

ALABAMA DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES

**INCIDENT PREVENTION AND
MANAGEMENT SYSTEM (IPMS) MANUAL**



COMMUNITY INCIDENT PREVENTION AND MANAGEMENT SYSTEM

The purpose of the community Incident Prevention and Management System (IPMS) is to describe and implement through standard actions by the Division of Developmental Disability Services, its Regional Community Services (RCS) offices, and contractors, a mechanism to protect persons served from harm, and improve the oversight and response capabilities of the systems that serve them. Protection from harm requires an incident management component that includes prevention, identification, classification, proper reporting and investigation, and implementation of effective actions to remedy situations that lead to harm. Incident management is one component of the Division's larger Quality Improvement System in which emphasis is on improvement of systems and processes.

PHILOSOPHY OF INCIDENT MANAGEMENT

Incident management serves to promote an environment free from harm. The Division is committed to the following beliefs:

- People are entitled to appropriate services in a caring environment that promotes dignity, respect, and is free from harm.
- Providers must eliminate, wherever possible, the occurrence of preventable incidents and respond appropriately to all types of incidents.
- The fewer the number of incidents, particularly serious incidents, the more caring the environment will be for people to live, work, and learn there.

In 2016, ADMH adopted THERAP Services, a web-based service organization that provides a solution for documentation, communication, and incident reporting needs for agencies providing support to people with DD. DDD providers and support coordinators use this tool to submit reportable incidents to RCS offices, and other appropriate entities. The system provides 24-hour access for all users to facilitate real-time reporting. In THERAP, reportable incidents are referred to as General Event Reports (GER), and completed investigations are referred to as GER Resolutions.

This system applies to all people receiving supports in the (DDD) service's community and residential programs, and all their employees and agents. Pursuant to reporting provisions as specified in IPMS (and in accordance with Alabama Department of Mental Health (ADMH)/DDD program regulations), all certified community providers, support coordinators and DD staff are mandated reporters of all incidents involving people served that occur in contracted community residential and day programs, either on the provider's premises or while involved in an event supervised by the provider.

Pursuant to responsibilities assumed by the Division and its contractors for the day-to-day operation and management of Medicaid Home and Community-Based Waiver programs, reporting incidents is also required when they occur in settings other than those specified above (e.g., overnight visits or trips with family). The responsibility to report shall not go beyond gathering information that is readily available (e.g., reports from staff, people supported, and families, and documentation of the injury). There are situations where the contractor has no control over, or responsibility for, an incident, but assessing and recording what allegedly occurred is a requirement under the waiver.

REPORTABLE INCIDENT DEFINITION

An incident is any unplanned occurrence that has the potential to affect the health, safety, and welfare of persons served by the DDD.

Pursuant to the IPMS, the following are considered reportable incidents: medical emergencies including moderate injuries, severe injuries, choking, seizures, falls, unscheduled hospital admissions, medication errors, AWOL/Missing person, death, behavioral issues, natural disasters, fire, allegations of abuse, neglect, mistreatment, or exploitation, physical assault, sexual assault, manual restraint, mechanical restraint, chemical restraint, and other occurrences which require the notification of Police, or DHR.

MEDICAL EMERGENCIES

These incidents are defined as any unscheduled medical emergency that require treatment by a physician, paramedic, other medical professionals, or hospitalization. All emergency room (ER) visits are considered an unscheduled medical emergency. All vehicle accidents involving a person, including where there is the likelihood of a moderate or severe injury, is considered a reportable incident. In such cases, person(s) should be checked by external medical personnel.

Categories of reportable medical emergencies are deaths, moderate and severe injuries, choking, falls, seizures, unscheduled hospital admissions, medication errors (Levels 1 – 3), charting/documentation errors, AWOL/Missing persons, behavioral issues, natural disasters, and fires.

CRITICAL INCIDENTS

Critical incidents are events that create significant risk of substantial harm to the physical or mental health of waiver participants. All critical incidents require a minor or major review based on the level of harm or injury experienced by the person served. Classification of the level of harm to the person served ranges from no harm (Level 1) to death (Level 4). See table below:

CRITICAL INCIDENT LEVELS OF HARM

Level 1	None
Level 2	Injury or harm requiring treatment up to and including first aid
Level 3	Injury or harm requiring medical treatment beyond first aid, that may require hospitalization
Level 4	Injury or harm resulting in death

Critical incidents requiring a major level of review generally include deaths, physical and sexual abuse or sexual assault, neglect, exploitation, suicide attempts, unscheduled hospital admissions, severe or moderate injuries, Level 3 medication errors and AWOL/Missing persons reports. Critical incidents requiring a minor level of review generally include verbal abuse, mistreatment and property damage.

