



Completing Incident Reports - Step 5

- Notify the appropriate entities.

[Get DFS Contact Info](#)

Contact	Contact Name	Date Contacted	How Contacted
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/Representative/Power of Attorney	<input type="text"/>	<input type="text"/>	<input type="text"/>
Law Enforcement Agency (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthcare Licensure Survey	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid Fraud	<input type="text"/>	<input type="text"/>	<input type="text"/>

29

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. Please be sure to follow licensing requirements that address timely notification of other entities. If notification occurs outside of these timeframes, please provide an explanation in the *Actions Taken* box.

Completing Incident Reports - Step 6

- Submit the report



30

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.

Division Response to Incident Reporting



As established in Appendix G-1-d, the Division conducts an investigation of all reported incidents within three business days.

31

The Division conducts an investigation of all reported incidents within three business days. The investigation consists of a desk review of the incident report and other relevant documentation. Instances of abuse, neglect, and exploitation are substantiated when there is a preponderance of evidence to support the allegation. Full information on the Division's response to incidents is established in Appendix G-1-d.

What does the Division do?

- Review of incident, including provider response, so see if provider acted appropriately per regulation.
- Follow-up with provider, case manager, participant, and others.
- Determine if technical assistance, additional support, or corrective action is needed.
- Work with provider and case manager on technical assistance, as appropriate.

32

For substantiated instances of abuse, neglect, and exploitation, the Division reviews the actions taken by the provider agency, case manager, or other responsible parties to assure the health and safety of the participant and to determine if those actions constitute an adequate and timely response that aligns with the circumstances of the incident. If those actions are insufficient, the Division will require immediate follow-up activities. The Division may conduct the follow-up activities directly, or direct the case manager, provider agency, or other responsible parties to conduct the follow-up activities. These activities may include, but are not limited to:

- Notifying the participant's guardian or family members of the incident;
- Recommending the participant's removal from the place of incident;
- Referring the participant for a medical examination or behavioral health evaluation;
- Coordinating with the case manager to identify home and community-based service alternatives;
- Recommending an on-site investigation be conducted by the applicable regulatory agency or board;
- Referring the case to the applicable law enforcement agency or other oversight agency; or
- Referring the case to the Division's Program Integrity Unit or the Medicaid Fraud Control Unit.

Once the investigation is concluded and all follow-up activities are completed to ensure the

health and safety of the participant, the Division may provide technical assistance or impose corrective action on a provider.



- Review data to determine how to prevent similar situations from occurring in the future.
- Determine if policies and procedures need to be updated or modified.

33

The Division is required to analyze incidents in order to identify trends and develop quality improvement strategies for the CCW program. It is also important for providers to review incidents on a regular basis. The review should include:

- 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; and
- Education and training of personnel.

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. 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 service plan. 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. 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 and case managers 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.

1. Providers and case managers are mandatory reporters and must meet specific incident reporting requirements.
2. Incidents must be reported timely and accurately, and contain necessary information.
3. The Division investigates incidents and provides technical assistance or imposes corrective action as necessary.



34

As we end this training, we'd like to review some of the key items that providers need to remember:

1. Providers and case managers are mandatory reporters and must meet specific incident reporting requirements. More information can be found on the Wyoming Department of Family Services website.
2. Providers and case managers are obligated to report critical incidents immediately after assuring the health and safety of the participant. In no circumstance should case managers or providers wait to report an incident. It is critical that incident reports contain accurate and descriptive information.
3. The Division investigates incidents and provides technical assistance or imposes corrective action as necessary.

Questions???

Contact your Incident
Management or Benefits and
Eligibility Specialist

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

Thank you for participating this training. If you have questions related to the information in this training, please contact your Incident Management or Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.