rises to the level of self-abuse.

Frequently Asked Questions - Who Should Report Incidents?

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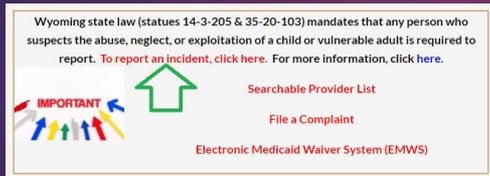
- ▶ Are case managers required to report incidents?
- ▶ Who else is required to report an incident?
- ▶ I reported the incident to my boss. Does that count as reporting the incident?

The Division has also received several questions regarding who is responsible for reporting incidents. Although state statute is very clear that all citizens have an obligation to report critical incidents such as abuse, neglect, and exploitation of children and vulnerable adults, there are other incident reporting categories that don't rise to the level of a critical incident. So who is responsible for reporting those incidents?

- Are case managers required to report incidents?
 - Yes. Case managers are required by law to report incidents.
 - Case managers should make sure that a provider has reported an incident when appropriate, as providers usually have first-hand knowledge of the incident. However, case managers should file additional information about the incident, if necessary.
 - If, during the review of a participant's monthly documentation, the case manager discovers a situation that should have been reported but was not, they are required to submit a report.
- Who else is required to report an incident?
 - Providers and provider staff are required to report incidents. The public may also report incidents.
- I reported the incident to my boss. Does that count as reporting the incident?
 - Not necessarily. All provider staff members must know how to report an incident through the Division portal. Providers may designate one individual to

- file incidents, but all incidents must be reported.
- Staff members should always follow up and verify that the report was filed.

Completing and Submitting Incident Reports



Providers are required to utilize the web-based portal to submit incident reports to the Division.

Providers are required to use the web-based portal to submit incident reports to the Division. Providers need to remember that in all situations, assuring the health and safety of the participant is the first priority, so entities such as law enforcement or the Department of Family Services may need to be contacted before an incident report is submitted.

Completing Incident Reports - Step 1

- ▶ Access the incident reporting portal.
 - ▶ Division website
 - ▶ (<https://health.wyo.gov/healthcarefin/dd/>)
 - ▶ Select "To Report an Incident, Click Here"
 - ▶ Directly to portal
 - ▶ (<https://www.wyoimprov.com/incidentreport.aspx?ProviderTypeId=1>)

To report an incident, you must access the web-based incident reporting portal. You can go directly to the portal, or you can find the link on the homepage of the Division website. Both links are included in the slide.

If you cannot access the online portal, call or email the area Provider Support Specialist to file a timely report. All other required notifications must be made within the established timeframes as well. In these circumstances, please be sure to keep documentation that demonstrates that you reported the incident in accordance with the requirements of Chapter 45.

Completing Incident Reports - Step 2

- ▶ Complete participant information.
 - ▶ Include information of the person reporting the incident.
- ▶ Complete provider information.
 - ▶ Include the information of the provider who was delivering services during the incident.

Information Management for Providers (IMPROV) LOGIN Wyoming Department of Health

BHD INITIAL NOTICE OF INCIDENT
 INCIDENTS MUST BE REPORTED IMMEDIATELY AFTER TAKING ACTIONS TO ADDRESS PERSON'S HEALTH AND SAFETY NEEDS.
Instruction: Please DO NOT use initials & abbreviations in narrative and for agency names. File a separate incident for each participant involved (except mass emergency). When please call the division immediately!

Participant Information

Client First Name	<input type="text"/>	Client Middle Name	<input type="text"/>
Client Last Name	<input type="text"/>	Gender	<input type="text"/>
Date of Incident	<input type="text"/>	Location (City)	<input type="text"/>
Date of Report	<input type="text" value="05/20/2011"/>	Person Reporting	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Title or Relation To The Client	<input type="text"/>		

Provider Information

Service	<input type="text"/>	If other, please specify	<input type="text"/>
Organisation	<input type="text"/>	If other, please specify	<input type="text"/>

Once you enter the portal, you will be required to provide some basic information on the participant, the person filing the report, and the provider who was delivering services during the incident.