All incidents of abuse, neglect, mistreatment, or exploitation allegations involving staff of the provider must be reported immediately to RCS, regardless of where or when the incident was alleged to have occurred.

Moreover, DDD abuse/neglect reporting requirements do not supersede or replace any other statutory requirements for reporting to DDD, local law enforcement agencies, Advocacy, or etc. Provider agencies, support coordinators and DMH staff members must meet all mandated reporting requirements.

INCIDENT DEFINITIONS

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Physical Abuse	Any assault by someone other than another person supported, upon a person supported. Physical abuse includes, but is not limited to, hitting, kicking, pinching, slapping, or otherwise striking a person or using excessive force regardless of whether an injury results.	Immediate	24 Hours	1-4

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Sexual Abuse	Any sexual conduct with a person supported by someone other than another person supported, with the intent to gratify the sexual desire of himself/herself or the person. Sexual abuse includes, but is not limited to, sexual intercourse, deviant sexual intercourse, or any form of sexual contact to include any touching of the sexual intimate parts. Sexual abuse also includes any incitement by an employee/agent of a person supported to engage in any form of sexual activity with another person or other person supported.	Immediate	24 Hours	1-4
Verbal Abuse	Verbal conduct by someone, other than another person supported that demeans or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment, or emotional distress. Verbal abuse includes, but is not limited to, threatening, using abusive, obscene or derogatory language, teasing or taunting in a manner to expose the person to ridicule.	Immediate	24 Hours	1
Neglect	<p>The failure to carry out a duty through carelessness, inattention, or disregard of duty whereby the person supported is exposed to harm or risk of harm. Neglect includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ Failing to appropriately supervise people; ▪ Failing to ensure the person’s basic needs for safety, nutrition, medical care and personal attention are met; 	Immediate	24 Hours	1-4

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
	<ul style="list-style-type: none"> ▪ Failing to provide supports in accordance with Person-Centered Plan; ▪ Utilizing treatment techniques, e.g., restraints, seclusion, etc., in violation of the ADMH Administrative Code, regardless of whether an injury results. 			
Mistreatment	Any act or threat of intimidation, harassment, or similar deed. Mistreatment includes, but is not limited to, active verbal aggression or intimidation, use of physical or non-verbal gestures as a means of intimidation, withholding of, or the threat of withholding, physical necessities or personal possessions as a means of intimidation for control of the person, and making false statements as a means of confusing, frightening, or badgering the person.	Immediate	24 Hours	1
Exploitation	Utilizing the position of employment to take advantage of person supported for personal benefit. Exploitation includes, but is not limited to, improperly requesting a person supported to perform employee's work responsibilities, services or tasks for the employee, requesting, taking or receiving money, gifts, or other personal possessions from a person, utilizing persons to engage in conduct with other persons that would be prohibited if performed by an employee.	Immediate	24 Hours	1

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Physical Assault	Any assault by a person supported upon another person supported. Physical assault includes, but is not limited to, hitting, kicking, slapping, throwing objects, striking another person which causes, or may have caused, injury. A physical assault results from planned, intentional behavior from agitation or other behavior where there is specific intent to inflict harm, or potential harm to another person.	Immediate	24 Hours	1-4
Sexual Assault	Any touching of the sexual or intimate parts of a person supported by another person supported. Sexual assault includes, but is not limited to, intercourse, deviant sexual intercourse, involving a person under the age of sixteen, or who is coerced, or who does not otherwise have the capacity to consent. Capacity may be either mental or physical, or the person may be mentally incapacitated as assessed by the person's team.	Immediate	24 Hours	1-4
Moderate Injury	An injury, explained or unexplained, requiring medical treatment that is not considered major. For example, a wound requiring five or less sutures, or a feeding tube that must be reinserted. Bruises and contusions are considered moderate if they require treatment. Sprains, as well as, suspected injuries, are considered moderate if an x-ray is ordered and there is no fracture.	Immediate	24 Hours	2-3
Severe Injury	A serious injury, explained or unexplained, requiring medical treatment, including any fracture, head injury, or wound requiring more than five sutures.	Immediate	24 Hours	3-4

