Welcome to the Division of Healthcare Financing (Division), Home and Community-Based Services (HCBS) Section provider training on incident reporting requirements. My name is Carol Mitchelson, and I am an Incident Management Specialist with the HCBS Section.
The purpose of this training is to familiarize providers with mandatory incident reporting requirements, define the provider and case manager roles in reporting incidents, and explain the specific information that is needed in an incident report.
Training Agenda

- Participant rights
- Mandatory reporting requirements
- What, when, and to whom you should report
- How to complete and submit an incident report
- Division response to reported incidents

At the conclusion of this training, we will have introduced and explained the following topics:
  - Participant rights, and how the violation of those rights can result in incidents;
  - Mandatory reporting requirements established in the CCW waiver agreement and Wyoming statute;
  - What should be reported in an incident, when an incident should be reported, and to whom;
  - How to complete an incident report using the web-based incident reporting portal; and
  - The Division’s role in reviewing and investigating incident reports.
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 CCW Waiver provider or case manager.
Before we discuss incidents and incident reporting, it is important to address the rights of participants receiving CCW services. After all, it is often the violation of rights that results in an incident.

Human rights are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination. Each participant receiving services has the same legal rights and responsibilities guaranteed to all other U.S. Citizens under the United States and Wyoming constitutions and federal and state laws.
Rights that Cannot be Denied

- Participants have the right to:
  - Full access to the greater community;
  - Privacy;
  - Independence in making life choices;
  - Freedom to control their schedules and activities;
  - Access to food; and
  - Ability to have visitors of their choosing at any time.

In addition to basic human rights, participants of the CCW have specific rights established in 42 CFR§ 441.301, which is the federal statute that governs home and community-based services. These rights shall not be denied or limited, except to address a health or safety need. Rights include:

- Full access to the greater community;
- Privacy;
- Independence in making life choices;
- Freedom to control their schedules and activities;
- Access to food; and
- Ability to have visitors of their choosing at any time.
Violations of Rights Create Incidents

- Treating participants with dignity and respect is critical to providing waiver services.
- To avoid a violation of a participant’s rights:
  - Honor the participant’s preferences, interests, and goals;
  - Facilitate opportunities for participants to make their own choices;
  - Encourage participants to express their wishes, desires, and needs; and
  - Design the services you provide to meet the participant’s individual needs.

The violation of a participant’s rights is the reason incidents are required to be reported. Providers and case managers have an obligation to protect and promote participant rights. Treating participants with dignity and respect is critical to providing CCW services. This means that you must:

- Honor the participant’s preferences, interests, and goals;
- Facilitate opportunities for participants to make their own choices;
- Encourage participants to express their wishes, desires, and needs; and
- Design the services you provide to meet the participant’s individual needs.

Remember, what works for one person may not work for another. Providers and case managers must remain alert and be able to identify rights violations.
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/.
Wyoming's approved Community Choices Waiver application establishes the incidents that must be reported, when they must be reported, and to whom they must be reported.

What, When, and To Whom Should You Report?

Wyoming's approved Community Choices Waiver application, which can be found on the Public Notices, Regulatory Documents, and Reports page of the HCBS Section website, under the Waivers tab, establishes the incidents that must be reported, when they must be reported, and to whom they must be reported. Specific criteria can be found in Appendix G-1-b. Failure to meet the criteria established in the waiver may result in corrective action that will require the provider or case manager to submit a plan to ensure that requirements are met in the future.

It is also important to remember that waiver service providers licensed by the Wyoming Department of Health, Aging Division must report incidents and occurrences as required by the applicable licensing regulations.
Importance of Reporting Incidents

- Informs Division of emergency situations.
- Informs plan of care teams.
- Demonstrates appropriate follow-up.
- Demonstrates compliance with internal policies and procedures.
- Demonstrates compliance with waiver standards.
- Demonstrates notification of other investigative authorities.
- May prevent reoccurring issues.

Sometimes accidents happen. Occasionally provider staff members make mistakes. When these accidents or mistakes result in a situation that is defined as an incident, the provider is obligated to report the incident. Incident reporting is a key to ensuring the ongoing health and welfare of participants.

The Division has established reporting requirements for several reasons.

