



## **Self-Directed Services**

### **Module 7: Understanding Incident Reporting and Risk Management for the CWP, ID and LAH Waivers**

Hello and welcome to this training on Understanding Incident Reporting and Risk Management. This is the 7th and final training video in the series of seven.

#### **Understanding Incident Reporting and Risk Agreements**

Incident reporting and risk agreements are necessary for health, safety and welfare reasons. In this training we will address the following topics:

- Incident reporting
- The incident report form
- What incidents to report immediately
- What incidents to report within 24 hours
- Dignity of risk
- Risk management

#### **Incident Reporting**

Before the participant and/or employer of record can know what, where and how to report, they will receive training from the support coordinator. The worker will also be trained on incident reporting.

In the event an incident occurs, the incident is reported to the support coordinator. Who reports it to the support coordinator, will depend on who observed the incident. This could be the participant, the Employer of Record, or the worker. After the incident is reported, the support coordinator will add the incident report into the reporting system.

#### **How Incidents are Reported**

When a report is made, the person making the report will fill out an incident report form and give it to the support coordinator. However, there is one exception to this rule. If the participant is making the report, they can call the support coordinator and give the necessary information over the phone so the support coordinator can fill in the form for the participant. If the participant calls the support coordinator, the support coordinator will gather the following information from the participant:

- The date of the event
- The type of event
- Notification level
- What happened before the incident
- A summary of the incident
- Any corrective actions taken
- Plan for future corrective actions

It is also important to describe any immediate corrective actions for critical incidents.



## Where to Find the Incident Report Form

The [incident report form](#) is available on the [Alabama Department of Mental Health Self-Directed Services website](#).

## Incident Report Form

In this form, the participant will describe the incident and when the incident happened. When the participant, or whoever reports the incident, is describing the incident, it is important to provide detailed information. After the form is completed, the form goes to the support coordinator.

Again, if the participant chooses to call the support coordinator to make the report, the support coordinator will fill out this form on behalf of the participant.

## Self-Directed Incident Prevention and Management System (IPMS) Definitions: Review Before You Report

The [Self-Directed Incident Prevention and Management System \(IPMS\) Definition Chart](#) will be needed to complete the incident report form, because it contains the definitions of each incident. You can find this form on the [Alabama Department of Mental Health Self-Directed Services website](#).

## Examples of Incident Reporting: Scenario

Julie is a 53-year-old woman with Down Syndrome. Angie has been Julie's self-directed worker for the last year. Angie went on vacation for a week, so Julie's other worker, Cheryl, filled in. Angie returned today. Angie noticed a strong scent of urine when entering Julie's home. Angie noticed there were dirty dishes all over the counters, discarded clothing and garbage on the floor and the garbage can was overflowing onto the floor. Angie found Julie sitting in her recliner, smelling like urine, in clothing that was stained and smelled. Julie stated that Cheryl had come every day last week, but only stayed about an hour each day, not the normal four hours that Angie is there. Julie reported that Cheryl did very little while she was there. Most of the time, Cheryl just sat on her phone while Julie tried to get dressed, clean and warm things in the microwave. Julie said she did the best she could by herself.

## How to Fill Out an Incident Report

The top of the incident report form requires some general information about the participant and the incident.

It is important to include:

- The name of the participant (the "waiver enrollee")
- The date and time the incident occurred
- Where the participant lives (street address, city, and state)
- The participant's phone number

|   |   |
|---|---|
| <b>Waiver Enrollee Name:</b><br>Julie Jones                 | <b>Incident Date/Time</b><br>11/23/2021 9:25 AM |
| <b>Waiver Enrollee Street Address:</b><br>1243 Anywhere Ave | <b>Phone #:</b><br>555-555-5555                 |



|                            |                     |
|----------------------------|---------------------|
| <b>City:</b><br>Huntsville | <b>State:</b><br>AL |
|----------------------------|---------------------|

The next section includes:

- The name of the person working when the incident occurred
- Where the incident occurred, be as specific as possible
- Number and type of incident from the [incident definition chart](#)

Do not include:

- Reporter’s name if **not** the person working
- Vague description of location
- An incident not listed on the incident definition chart

|   |   |
|---|---|
| <b>Name of Self-Direction Worker providing waiver services to Waiver Enrollee when Incident Occurred:</b><br>Cheryl Lee                     | <b>Where did the incident occur (ex., individual’s home, a location in the community, other?)</b><br>Julie’s home |
| <b>Type of incident (NOTE: Refer to Incident Definition chart for type of incident and when to report!!)</b><br>#4 Neglect, #5 Mistreatment |   |

In the next section, the person reporting the incident describes the incident. When filling out this form, include:

- As much detail as possible about what led up to the incident
- As much detail as possible about the incident
- Facts only
- Direct quotes, if applicable

You should not include:

- Information not relevant to the incident
- Opinions
- Assumptions

|  |
|--|
| <b>Describe the incident including events leading to and during the incident</b><br>Angie noticed a strong scent of urine when entering the home. Angie noticed there were dirty dishes all over the counters, discarded clothing and garbage on the floor, and the garbage can was overflowing onto the floor. Angie found Julie sitting in her recliner, smelling of urine, in clothing that was stained and smelled. Julie stated that Cheryl had come every day, but only stayed about an hour each day, not the normal 8 hours that Angie is there. Julie reported that Cheryl did very little while she was there. Most of the time, Cheryl just sat on her phone while Julie tried to get dressed, clean, and warm things in the microwave. |
|--|

The next section asks for information about the people directly involved in the incident. These are people other than the participant, representative, or worker and include:

- All people who were around during the incident
- Adult Protective Services workers (if involved)



- Law Enforcement (if involved)

Do not include:

- The participant's name
- The worker's name
- The support coordinator's name
- Medical professionals (if involved)

**Name person(s) directly involved in incident (other than Waiver Enrollee and Self-Direction Worker) and name any witnesses**

Self-Directed Worker: Angie Starr

Greg and Nancy Jones: Julie's parents

Gertrude Galaszewski: Adult Protective Services (APS) worker

The incident report form then asks for a detailed description of what happened before the incident. It is important to include:

- All steps taken to resolve the incident
- Steps taken to ensure the incident won't happen again and participant is safe
- Facts only
- Direct quotes, if applicable

Do not include:

- Information not related to the incident
- Opinions
- Assumptions

**What happened immediately following the incident? Include what immediate action was taken after the incident.**

Angie called Adult Protective Services (APS). Angie took pictures of the home and of Julie. Angie called Erica Ryan, Julie's support coordinator. Angie and Julie did a video call with Julie's parents- Greg and Nancy- to show them the apartment. Nancy said she should have stopped by more that week. Nancy stopped by at the beginning of the week ad the house was a little messier, but not that ad. Nancy said she would have to make sure to come around more often with Angie is gone. Angie helped Julie shower and get ready for the day. Angie and Julie cleaned up the apartment and did laundry.

Erica and Julie called Cheryl to state that she would no longer be needed to work with Julie. Erica notified Cheryl that APS will be calling Cheryl.

Angie helped Julie change the lock code on her apartment door.

Erica helped Julie put out a job ad for a 2<sup>nd</sup> worker.

When filling out the form, it is necessary to include who was notified of the incident. In this section include:

- The support coordinator's name
- Other people who know about the incident (including the police or hospital)
- The time each person was told
- How each person was told (phone call, email, in-person, etc.)



Do not include:

- Reporter’s name
- The participant’s name
- Names of workers involved in the incident

|   |
|---|
| <p><b>Who was notified of the incident (ex., police, hospital, Support Coordinator’s name)? State how notified and date/approximate time each notification as done.</b></p> <p>Gertrude Galaszewki- APS/DHS worker called 11/23/2021 at 10:45 AM.</p> <p>Erica Ryan- Support Coordinator called 11/23/2021 at 2:30 PM.</p> <p>Incident Report submitted through email to Erica Ryan 11/23/2021 at 3 PM.</p> <p>Greg and Nancy Jones- Julie’s parents video called at 11/23/2021 at 9:45 AM.</p> |
|---|

Finally, in this section include who the reporter is. Specifically include:

- Reporter’s name
- Reporter’s role
- The date

Do not include:

- The participant’s name, unless they are the reporter
- The support coordinator’s name

|   |   |
|---|---|
| <p><b>Who is completing and submitting this form to the Support Coordinator? Note your role (Waiver Enrollee; Employer of Record; Self-Direction Worker; Waiver Enrollee’s Family Member or Legal Guardian)</b></p> <p>Angie Starr- Self-Direction Worker</p> | <p><b>Date the form was submitted</b></p> <p>11/23/2021</p> |
|---|---|

### Incidents to Report Immediately

The incidents here are reported immediately to the support coordinator. They include:

- Verbal abuse
- Physical abuse
- Sexual abuse
- Neglect
- Mistreatment
- Exploitation
- Moderate injury
- Level three medication error: this is when the person experiences a life-threatening situation, or it can be a permanent consequence of the error
- Major injury
- COVID-19 exposure and diagnosis
- Missing person
- Natural death
- Unexpected death
- Emergency room visit



- Hospital admission

### **Incidents to be Reported within 24 Hours**

Here we show the incidence to be reported within 24 hours. These incidences are:

- Natural disaster
- Fire
- Fall
- Seizure
- Level one medication error which is when the person:
  - Has minimal effects
  - Needs to be monitored but no treatment is needed from a health care professional
- Level three medication error which is when the person has
  - Short term reversible consequences
  - Needs treatment, and
  - Needs to be monitored
- Choking
- Charting/documentation error
- Behavioral issue
- Manual restraint
- Mechanical restraint
- Chemical Restraint

### **Fraud, Abuse, and Neglect**

Fraud, Abuse and neglect are reportable issues as well. Fraud occurs when someone intentionally mis-reports employee hours, such as claiming an employee worked hours they did not actually work or taking some of an employee's paycheck.

Abuse includes:

- Physical
- Emotional
- Sexual and
- Financial abuse
- Neglect includes:
  - Denial of required services
  - Threat to deny services

When making a report for adults, you can call: 1-800-458-7214.

### **Risk Prevention and Mitigation**

Risks exist for every person, including participants and those risks are dependent on the participant's individual situation. In order to prevent or mitigate risk for the participant, it's important to think about



the participant's capabilities, environment, and community. You should also consider the participant's possibility for exposure to danger.

### **Risks Related to Environmental Issues**

Environmental risks can be:

- Limited informal support for backup assistance (i.e., friends, neighbors, community members)
- Primary caregivers become unable to provide the level of care that the participant needs
- Limited access to hired caregivers
- Social isolation (i.e., living in a rural setting, limited access to reliable transportation, or having few opportunities to interact meaningfully with the participant's community)
- Unsafe housing

### **Risks Related to Medical Issues**

The risks associated with medical issues include:

- Inappropriate, violent, or otherwise dangerous behavior toward caregivers
- Self-injurious behavior
- Refusal to eat or eating items that are not food
- Refusal to take medications or taking unneeded medications
- Substance abuse
- Rapid weight gain or loss
- Physical changes related to aging

### **Risks Related to Self-Direction**

There are risks associated with using self-directed services, such as:

- Inability to stay within the set budget, usually by scheduling workers for time the Employer of Record cannot pay for
- Sending in worker timesheets for times when the participant was in the hospital or living in an institutional setting

### **Risks Related to Exploitation**

Risk related to exploitation can be pressure to:

- Hire a person that the participant does not want to hire
- Pay someone for work they did not do
- Purchase an item for someone other than the participant
- Sell items that have been purchased with waiver dollars

### **Dignity of Risk**

When a participant wants to learn a new task or skill or if they want to improve on a skill, they have the right to try different ways of accomplishing these goals, even when risk is involved.

Dignity of risk is a part of self-direction and requires having the freedom to try new or different things that may or may not work. The people in the participant's life are there to support the participant's



decisions and approaches that make the goal work and encourage trying again if the first approach doesn't work.

**Dignity of Risk Scenario**

Here is an example of James and his goal to stay at home alone. James is an adult participant who has never been left alone, someone is always there to meet James after work to let him in the house and be sure he has what he needs to be safe. James' parents also work. James would like to try being home alone for a while. His family agrees that there will be a system or notification in place to know James got home and has locked the door behind him. James has a neighbor that is at home when James gets to his house, and they have agreed to be a resource for James if he has trouble or needs help.

Creating a plan to address James' desire to stay home gives him the freedom to try being at home alone after he is done with work. The family and neighbor have a plan in place to support James in his goal.