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Death	All mortalities, in any setting, are to be reported immediately by the provider or person notified of the mortality to RCS. RCS office is to report the mortality immediately to the DDD. An Initial GER Death Report and a Comprehensive Mortality Review will be required. If the death occurred while the person was not in the provider's care or, if the person lives in a relative's home, it is understood certain information may not be readily available.	Immediate	24 Hours	4
AWOL/ Missing Person	Any time a person is found to be missing and cannot be located within thirty (30) minutes, regardless of location, the provider staff must immediately report to police and RCS. The notification shall include the suspected time of departure, where the person possibly went, what the person was wearing, a description of the person's behavior/attitude prior to disappearance, and what actions were taken to locate the person.	Immediate	24 Hours	1-4
Other: Hospital Admission	A medical occurrence that cannot be characterized by any other medical emergency category above that requires an unscheduled hospital admission.	Immediate	24 Hours	3
Other: Natural Disaster	(i.e., tornado, flood, wind damage, hurricane). Provider must be familiar with disaster procedures in the home and be prepared to evacuate to a shelter if needed. Notify RCS after evacuation is completed and safety of person is ensured.	24 Hours	48 Hours	1-4

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Other: Fire	Flames resulting from the combination of heat, fuel, and oxygen, or the unplanned, inappropriate or hazardous burning of a combustible substance where injuries and/or structural damages occur.	24 Hours	48 Hours	1-4
Fall	Tripping, stumbling, or collapsing in a sudden and involuntary drop to a lower surface or the ground, resulting in a moderate or severe injury.	24 Hours	48 Hours	1-3
Seizure	An unexpected or uncharacteristic seizure of any duration, regardless of whether an injury occurs.	24 Hours	48 Hours	2-3
Other	Any other occurrence requiring local law enforcement intervention, temporary displacements, ER visit, or anything that could reflect negatively on the image of DDD and is not otherwise defined by another category.	24 Hours	48 Hours	1-4
Medication Error Level I	<p>A medication error occurs when a recipient receives an incorrect drug, dose, form, quantity, route, concentration, or rate of administration. A medication error is also defined the variance of the administration of a drug on a schedule other than intended. Therefore, a missed dose or a dose administered one hour before or after the scheduled time constitutes a medication error.</p> <p>Severity Level 1: Incidents in which the person experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.</p>	24 Hours	48 Hours	1

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Medication Error Level II	Incidents in which the person experienced short term, reversible adverse consequences and treatment or intervention was needed in addition to monitoring and observation.	24 Hours	48 Hours	2
Medication Error Level III	Incidents in which the person experienced life-threatening or permanent adverse consequences.	Immediate	24 Hours	2-4
Charting/ Documentation Error	A documentation error occurs when a MAR is not initialed after medication assistance is provided to a person. Evidence of a documentation error is denoted by blank space(s) on the MAR following the scheduled administration time of medication(s).	24 Hours	48 Hours	1
Choking	Gagging or choking on food, liquid, foreign object, or material that requires the Heimlich maneuver or other method of dislodging object. Evaluation and/or assessment by nurse or medical personnel is required.	24 Hours	48 Hours	2-4
Other: Behavioral Issue	Behavior problems, such as physical aggression resulting in injury, self-injurious behavior requiring medical attention, suicide threats or attempts, or property damage resulting in injury or significant destruction shall be reported to RCS by the provider with information on how the situation was/is being addressed. Incidents resulting from such problems may or may not require follow-up. Incident reports are also required for behavioral issues outlined in approved behavioral support plans.	24 Hours	48 Hours	1-3

Incident Type	Definition	RCS Notification	THERAP Approval	Level of Harm
Manual Restraint	The use of physical holding to involuntarily restrain movement of the whole or a portion of person's body as a means of controlling physical activities to protect or others from injury. Incident reports are also required for restraints that have been approved in behavioral support plans.	24 Hours	48 Hours	1
Mechanical Restraint	The use of commercial devices to involuntarily restrain movement of the whole or a portion of a person's body as a means of controlling physical activities to protect or others from injury. Incident reports are also required for restraints that have been approved in behavioral support plans.	24 Hours	48 Hours	1
Chemical Restraint	The use of medication to control behavior or restrict the person's freedom of movement. Incident reports are also required for restraints that have been approved in behavioral support plans.	24 Hours	48 Hours	1

PROCEDURES FOR INCIDENT REPORTING AND NOTIFICATION

In effort to strengthen the continuity of care, ADMH is implementing measures to improve internal and external communication related to incident management.

PROVIDER AGENCY REPORTING

Providers or support coordinators must notify the RCS verbally of all critical incidents (as defined on page 2) immediately and written reports should be submitted and approved in THERAP in 24 hours. All other reportable incidents must be submitted in THERAP in 24 hours and approved in 48 hours. ADMH recognizes that all incident details may not be available at the time of the incident. Providers should adhere to reporting timelines and include additional details regarding the incident in the follow-up comment section of the GER. It is imperative that incidents are not entered and approved by the same user in THERAP to ensure appropriate oversight of incidents at the provider level.