When entering participant information, it is important that you use the person's full name. The participant may choose to be called Rich, but if his full name is Richard, that is the name you need to include in the report. Be sure you are spelling his name correctly.

If you are the person submitting the report, you will need to include your name, phone number, email address, and title (Program Integrity Officer) or relationship to the participant (Direct Support Staff).

If the participant was receiving waiver services at the time of the incident, use the drop down box to select the service that they were receiving. You will also need to select the provider that was delivering the service at the time of the incident. Please keep in mind that the provider that was delivering services might not be you. If the participant wasn't in waiver services, you can use the Other box to state where the participant was at the time of the incident, such as *With parents*, or simply *Not in services*.

If you are submitting the report but are not the person who made the initial notification of the incident, the initial reporter's information needs to be added under the *Provider/Staff Name*

and Phone sections.

Completing Incident Reports - Step 3

- ▶ Select the incident type.
 - ▶ Click on the definition for more information.
 - ▶ Once the incident type is selected, additional information may be requested.
 - ▶ If more than one situation type is applicable, select the most serious.



Click for Definition	Incident Type	DFS Notification	Select
	Suspected Abuse	Required	<input type="checkbox"/>
	Suspected Self Abuse	Required	<input type="checkbox"/>
	Suspected Neglect	Required	<input type="checkbox"/>
	Suspected Self Neglect	Required	<input type="checkbox"/>
	Suspected Exploitation	Required	<input type="checkbox"/>
	Suspected Abandonment	Required	<input type="checkbox"/>
	Death	Required	<input type="checkbox"/>
	Intimidation	Required	<input type="checkbox"/>
	Sexual Abuse	Required	<input type="checkbox"/>
	Police Involvement	N/A	<input type="checkbox"/>
	Crime Committed By Participant	N/A	<input type="checkbox"/>
	Injuries Caused By Restraints	N/A	<input type="checkbox"/>
	Serious Injury	N/A	<input type="checkbox"/>
	Elopement	N/A	<input type="checkbox"/>
	Medication Error	N/A	<input type="checkbox"/>
	Use of Restraint	N/A	<input type="checkbox"/>
	Medical/Behavioral Admission	N/A	<input type="checkbox"/>
	Other Injury	N/A	<input type="checkbox"/>

You now need to select the incident type. If you aren't sure what the incident category entails, you can click on the definition box to get more information. Once you select the incident type, you may be required to provide additional information.

Only one incident type can be selected. If there is more than one concern, the reporter must select the most serious category. Let's use the example of a participant going to the emergency room for a broken arm as a result of a staff member grabbing and yanking them from a chair. The participant went to the ER, which is a reportable incident. This injury would be considered serious, which is a reportable incident. Due to the staff member's treatment of the participant, this may be a situation of suspected abuse, which is a reportable incident.

In this example, the reporter has the option of submitting an incident for a medical/behavioral admission, a serious injury, or abuse. Abuse would be the most serious category, so this incident should be submitted as suspected abuse.

Completing Incident Reports - Step 4

- ▶ Provide information on the preceding events, description of the incident, and actions taken.

Preceding Events

Description of Incident

Actions Taken

Explain the preceding events, describe the incident, and document the actions taken.

Preceding events should include information that describes what happened leading up to the incident. Provide as much information as you can related to with whom the participant was interacting, the activity in which the participant was involved, and other factors that may have contributed to the incident. Be curious and include information that others have shared with you for additional context. This information will be important as you review data to look for trends to determine why an incident occurred.

When describing the incident, be sure to include strategies and techniques that staff used during the incident.

The documentation of actions taken should include actions the provider took to ensure the immediate and ongoing health and safety of the participant.

You need to explain the incident as clearly as possible, using complete sentences and correct grammar.

- Be specific - give dates, times, and who was involved. You should include the full names of other people who were involved.
- Be descriptive - provide as much information as you can in each of the boxes.