- Incident reporting informs the Division and plan of care team of emergency or emerging situations so that all parties are aware of current and potential concerns.
- A component of the incident report is provider follow-up. The information in this section allows the Division and other licensing authorities to determine if the provider conducted appropriate follow-up actions.
- The information provided in the incident report demonstrates the degree to which the provider followed their internal policies and procedures, and the degree to which they complied with waiver standards.
- The notification section demonstrates that the provider notified the appropriate authorities, depending on the nature of the incident.
- Finally, providers, case managers, and plan of care teams can review this information to identify the ultimate cause of the incident, which could prevent similar incidents from happening in the future.
What Must be Reported?

- Abuse
- Neglect
- Exploitation
- Unexpected death
- Unauthorized use of restraint
- Unauthorized use of restrictive intervention
- Some medication errors
- Licensure issues

The CCW establishes incidents that must be reported. These incidents include:

- Abuse;
- Neglect;
- Exploitation;
- Unexpected death;
- Unauthorized use of restraint or restrictive intervention;
- Some medication errors; and
- Licensure issues.

Critical incidents may be identified and reported by any individual, including participants; family members, guardians, or friends of a participant; waiver service providers; case managers; federal, state, or local regulatory or law enforcement officials; or other concerned third parties.

Please remember, the Wyoming Department of Health Aging Division has incident reporting requirements as well. Entities licensed by this agency must comply with these incident reporting requirements in addition to those outlined in the CCW.
Abuse

- W.S. 35-20-102 (a)(xviii) - Abuse means the intentional or reckless infliction, by the child or vulnerable adult's caregiver, person of trust or authority, professional, family member, or other individual of:
  - Injury;
  - Unreasonable confinement which threatens the welfare and well being of a vulnerable adult;
  - Cruel punishment with resulting physical or emotional harm or pain to a vulnerable adult;
  - Photographing vulnerable adults in violation of W.S. 6-4-304(b);
  - Sexual abuse;
  - Intimidation; or
  - Exploitation.

Abuse is defined in Wyoming Statute 35-20-102 (a)(xviii), and must be reported as an incident. This Statute reads “Abuse means the intentional or reckless infliction, by the child or vulnerable adult's caregiver, person of trust or authority, professional, family member, or other individual of:

- Injury;
- Unreasonable confinement which threatens the welfare and well being of a vulnerable adult;
- Cruel punishment with resulting physical or emotional harm or pain to a vulnerable adult;
- Photographing vulnerable adults in violation of W.S. 6-4-304(b);
- Sexual abuse;
- Intimidation; or
- Exploitation.”
Neglect

- W.S. 35-20-101 (a)(xi) - Neglect means the deprivation of, or failure to provide, the minimum food, shelter, clothing, supervision, physical and mental health care, other care and prescribed medication as necessary to maintain a child or vulnerable adult's life or health, or which may result in a life-threatening situation.

Neglect is defined in Wyoming Statute 35-20-101 (a)(xi), and must be reported as an incident. This Statute reads “Neglect means the deprivation of, or failure to provide, the minimum food, shelter, clothing, supervision, physical and mental health care, other care and prescribed medication as necessary to maintain a child or vulnerable adult's life or health, or which may result in a life-threatening situation. “

Neglect includes self-neglect, neglect of a participant by a service provider, and neglect of a participant by family member or other natural support.
Neglect - Special Circumstances

- The withholding of health care from a vulnerable adult is not neglect if:
  - Treatment is given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination;
  - The withholding of health care is in accordance with a declaration executed pursuant to W.S. 35-22-401 through 35-22-416; or
  - Care is provided by a hospice licensed in accordance with and pursuant to W.S. 35-2-901 through 35-2-910.

There are special circumstances related to neglect. It is not considered neglect if the participant is receiving treatment in good faith by spiritual means alone through prayer, by an accredited practitioner of a recognized church or religious denomination. It is not considered neglect to carry out a participant’s advanced directive that includes an order not to resuscitate or other healthcare decisions such as withholding or withdrawing artificial nutrition and hydration and all other forms of health care. Finally, medical, palliative, psychological, spiritual, and supportive care provided by a licensed hospice provider to a participant who is terminally ill is not considered neglect.
Exploitation

- W.S. 35-20-101 (a)(ix) - Exploitation means the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of a vulnerable adult, to:
  - Obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets or property with the intention of permanently or temporarily depriving the vulnerable adult of the ownership, use, benefit or possession of his money, assets or property.