The provider is responsible for notifying a person's responsible relative/guardian immediately, but no later than 24 hours of all reportable incidents.

The provider must also notify DHR in cases of abuse, neglect and/or exploitation when the alleged perpetrator is an employee, agent or volunteer of the provider agency. In the event DHR indicates a person is not in need of protective services from their department for allegations of physical abuse, and/or are not going to investigate and felony assault is suspected, the provider must contact the appropriate local authority (e.g., police or sheriff).

Community providers and support coordination agencies must work collaboratively to ensure the health and welfare of recipients. It is imperative that both parties are notified of reportable incidents involving people receiving waiver services. Providers should indicate all parties that have been notified of an incident in the notification section of the GER in THERAP. Community providers should notify the support coordinator when incidents occur. Support coordinators have access to reportable incidents on their caseloads that have been entered in THERAP by community providers.

In the event that incidents are reported to support coordinators agencies, the support coordinator will submit a GER in THERAP and notify the appropriate provider, who will also enter a GER and initiate an investigation (if necessary, based on assigned level of harm). In order to provide closure to both incidents, the Regional Incident Manager will reference the provider's GER number on the report submitted by the support coordinator.

If an incident is reported in a day program, but allegedly occurred in the residential program, the day program will enter the GER in the system and notify the residential program of the incident. The residential provider will submit a GER and initiate an investigation (if necessary, based on assigned level of harm). In order to provide closure to both incidents, the Regional Incident Manager will reference the residential provider's GER number on the report submitted by the day program.

DDD REPORTING AND NOTIFICATION

ADMH units will work collectively to notify appropriate offices of incidents that affect the health, safety and well-being of people receiving services. In the event that ADMH is notified of reportable incidents, ADMH staff will notify the RCS Director and Regional Incident Manager who will notify DHR and enter the incident into THERAP and notify the appropriate party to initiate an investigation. Incident and investigation details should be accessible to all ADMH staff with access to THERAP.

RCS must notify the DDD immediately following notification of an incident requiring immediate notification by a provider. RCS must notify the DDD in writing within 5 working days of being reported of all incidents requiring an investigation.

INCIDENTS REQUIRING INVESTIGATION

All allegations or suspicions of abuse, neglect, mistreatment, or exploitation, and other critical incidents reportable to Department of Human Resources (DHR) or local authorities for suspected felony assault, must be investigated. The RCS Director, or designee, reserves the right to initiate an investigation into any incidents as deemed necessary. Examples include but are not limited to notification of local authorities for possible criminal activity, or moderate or major injuries of an unexplained nature.

The following actions are required:

1. The provider shall take immediate action to ensure the person's safety.
2. All allegations or suspicions of abuse, neglect, mistreatment, exploitation and other critical incidents (as described on page 2) must be reported to RCS immediately.
3. GERs are to be prepared as soon as possible and within 24 hours, after the person's health and safety is addressed.
4. All areas of the report should be completed as indicated, including a supervisory review and approval.
5. The RCS Nurse will review investigations of suspicious/unnatural deaths, allegations of sexual abuse and Level 3 medication errors.
6. Critical incidents require immediate notification and GERs must be submitted and approved within 24 hours. All other completed GER must be submitted within 24 hours and approved within 48 hours. Additional details regarding the incident can be added in the follow-up comment section of the GER.
7. As soon as possible, but not later than 15 working days from occurrence of the incident, the provider shall create a GER Resolution in THERAP, including a summary of the completed investigation. When the GER Resolution is not attached to the original GER, the Regional Incident Manager will attach the completed GER Resolution to the original GER in THERAP.
8. Within 5 working days after receiving the investigation report, the RCS Director or designee will review, approve and close the GER Resolution. Based on circumstances, this 5-day period may be extended with written notice to the RCS Director, for example, an autopsy is completed but is not available, or further action is needed but has not yet occurred.
9. Investigations completed by ADMH staff should be sent to the Regional Incident Manager and as soon as possible, but not later than 15 working days from occurrence of the incident, the

incident manager shall create a GER Resolution in THERAP, including a summary of the completed investigation.