- Be accurate - provide facts that you can verify or that you specifically witnessed. Witnessing an incident can be very emotional, so it is important that you don't include opinions or judgements in your description of the incident.
- Use names and avoid pronouns - if there are three females involved in the incident, and you use *she* in your explanation, it is difficult to determine to which she you are referring. When using names, list the person's full name the first time it is used, and then the person's first name for all following referrals. If applicable, include the person's title (i.e., DSP). This applies to direct support professionals and participants.
- Proofread - read your report before you submit. If possible, have someone else knowledgeable of the incident read it as well. An incident report is a formal document, and needs to be understandable to everyone who reads it.

Completing Incident Reports - Step 5

- ▶ Notify the appropriate entities.

Notifications			
<u>Contact</u>	<u>Contact Name</u>	<u>Date Contacted</u>	<u>How Contacted</u>
Department of Family Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protection and Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Division	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Law Enforcement Agency (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Get DFS Contact Info](#)

Notification boxes appear based on the type of incident selected. Complete all of the boxes, including the contact name, date contacted, and how the entity was contacted. Remember, in accordance with Chapter 45, Section 20(a) of the Department of Health's Medicaid Rule, for incidents of abuse, neglect, and exploitation, entities must be contacted immediately after assuring the health and safety of the participant and other individuals. In most of these cases, law enforcement and DFS should be notified before the Division is notified.

Be sure to notify all entities within the timeframes established in rule. If notification occurs outside of these timeframes, please provide an explanation in the Actions Taken box.

Completing Incident Reports - Step 6

- ▶ Submit the report.



* Note: After you select "Submit" you will go to a Confirmation page where you will be able to Print the Incident Report.

Select the *Submit Report* button to submit the report. Once you submit the report, you will be redirected to a confirmation page that provides an option for you to print the report. Even if you don't print the report, you should save a copy of the incident to give to the case manager and keep for your files.

Policies, Data Review, and Trend Analysis



Providers shall have incident reporting policies and procedures, shall maintain incident reports, and shall review data to identify trends.

Section 20 (e) requires providers to implement incident reporting policies and procedures that include the requirements of the Section. These policies and procedures must address both internal and external incident reporting.

Policy and Procedure Requirements

- ▶ Internal incident reporting requirements.
- ▶ Data review and trend analysis.
- ▶ Case manager access of internal incident data within five business days.
- ▶ Providers shall maintain internal incident reports for all incidents identified in Section 20.

Chapter 45, Section 20(e)

Providers are required to have policies and procedures that address internal and external incident reporting. These policies and procedures should address the requirements of Section 20, as well as provider requirements that aren't specifically detailed in rule. These requirements should include:

- All reporting categories and requirements established in Section 20(a) - (d);
- Other incidents that provider staff are required to report internally, including to whom, by when, and how the incident should be reported;
- How and when information will be shared with case managers and legally authorized representatives;
- How often incidents will be reviewed to identify trends; and
- How information will be used to identify strategies to decrease incidents in the future.

Although there are policy and procedure requirements listed in Section 20, as well as other sections of Chapter 45, the purpose of policies and procedures is more than just meeting a requirement of rule. Policies and procedures are intended to make your business and the services you provide better. When providers develop and implement comprehensive policies and procedures, the provider defines a standard of behavior that everyone associated with the provider or organization must follow. This results in consistency of decision making, incident response, and overall service provision that ultimately benefits the provider and, more importantly, the participant.

The Division has provided template policies for internal and external incident reporting, which can be found on the [Forms and Document Library](#) page of the Division website, under the *Certification Forms* tab. Providers may use the examples as a starting point to develop policies that are specific to their circumstances. Providers are obligated to follow the policies that they adopt.

Providers should ensure that staff members receive training on how, when, and to whom they should report incidents, as well as the provider policies and procedures related to incident reporting.

Data Review

- ▶ Providers shall review internal incident data, including:
 - ▶ People involved;
 - ▶ Preceding events and follow-up conducted;
 - ▶ Causes of reoccurring critical incidents and other trends;
 - ▶ Actions taken to prevent similar incidents, and evaluation of those actions;
 - ▶ Education and training of personnel; and
 - ▶ Internal and external reporting requirements.