**Example Risk Agreement**

Here is an example of what the risk agreement looks like when it's filled out. We've added James' specific information to describe his current situation. Based on the situation, the possible risks are identified in detail.

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>Alabama Department of Mental Health<br/>Division of Developmental Disabilities</b>  |                            | <b>Self-Directed Services<br/>Negotiated Risk Agreement</b> |  |
| <b>Individual's Last Name</b><br>Smith   | <b>First Name</b><br>James | <b>DOB:</b><br>7/2/80                                       |  |
| <b>Individual's desire/preference:</b>   |                            |   |  |
| James wants to be able to spend time alone independently at home.  |                            |   |  |
| <b>Current situation/cause(s) of concern:</b>  |                            |   |  |
| James is 23-year-old individual living with autism. James lives with his mother and father and self-directs his services and supports with their help. James has never stayed home alone before but would like to do so one day. James and his parents share a goal that James will one day come home from his day activities, unlock and relock his front door, and spend 1-2 hours safely at home on his own before his parents come home from work but there are concerns that James may forget how to unlock the front door or leave the door open when he gets home which may cause him to become upset and leave the home. |                            |   |  |
| <b>Possible/probable negative consequences (List):</b>   |                            |   |  |
| James's parents want him to have this opportunity to learn and grow, and they know James would benefit from being more independent at home and having time to himself. They also do not want James to be unsafe. They are concerned about two scenarios in particular:   |                            |   |  |
| <ul style="list-style-type: none"> <li>• <i>What if James is unable to unlock the door one day and then was at risk of wandering?</i></li> <li>• <i>What if James unlocks the door and enters the house, but forgets to close the door behind him?</i></li> </ul>  |                            |   |  |

This next section addresses how to minimize the specific risk James has. Here you see James has identified having a security system that his parents could use to make sure James has arrived home safely. Also, James has a neighbor that can be on-call to assist him if there is a need.





**Possible alternatives to minimize risk (List):**

1. James’s budget could be used to purchase and install a security camera facing the front door. James’s parents could check the security camera footage while at work to make sure James unlocked the door, entered the house, and closed and re-locked the door and is now safely at home. A security camera that James’s parents can monitor remotely would help to reduce risk.
2. James’s next-door neighbor is willing to be “on-call” as an informal support during the afternoons James will be arriving at home on his own. The neighbor could provide assistance in case James has difficulty entering the home or closing and re-locking the door, or if something occurs at the home with which James would need assistance. Knowing a neighbor is nearby who was able to make sure James ended up in the right place and was safe would help to reduce risk.
3. James could use his budget to purchase a smartphone or tablet with which he could contact his parents (or vice versa), enabling his parents to check that he is safe at home. James’ having access to this technology would help reduce risk.
4. James could use his budget to purchase a wearable GPS device so his parents could confirm remotely that James made it home safely. This is another potential way to reduce risk.

In the agreement section, James’ family and neighbor have agreed to support James in different ways. The plan will allow James to get a smartphone to call his parents and let them know her is home. James's next-door neighbor will be on-call and will be available to help if he has difficulty opening the door or if he needs help after he has arrived home. We see how often the plan will be reviewed and updated if needed. Finally, each party signs the agreement.

**Final agreement, if any reached by all parties:**

James and his parents agree to use his budget to purchase a smartphone with which he could contact his parents (or vice versa), enabling his parents to check that he is safe at home. The sharing location function will be enabled on the telephone, which allows James’s parents to know his exact location. In addition, James’s next-door neighbor will to be “on-call” as an informal support during the afternoons James will be arriving at home on his own. The neighbor will provide assistance in case James has difficulty entering the home or closing and re-locking the door, or if something occurs at the home with which James would need assistance.

**Frequency of reassessment of risk:**

This plan will be reassessed every 90 days and revisions made based on updates.

**SIGNATURES**

| Name (Printed) | Relationship        | Date     |
|----------------|---------------------|----------|
| James Smith    | Individual          | 11/12/21 |
| Mary Turner    | Support Coordinator | 11/12/21 |
| John Smith     | Parent              | 11/12/21 |
| Tiffany Cole   | Neighbor            | 11/12/21 |

**Thank You**

Thank you for listening to information on understanding risk and risk reporting. Please remember to use your support coordinator for support as you need it.