10. The Regional Incident Manager will send a completed electronic copy of the final investigation report to the DD Director of Quality Enhancement for Central Office review. The Regional Incident Manager will notify the Director of Quality & Planning, Director of Quality Enhancement, and the Associate Commissioner via email of serious incidents involving police, legal counsel, media or DHR. Written GERs will be saved as a PDF along with supporting documentation for submission to Central Office.
11. For incidents involving police or any criminal behavior, the incident should be reported to ADMH Bureau of Special Investigations (BSI) by the Regional Incident Manager for assistance in working with law enforcement agencies. The Regional Incident Manager shall notify the Community Services Director (CSD) who will notify the Associate Commissioner, who will notify BSI and the Director of Quality Enhancement.
12. Central Office staff will review and notify Medicaid of all serious incidents.

INVESTIGATION RESPONSIBILITIES

Investigations should be conducted by qualified staff who have successfully completed the “Conducting Serious Incident Investigations” training program provided by ADMH through the Relias System. DD investigation assignments should be rotated by qualified RCS staff. Responsibility for reporting, investigating and taking corrective actions related to reportable incidents is shared by the provider agency, state and in some cases, law enforcement and other external agencies.

RCS, Advocacy or other designated offices of the ADMH should conduct independent investigations of all serious incidents as follows:

1. allegations of physical or sexual abuse and neglect that result in serious or repeated injury to individuals;
2. allegations of exploitation in which the goods stolen are valued at more than \$250 or thefts of lesser value occurring repeatedly;
3. deaths that occurred unexpectedly or that appear or are alleged to be due to provider or support coordinator misconduct, abuse, or neglect;
4. incidents that result in potentially life-threatening or serious injury or illness that appear or are alleged to be due to provider or support coordinator misconduct, abuse, or neglect or that occurred under suspicious circumstances (e.g., repetitive ER visits, multiple uses of physical restraints per day);

5. suspicious/unnatural deaths, allegations of sexual abuse and Level 3 medication errors must be conducted by the RCS or other DDD nurse.
6. incidents that result in potentially life-threatening or serious injury that were due to environmental hazards (e.g., fires, drownings, serious automobile accidents, weather emergencies); and
7. incidents that result in potential criminal charges or incarceration of service recipients or provider agency employees, agents or volunteers.

Incidents with Level 1 and Level 2 of harm will be investigated by provider agencies. Level 3 incidents will be investigated by qualified RCS staff and Level 4 incidents will be investigated by RCS and Central Office staff. For all other reportable incidents not described above, the provider agency must conduct the investigations. Please refer to the Critical Incident section of this guideline located on pages 2 – 10.

INVESTIGATION PERFORMANCE STANDARDS

The following performance standards should be adhered to in conducting incident investigations:

1. a review of the person-centered service plan of the service recipient and other reported incidents in the past year;
2. a review of the circumstances leading up to and following the incident;
3. interviews with all witnesses to the incident (employees, service recipients, and community citizens);
4. interviews with family members or guardians of the service recipient;
5. interviews with other relevant parties, including provider agency supervisory, management, and health care personnel and the assigned support coordinator for the service recipient;
6. reports of ADAP related to investigations of incidences that have occurred in group home settings;
7. reviews of relevant documents and medical records maintained by the service provider, support coordinator, or external health care entities, including hospitals and outpatient medical providers; and,
8. reviews of law enforcement reports, death certificates, and autopsy reports (as appropriate).

INVESTIGATION REPORTS

1. Standardized formats, approved by the ADMH, should be used in preparing written investigation reports. All sections of the report must be completed, including the supervisory review.
2. The written investigation report should include:
 - a. findings and observations associated with all completed investigative activities,
 - b. the investigation's conclusions, and
 - c. the investigation's recommended corrective actions.
3. Completed investigations should be reviewed and approved by trained personnel. Such reviews should include:
 - a. the investigation's compliance with investigation performance and format requirements, and
 - b. the appropriateness of the investigation's findings, conclusions and recommendations.

NOTIFICATION OF INVESTIGATION FINDINGS

Summaries of investigation findings, conclusions, and recommendations for corrective action should be distributed to: (Note: summaries should be informative but protect the confidentiality of individuals involved in the course of the investigation). Summaries of investigation findings may be provided in voicemail, email, in person or in writing.

- a. relevant service provider personnel including employees directly associated with the incident,
- b. the service recipient's support coordinator and support coordination agency, and
- c. the service recipient and his or her family. Legal representative or friends (with consent of the individual service recipient or their legal guardian or legal representative if the service recipient is unable to provide consent).

MORTALITY REPORTS

All deaths in the community require an immediate initial mortality notification and a Comprehensive Mortality Review Report to RCS. A death occurring under questionable circumstances, or as a result of an allegation of abuse, neglect, mistreatment or exploitation, additionally requires an investigation as outlined above.