Exploitation is defined in Wyoming Statute 35-20-101 (a)(ix), and must be reported as an incident. This Statute reads “Exploitation means the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of a vulnerable adult, to:

- Obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets or property with the intention of permanently or temporarily depriving the vulnerable adult of the ownership, use, benefit or possession of his money, assets or property.
Exploitation - Continued

In the absence of legal authority:

- Employ the services of a third party for the profit or advantage of the person or another person to the detriment of a vulnerable adult;
- Force, compel, coerce or entice a vulnerable adult to perform services for the profit or advantage of another against the will of the vulnerable adult.
- Intentionally misuse the principal's property and, in so doing, adversely affect the principal's ability to receive health care or pay bills for basic needs or obligations; or
- Abuse the fiduciary duty under a power of attorney, conservatorship or guardianship.

It goes on to say that exploitation exists if, in the absence of legal authority:

- The person employs the services of a third party for the profit or advantage of the person or another person to the detriment of a vulnerable adult;
- Forces, compels, coerces or entices a vulnerable adult to perform services for the profit or advantage of another against the will of the vulnerable adult.
- Intentionally misuses the principal's property and, in so doing, adversely affects the principal's ability to receive health care or pay bills for basic needs or obligations; or
- Abuses the fiduciary duty under a power of attorney, conservatorship or guardianship.

Exploitation includes but is not limited to financial exploitation, sexual exploitation, and the theft or diversion of prescription drugs.
Unexpected Death

- Death as a result of an unexpected natural cause, illness, or disease;
- Death as a result of neglect;
- Death as a result of trauma inflicted by another person;
- Death as a result of a medication error;
- Death as a result of an accident;
- Suicide; or
- Death of an unknown or other cause.

Participants of the CCW are typically people who over the age of 65 and in declining health or ability. Unfortunately, a natural part of the aging process is death. However, the Division defines unexpected death as an unexpected occurrence unless the participant has a medical prognosis that is terminal in nature. Unexpected death must be reported as an incident, and includes:

- Death as a result of an unexpected natural cause, illness, or disease;
- Death as a result of neglect;
- Death as a result of trauma inflicted by another person;
- Death as a result of a medication error;
- Death as a result of an accident;
- Suicide; and
- Death of any other unknown cause.
Unauthorized Use of Restraint

- Standards outlined in Appendix G-2-a-i.
- Personal, chemical, and mechanical restraints are permitted in the delivery of assisted living facility (ALF) services and respite services delivered in an ALF or nursing care facility.
- Restraints must be ordered by a physician and required by the participant’s medical symptoms.
- Resident rights policies must be established.

Restraint standards are established in Appendix G-2-a-i of the CCW. Personal, chemical, and mechanical restraints are permitted in the delivery of assisted living facility (ALF) services and respite services delivered in an ALF or nursing care facility. Restraints must be ordered by a physician and required by the participant’s medical symptoms. Restraints may not be imposed for purposes of discipline or convenience.

ALFs and nursing care facilities must comply with all protocols, practices, record keeping and personnel education and training requirements in accordance with the Division of Aging Chapter 12, which establishes rules for program administration of ALFs, and Chapter 11, which establishes rules for program administration of nursing care facilities. Additionally, providers using restraints must comply with 42 CFR §483.12, which establishes federal requirements related to a resident of a long term care facility’s right to be free of abuse, neglect, and exploitation.

The Aging Division monitors for the unauthorized use or misapplication of restraints as part of the facility survey and licensure processes.

The unauthorized use of restraints must be reported as an incident.
Unauthorized Use of Restrictive Intervention

- Standards outlined in Appendix G-2-b-i.
- Limitation on the participant's full access to the greater community, privacy, independence in making life choices, freedom to control their own schedules and activities, access to food, or ability to have visitors of their choosing at any time may be permitted in the delivery of ALF services, adult day services (health model), and respite services delivered in an ALF or nursing care facility.
- Licensing requirements must be followed.