The regular review of incident reporting data is required in Section 20(e)(i), which states that the following data must be included in the review:

- People involved, including staff members;
- Preceding events, including the time of day and specific activities in which the participant was involved;
- Follow-up that was conducted, including any interventions that were used;
- Causes of reoccurring critical incidents and other trends;
- Actions taken to prevent similar incidents, and evaluation of those actions;
- Education and training of personnel; and
- Internal and external reporting requirements.

Case managers are expected to summarize all incident reports, including internal reports and those reported to the Division, in the Case Management Monthly Review.

Trend Analysis

- ▶ Providers should identify trends in order to determine changes that may be necessary for participants.
 - ▶ Common times of day or preceding incidents.
 - ▶ Specific staff members or other individuals.
 - ▶ Identified medical concerns or medication side effects.

It is important that data is reviewed, but it is helpful to understand why this review is so critical. In reviewing this information you may be able to identify the ultimate cause of the incident, which could prevent similar incidents from happening in the future. Maybe similar incidents always occur when a certain staff member works with the participant...this might be reason to make a change in staffing. Perhaps similar incidents always occur right before dinner. Would encouraging the participant to eat a small snack decrease the number of incidents?

Once you identify and implement strategies, it is necessary to review how they worked. If they were successful, it is important that this information be included in the IPC. It keeps the strategies from being forgotten over time, and they are more likely to be passed on as new staff members or providers are introduced into the participant's life.

Sometimes strategies fail, but one failure doesn't necessarily mean the strategy won't work. Think through all of the components of the strategy, and try tweaking here and there. You tried offering a snack before dinner, but that didn't decrease the number or intensity of the incidents. You might want to look for other lessons you may have learned as well. Is dinnertime around a shift change? Are there types of snacks that did not work? Was the language used with the participant a potential trigger? Do other participants consistently come to the site around that time? Does the participant have a favorite television show or other activity at this time?

Even If the strategies fail, document what didn't work and go back to the drawing board to identify other potential strategies that might address ongoing concerns. There might be common threads that can help with crafting more successful strategies in the future.

Providers should not just accept that incidents are going to occur. They should always be looking for opportunities to decrease the number and severity of incidents in order to ultimately increase each participant's quality of life.

Providers are responsible for identifying the trends, but this trend information is critical for the whole plan of care team to have and review. It is imperative that a provider representative attends plan of care meetings and shares the trend analysis so the whole team is able to better understand the participant's behavior and what the participant is communicating.

Make sure to compile a document or report that demonstrates that you have conducted the trend analysis.



1. Providers are mandatory reporters and must meet specific incident reporting requirements.
2. Incident must be reported accurately and contain necessary information.
3. Providers are required to review incident reporting data.
4. Providers are required to use information to make changes that may ultimately increase each participant's quality of life.

Before you complete this training, we'd like to review some of the key takeaways:

1. Chapter 45, Section 20 establishes incident reporting requirements that providers must meet, including what, to whom, and when incidents should be reported. Providers are mandatory reporters...it's the law!
2. Providers must be specific, accurate, and descriptive when submitting incident reports so that there is a clear record of what happened and any follow up actions that the provider took.
3. The incident report is an important tool for documenting incidents and recording data related to those incidents. However, it is critical that providers review the data collected from these incidents in order to identify trends and potential areas of improvement.
4. Providers should always be looking for opportunities to decrease the number and severity of incidents. Once areas of improvement are identified, providers need to implement change and review the success of the changes. The goal is to make changes that result in fewer incidents, which may ultimately increase each participant's quality of life.

Questions???

Contact your Provider or Participant Support Specialist

<https://health.wyo.gov/healthcarefin/dd/contacts-and-important-links/>

This ends the training on the incident reporting process that has been conducted by the Division of Healthcare Financing, Developmental Disabilities Section. If you have questions related to the information in this training, please contact your Provider or Participant Support Specialist. Contact information can be found by clicking on the link provided in the slide.

Please be sure to complete a summary of this training so that you can demonstrate that you received training on the notification of incident process.