1. If the person expires on a site or in the care of any provider, the provider is responsible for notification of the responsible relative and/or guardian, RCS, and other entities as appropriate (e.g., ambulance, paramedics, police, residential provider, support coordinator, etc.).

2. If the person expires while not on site or in the care of any provider, the first agency to become aware of the death is responsible for notification.

Initial Mortality Notification—Immediately Notify RCS Office

3. If the person resides in a residential program, that program is responsible for notifying the RCS regardless of where the person expired.
4. If the person does not live in a residential program but attends a day program and expires in the day program, the day program is responsible for notifying the RCS.
5. If the person did not live in a residential program, and did not expire while attending the day program, the support coordinator is responsible for notifying the RCS.

The provider will complete and approve a “Death” General Event Report in THERAP within 24 hours of the death. Additional details regarding the incident can be added in the follow-up comment section of the GER. This is considered the Initial Mortality Report.

Comprehensive Mortality Review Report—Forwarded to RCS within 15 Working Days of Death

The ADMH Comprehensive Mortality Review Report should be attached to the original “Death” GER report no later than 15 working days of the incident. It is recommended that the agency nurse or other qualified staff completes the comprehensive mortality report. DD Regional nurses will be notified by the regional Incident Manager to review and approve comprehensive mortality reports in THERAP.

If the person resides in a residential program, that program is responsible for completing of the report, regardless of where the person expired. If the person did not live in a residential program, then the support coordinator is responsible for completing of the report.

The RCS Director, or designee, may request an RCS staff to complete the Comprehensive Mortality Review independent of, or in conjunction with, the provider or support coordinator.

The Comprehensive Mortality Review submitted by the provider should contain the following information when the person expires from medical conditions:

Demographic Data

1. Name and Address
2. Current placement information (residence and case management)
3. Date of Birth, Date of Death and Age
4. Cause of Death
5. Health information, health history or conditions, medications
6. Treatment history (doctors’ orders and follow up)

Circumstances of Death

1. Events immediately preceding
2. Response to emergency, as applicable (staff, others)
3. Medical treatment (ER, hospitalization, etc.)
4. Date and time of death
5. Cause of death (hospital and/or coroner)
6. Autopsy finding, if applicable
7. Internal review by agency, if applicable
8. Recommendations and/or required actions
9. 5-year health summary (if death is a result of long-term medical condition)

In cases where the person lived alone or in the family home, the support coordinator is requested to provide as much information as possible or as available. It is understood that the support coordinator has a responsibility to respect the rights and privacy of the immediate family and to be as unobtrusive as possible.

Within 5 working days after receiving the Comprehensive Mortality Review, the RCS Director, or designee, will review and take additional action, if needed, and/or close the review. Based on circumstances, this 5-day period may be extended with written notice to the RCS Director, for example, an autopsy is completed but is not available, or further action is needed but has not yet occurred.

NOTIFICATION OF CENTRAL OFFICE

RCS is responsible for ensuring all mortality notifications are immediately sent to the Director of Community Services who will disseminate the notification to the Associate Commissioner and Director of Quality Enhancement.

FAILURE TO COMPLY

All agencies are required to notify ADMH of all reportable incidents and take action in accordance with the Incident Prevention and Management System policy, which includes state law and funding source requirements. Incident reporting, investigations and follow-up processes must be followed as specified in the IPMS guidelines. Failure to submit information within requested timeframe will warrant a memorandum from the Office of Certification and possibly the Associate Commissioner. Failure to respond to requests may prompt an agency investigation led by ADMH. Agencies that fail to cooperate may be subject to a for-cause review that may result in decertification, termination of ADMH contract, or other enforcement actions due to noncompliance.

INCIDENT REVIEW AND OVERSIGHT

Each certified community provider shall develop and implement a mechanism, via their internal quality enhancement process, to ensure the timely and appropriate review of reportable incident data by the agency's executive and clinical leadership, including the board of directors. This shall include a mechanism to report incident data, identify trends, and take preventative actions to improve safety of the environment or care for people.

Each certified provider agency shall have an ongoing mechanism to review incidents, which shall include an Incident Review Committee (IRC). The provider agency IRC should be led by the QDDP or staff assigned by the agency's executive director and should be comprised of representatives from the agency's administrative, clinical, self-advocate and direct-care staff. The provider agency IRC should meet regularly and must have quorum to hold meetings.

The Regional IRC will meet weekly and should be led by the Regional Incident Manager and is comprised of representatives from Comprehensive Support Services, Quality Enhancement (QE), Certification, Regional Advocates, Monitors and Regional Nurse. IRC meetings must have a quorum of 4 members to hold meetings.

