

Provider 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 provider certification renewals.

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, a participant with whom the provider works, becomes escalated and starts throwing household items at staff and other participants. Staff attempts verbal de-escalation and redirection, but Suzy continues to throw items. Staff intervenes and holds the participant's arms in an attempt to prevent the throwing of any more items. The additional staff on sight escorts the other participants to a safe area and then calls 911. Suzy then begins to bite and kick the staff before deescalating. Staff then releases Suzy's arms, and Suzy begins to cry and apologize for her actions.

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 | <input type="checkbox"/> Case Manager |

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, a participant with whom the provider works, is being assisted with the task of bathing. While assisting Suzy, staff notices a bruise on Suzy's thigh and scrapes on her knee. When staff asks Suzy how she got the bruise, Suzy states that she fell when getting out of bed this morning. Suzy states she did not hit her head and does not need medical treatment.

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 | <input type="checkbox"/> Case Manager |

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

Suzy Test and John Doe are housemates. While eating dinner together, Suzy got mad at John and threw mashed potatoes at him. Provider staff members intervened and managed the situation before it escalated further, and there were no further incidents during the evening. Suzy would not share what caused her to become angry with John.

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?

- Division of Healthcare Financing
- Department of Family Services
- Protection and Advocacy

- Law Enforcement
- Legally Authorized Representative
- Case Manager

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.

Provider Printed Name

Provider Signature

Date