Restrictive intervention standards are established in Appendix G-2-b-i of the CCW. Restrictive interventions are defined as limitations on a participant's full access to the greater community, privacy, independence in making life choices, freedom to control their own schedules and activities, access to food, or ability to have visitors of their choosing at any time. These restrictions may be permitted during the delivery of ALF services, adult day health model services, and respite services delivered in an ALF or nursing care facility.

ALFs and nursing care facilities must follow the same protocols, practices, record keeping and personnel education and training requirements established for the use of restraints. The Aging Division monitors for the unauthorized use or misapplication of restrictive interventions as part of the facility survey and licensure processes.

The unauthorized use of restrictive interventions must be reported as an incident.
Potential Use of Restraint or Restrictive Intervention

- Identify a specific and individualized assessed need.
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- Document less intrusive methods of meeting the need that have been tried but did not work.
- Include a clear description of the condition that is directly proportionate to the specific assessed need.
- Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Include informed consent of the individual.
- Include an assurance that interventions and supports will cause no harm to the individual.

The potential use of restraints must be supported by a specific assessed need and justified in the participant’s service plan pursuant to 42 CFR §441.301(c). The service plan must:

- Identify a specific and individualized assessed need;
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan;
- Document less intrusive methods of meeting the need that have been tried but did not work;
- Include a clear description of the condition that is directly proportionate to the specific assessed need;
- Include a regular collection and review of data to measure the ongoing effectiveness of the modification;
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
- Include informed consent of the individual; and
- Include an assurance that interventions and supports will cause no harm to the individual.
Medication Errors

- Medication errors resulting in emergency medical treatment and those related to the abuse, neglect, exploitation, or unexpected death of a participant.

Medication errors that result in emergency medical treatment, and errors related to the abuse, neglect, exploitation, or unexpected death of a participant must be reported as a critical incident.
When and to Whom?

- Case managers and waiver service providers must report critical incidents through the Division’s web-based reporting system immediately after assuring the health and safety of the participant.

Now that we have established the situations that must be reported as an incident, we can discuss who is responsible for reporting, and when. The CCW makes this information clear in Appendix G-1-b. Case managers and waiver service providers must report critical incidents immediately after assuring the health and safety of the participant. Again, case managers and service providers 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. The Division has identified several instances of providers or case managers holding off incident reporting until the end of the month. This is an unacceptable practice, and will result in corrective action. Incidents must be reported immediately.
Best Practice Incident Reporting Categories

- Abandonment;
- Seclusion;
- Expected death;
- Police involvement;
- Elopement; and
- Medical and behavioral admissions.

Although the CCW does not require the reporting of the following incident categories, it is best practice for providers and case managers to report the following incidents to the Division within one (1) business day:

- Abandonment;
- Seclusion;
- Expected death;
- Police involvement, such as the arrest of a participant, the arrest of a participant’s direct care provider while they are providing services, or the questioning of a participant by law enforcement;
- Elopement; and
- Medical and behavioral admissions and emergency room visits that are not scheduled medical visits.

As a reminder, the Wyoming Department of Health Aging Division has incident reporting requirements as well. It is important for you to be knowledgeable about reporting requirements for your licensure, as they may be different than what is required for the CCW program. CCW best practices do not in any way negate a provider or case manager’s obligation to meet reporting requirements established by a licensing entity.
Providers and case managers 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 through the Division website
  - [https://health.wyo.gov/healthcarefin/hcbs/](https://health.wyo.gov/healthcarefin/hcbs/)
  - Select “To report a Community Choices Waiver critical incident, click here.”

- Go directly to incident reporting portal

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 Incident Management Specialist to file a timely report. Required notifications to other agencies 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 CCW.
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.

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 (e.g., direct service worker, home health aide, CNA).

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 family, 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.

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. This injury would be considered serious, which may be a reportable incident identified by the licensing agency. Due to the staff member’s treatment of the participant, this may be a situation of suspected abuse, which is a reportable incident identified by the CCW.

In this example, the reporter has the option of submitting an incident for 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.

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.
Completing Incident Reports - Step 5

- Notify the appropriate entities.

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

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

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.

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.
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.

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.
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.