IRC duties as described below:

- i. Review all incidents that have occurred since the previous meeting.
- ii. Identify the facts surrounding incidents, including any contributing factors.
- iii. Address coding and documentation errors with providers in the GER.
- iv. Ensure adherence to reporting timelines for incidents and investigations.
- v. Identify if all immediate actions have been taken as appropriate as make recommendations and follow-up requests for the agency.
- vi. Ensure adequate documentation of health status, diagnoses, medical referrals, discharge orders, and evaluations for medically related incidents.
- vii. Address the agency's plan for remediation, including scheduled staff training, assessments, behavioral plan development and special team meetings.
- viii. Discuss the agency's action plan to prevent/reduce future incidents.
- ix. Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner.

- x. Evaluate the outcomes of instituted corrective actions or remedies.
- xi. Submit recommendations for resolution of identified problems to staff assigned these responsibilities.
- xii. Review and either accept or reject the recommended corrective actions from investigations and mortality reviews of incidents.
- xiii. Document in official minutes all accepted recommendations and rationales for any rejected recommendations.
- xiv. Identify providers response plan to address staff, including training, written disciplinary, suspension and termination.
- xv. The IRC will review and substantiate investigations findings collectively and attached the completed GER Resolution (investigation) to the original incident report.
- xvi. Identify agencies that need assistance with incident training.
- xvii. Send official memorandums of noncompliance to Executive Directors when agencies fail to respond or comply with IPMS regulations.

CORRECTIVE ACTION RECOMMENDATIONS AND IMPLEMENTATION

Provider agencies, support coordination agencies, and the DD/ADMH should ensure that accepted recommended corrective actions are implemented within the required timeframes and provide written documentation to the DD/ADMH Regional Incident Manager justifying any implementation delay of more than 30 days.

ADMH Quality Enhancement staff should ensure ongoing monitoring of the implementation of accepted recommended corrective actions (via its tracking system) by service providers and the State.

Service agencies identified as having recurring deficiencies in the timely implementation of accepted recommended corrected actions should be subject to enforcement actions, including suspension of new enrollees, waiver contract termination, and decertification.

Service agencies and the ADMH Quality Enhancement staff should periodically, at least annually, review their corrective action tracking system's overall performance in ensuring the timely

implementation of accepted recommended corrective actions and the effectiveness of implemented corrective actions to achieve the intended outcomes.

TREND ANALYSIS

Provider agencies and the DD/ADMH should ensure timely entry of data into the Incident and Investigation Database Systems. Those data should include:

1. Incident reports;
2. Findings and recommendations of their Incident Management Review Committees;
3. Findings and recommendations of incident investigations; and the status of corrective actions.

Using their Incident and Investigation Database Systems, provider agencies, and DD/ADMH Regional and State Quality Enhancement Offices are responsible for identifying trends and patterns in filed incidents and the findings and recommendations of their Incident Management Review Committees and investigation results.

Provider agencies and the DD/ADMH Quality Enhancement staff should maintain accountable tracking systems for all recommendations for corrective actions emanating from incident reviews and investigations. Such tracking systems should include accepted and rejected recommended corrective actions and ongoing status reporting of the implementation and date of accepted recommendations corrective actions.

Based on ongoing trend analysis activities, DD/ADMH Regional and State Quality Enhancement staff are responsible for identifying needed additional corrective actions (including systemic actions) and for ensuring that they are implemented in a timely manner.

The State is responsible for ensuring that service providers comply with the above trend analysis requirements, including their obligation to identify and implement needed additional corrective actions to address adverse trends and patterns in service recipient protection and safety.

Regional Incident Managers, Nurses and QE staff will meet with the Director of Quality Enhancement monthly to review and discuss critical incidents, identify trends, make recommendations, review comprehensive mortality reports and identify training and technical assistance needs for community providers.

The Regional QE shall review incidents monthly and identify trends that could facilitate protection from harm or prevention of future incidents. When trends are identified, the QE staff will contact the agency to provide technical assistance and attend special team meetings at the agency to promote

the reduction in the number of incidents and/or improve the safety and wellbeing of people receiving services.

State trends should be reported by the DD/ADMH Quality Enhancement Office to the DD Associate Commissioner, State Incident Management Committee and DD Coordinating Subcommittee.

On a quarterly basis, identified trends and patterns of incidents, incident review findings, recommendations, and incident investigations should be shared with Incident Management Review Committees, Agency Executive Directors, Regional Community Service Directors, DD Coordinating Subcommittee and DD Associate Commissioner as follows:

Provider Agency trends should be reported to agency's executive director, incident review committee, and Regional Incident Manager.

