

Case Manager Demonstration of Understanding Developmental Disabilities Incident Reporting Process



HOME AND
COMMUNITY-
BASED
SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

This document must be completed and returned for case manager certification renewal.

Requirements for incident reporting are found in Chapter 45, Section 20 of the Department of Health's Medicaid Rules. As established in W.S. § 14-3-205 and W.S. § 35-20-103, any person who suspects the abuse, neglect, or exploitation of a child or vulnerable adult is obligated to report the incident.

Please review the following scenarios 1-3, and identify the following for each:

- Which of the situations described would need to be filed as an incident report.
- Under which incident category/categories would the report be made.
- To which other entities and on what timeline would the incident need to be reported.

Scenario #1

Suzy Test lives by herself in the community. During the last home visit, Suzy informs her case manager that she cannot pay her rent this month and is worried she may get evicted. When asked why, Suzy is hesitant but finally states that her daughter, who is also her representative payee, used a large portion of her Social Security check to go on vacation but has promised to pay it back before the rent is due.

Is this situation reportable?

- Yes
 No

If the situation is reportable, under which category/categories should it be reported?

- | | | |
|---|---|--|
| <input type="checkbox"/> Suspected abuse | <input type="checkbox"/> Death | <input type="checkbox"/> Serious injury to a participant |
| <input type="checkbox"/> Suspected self-abuse | <input type="checkbox"/> Suspected intimidation | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Suspected neglect | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Medication error |
| <input type="checkbox"/> Suspected self-neglect | <input type="checkbox"/> Police involvement | <input type="checkbox"/> Restraint usage of any kind |
| <input type="checkbox"/> Suspected exploitation | <input type="checkbox"/> Crime committed by participant | <input type="checkbox"/> Medical Admission |
| <input type="checkbox"/> Suspected abandonment | <input type="checkbox"/> Seclusion | <input type="checkbox"/> Other Injury |
| | <input type="checkbox"/> Injuries caused by restraints | <input type="checkbox"/> Not a reportable incident |

To whom should you report the incident?

- | | |
|---|--|
| <input type="checkbox"/> Division of Healthcare Financing | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Department of Family Services | <input type="checkbox"/> Legally Authorized Representative |
| <input type="checkbox"/> Protection and Advocacy | |

What is the timeline for filing this incident report?

- Immediately after ensuring health and safety
 Within one (1) business day
 Within three (3) business days after the event is discovered

Scenario #2

Suzy Test has been ill for several months and has recently suffered a heart attack and has been prescribed medication twice daily for the condition. Suzy's parents decide they want to spend the weekend with her

and arrange to pick her up on Friday. Upon returning to her CLS provider on Monday, Suzy's mother informs the provider that Suzy did not receive her heart medication during the whole weekend but that there were no concerns.

Is this situation reportable?

- Yes
- No

If the situation is reportable, under which category/categories should it be reported?

- | | | |
|---|---|--|
| <input type="checkbox"/> Suspected abuse | <input type="checkbox"/> Death | <input type="checkbox"/> Serious injury to a participant |
| <input type="checkbox"/> Suspected self-abuse | <input type="checkbox"/> Suspected intimidation | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Suspected neglect | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Medication error |
| <input type="checkbox"/> Suspected self-neglect | <input type="checkbox"/> Police involvement | <input type="checkbox"/> Restraint usage of any kind |
| <input type="checkbox"/> Suspected exploitation | <input type="checkbox"/> Crime committed by participant | <input type="checkbox"/> Medical Admission |
| <input type="checkbox"/> Suspected abandonment | <input type="checkbox"/> Seclusion | <input type="checkbox"/> Other Injury |
| | <input type="checkbox"/> Injuries caused by restraints | <input type="checkbox"/> Not a reportable incident |

To whom should you report the incident?

- | | |
|---|--|
| <input type="checkbox"/> Division of Healthcare Financing | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Department of Family Services | <input type="checkbox"/> Legally Authorized Representative |
| <input type="checkbox"/> Protection and Advocacy | |

What is the timeline for filing this incident report?

- Immediately after ensuring health and safety
- Within one (1) business day
- Within three (3) business days after the event is discovered

Scenario #3

During a review of provider internal incident reports related to Suzy Test, a participant with whom you work, you discover that a restraint was performed on Suzy last month. You were never notified of the incident. You contact the provider to get more information on the event, and the provider indicates that they did not report the event to the Division or outside agencies.

Is this situation reportable?

- Yes
- No

If the situation is reportable, under which category/categories should it be reported?

- | | | |
|---|---|--|
| <input type="checkbox"/> Suspected abuse | <input type="checkbox"/> Death | <input type="checkbox"/> Serious injury to a participant |
| <input type="checkbox"/> Suspected self-abuse | <input type="checkbox"/> Suspected intimidation | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Suspected neglect | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Medication error |
| <input type="checkbox"/> Suspected self-neglect | <input type="checkbox"/> Police involvement | <input type="checkbox"/> Restraint usage of any kind |
| <input type="checkbox"/> Suspected exploitation | <input type="checkbox"/> Crime committed by participant | <input type="checkbox"/> Medical Admission |
| <input type="checkbox"/> Suspected abandonment | <input type="checkbox"/> Seclusion | <input type="checkbox"/> Other Injury |
| | <input type="checkbox"/> Injuries caused by restraints | <input type="checkbox"/> Not a reportable incident |

To whom should you report the incident?

- | | |
|---|--|
| <input type="checkbox"/> Division of Healthcare Financing | <input type="checkbox"/> Protection and Advocacy |
| <input type="checkbox"/> Department of Family Services | <input type="checkbox"/> Law Enforcement |

Legally Authorized Representative

What is the timeline for filing this incident report?

- Immediately after ensuring health and safety
 - Within one (1) business day
 - Within three (3) business days after the event is discovered
-

Addressing Non-Reportable Incidents

If you identified an incident(s) that did not need to be reported to the Division, please explain how you would address the situation.

Case Manager Printed Name

Case Manager Signature

Date