Regional trends should be reported by the Regional Incident Manager to the Regional Community Services Director, Regional Incident Review Committee, DD/ADMH Quality Enhancement Office, and DD Associate Commissioner.

Using the DD Statewide Incident and Investigation Database System, the DD/ADMH Quality Enhancement should at least biennially conduct its own trend analysis of reported incidents, the findings and recommendations of the State's Incident Management Review Committee, and the findings and recommendations of State investigations. Reports of these analyses, after the deletion of any personal confidential information, should be available to the public to ensure the transparency of the State's Incident Management and Investigation program. Based on this analysis, the State should identify and implement any additional corrective actions that are needed. Such additional recommendations may address:

1. Needed state-wide remedies,
2. Needed regional remedies, and
3. Needed remedies for select groups of service recipients and providers.

The Director of Quality Enhancement will meet with Alabama Medicaid Agency representatives, Regional Incident Managers, Director of Nurse Delegation, QE staff, and advocacy representatives to discuss statewide trends on a quarterly basis.

As a procedure of best practice, regional incident managers will continue to manage reported incidents daily and identify trends in each region. Regional QE staff will continue to monitor aggregate data and use this information to identify needs for training and technical assistance in each region.

REGIONAL OFFICE CONTACTS FOR INCIDENT REPORTING

RCS Offices	Office Hours Contact Number	After Hours Contact Number
Region 1	256-552-3720	256-566-5730
Region 2	205-554-4307	205-393-3103
Region 3	251-478-2774	251-591-9896
Region 4	334-676-5578	334-332-8680
Region 5	205-916-7760	205-901-1323

ADMH CONDUCTING SERIOUS INVESTIGATION TRAINING

Community providers and ADMH staff can register for the Conducting Serious Investigation Training by visiting: <https://bit.ly/3l3Cktm> or by visiting the training section of ADMH's Provider Portal page at <https://mh.alabama.gov/training/>.

THERAP ACCESS

Access to the THERAP system is granted to all agencies that provide services. In the event that an agency is decertified and is deemed ineligible to provide services, access to the THERAP system will be immediately revoked by ADMH.

REGIONAL PROVIDER TRAINING

New providers will receive THERAP training during the Regional New Provider Orientation. Please contact the Regional Incident Manager to obtain more information about accessing THERAP. Additionally, THERAP will be providing quarterly webinars to assist current providers with incident management on their website. For more information, please visit: <https://help.therapservices.net/app/alabama-idd-providers>

INTAKE PROCESS

If the person you are serving receives services /funding from Alabama Department of Mental Health, you will need to follow this process for having the individual added to your THERAP account.

1. Contact ADMH Call Center staff at 800-361-4491 to determine which staff will be notified by SCOMM (secure communication/email in THERAP).
2. Include the following information on the individual(s) being requested: First, Last Name, ADIDS #, Medicaid # and Date of Birth.

In order to send a Multi-Providers SCOMM, you will need to ensure that you have enabled the Multi-

Providers SCOMM privileges. To do so, visit:

<https://www.therapservices.net/resources/alabama/EnableMultiProviderSComm.pdf>

THERAP TRAINING ACADEMY

Community providers can access THERAP's Training Academy to complete self-paced, on-demand training related to incident reporting by visiting: <https://support.therapservices.net/training-academy/>.

LIVE HELP

Agencies can contact THERAP at any time to receive live help on the website by visiting and selecting contact us: <https://www.therapservices.net/>

USER GUIDES

THERAP provides online training and support materials for incident reporting. For user guides on GERs, please visit:

[https://help.therapservices.net/app/products/detail/p/125/~general-event-reports-ger-](https://help.therapservices.net/app/products/detail/p/125/~/general-event-reports-ger-)

For GER Resolutions, visit:

<https://help.therapservices.net/app/products/detail/p/53/~ger-resolution>

PASSWORD RESET

Agencies can reset passwords in THERAP using the following links:

[Admin - Enable or Disable Self Password Reset](#)

[Cell Phone and Text Notification Information for Self-Password Reset](#)

[Configure Self Password Reset](#)

[Reset Password from Login Page](#)

RESOURCES

Alabama Administrative Code 580-5-33

Alabama Adult Protective Services Statutes

Alabama Child Protective Statute

HCBS Waiver Performance Measures 101

Drew Nelson, MPH

Director of Networks and Quality Assurance

Joint Report: U.S. Department of Human Services, Office of Inspector General
Administration for Community Living and Office of Civil Rights