



Critical Incident Crosswalk with Therap Data Entry Guidance

NOTES:

- 1) Responsible Provider at time of incident or Support Coordinator if person receives self-directed services or only targeted case management (TCM) services fully completes GER in Therap®.
- 2) For all critical/reportable incidents as listed in this crosswalk, a “Provider Form” must be completed as part of the GER submission. The Provider will initiate the “Provider Form” and provide the Level of Harm for all incidents and the Person Responsible and Classification for Medication Errors. The Regional Incident Manager will provide all other information in the “Provider Form” before closure.
- 3) The Regional Incident Manager will be responsible for completing the GERR Questionnaire for all investigations.
- 4) If the “Entity Responsible for Investigation” column reflects that ADMH-DDD will be conducting the investigation, the Regional Incident Manager will notify the provider to confirm that the investigation will be conducted by ADMH-DDD staff. The IPMS Investigator, or designee, will then reach out directly to schedule investigation activities. Providers are reminded full cooperation with investigations are required as part of the ADMH-DDD contract.
- 5) ADMH-DDD may initiate an investigation for any type of critical/reportable incident if deemed an external investigation is warranted. If an ADMH-DDD Investigator is assigned to investigate, the Regional Incident Manager will notify the provider that an external investigation is being conducted.
- 6) If a participant receives services that do not require a MAS Nurse, notification to community medical personnel satisfies the notification requirement.
- 7) When abuse, neglect, or exploitation is suspected in an incident that already has another primary event type, verification of abuse, neglect, or exploitation in the Basic Information satisfies the data collection requirement and will not require an additional GER to be submitted.
- 8) General Event Reports (GERs) for Level of Harm 1 and 2 incidents must be submitted and approved in the Therap® system within three standard business days of initial observation or discovery of the incident. General Event Reports (GERs) for Level of Harm 3 and 4 incidents must be submitted and approved in the Therap® system within one standard business day of initial observation or discovery of the incident. Exception for Level 1 Medication Error, Fall with Minor Injury, and Fall without Injury that must be submitted within seven standard business days.

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Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Abuse- Mistreatment (Emotional/ Psychological)	Any act or threat of intimidation, harassment, or similar deed to cause harm or create the fear of harm to a vulnerable person by the caregiver or another person. This includes the willful or reckless infliction of emotional or mental anguish or the use of a physical or chemical restraint, medication, or isolation as punishment or as a substitute for treatment or care of any protected person. Guidance: <i>Mistreatment includes but is not limited to using 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, or making false statements as a means of confusing, frightening, or badgering the person.</i>	<u>Under Event Basics:</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Mistreatment <u>Under Event Information:</u> Event Type: Mistreatment	Immediately: • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • ADMH-DDD Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance	3	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted. If the person is receiving self-directed services or TCM only, ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Abuse-Physical	The intentional infliction of physical pain, injury, or willful deprivation of services necessary to maintain physical and mental health by a caregiver or other person of necessary services. Guidance: <i>Physical abuse may be perpetrated by anyone including, but not limited to, an employee, volunteer, family member, or another waiver participant (note that physical abuse between waiver participants resulting in certain levels of harm are classified in Therap® as assault while also being identified as suspected abuse). Physical abuse includes, but is not limited to, assault by an employee, volunteer, or another waiver participant; an employee or volunteer hitting, kicking, pinching, slapping, or otherwise striking a waiver participant or using excessive force regardless of whether an injury results; or utilizing treatment techniques, e.g., restraints, seclusion, etc., in violation of the prohibitions contained in the restraint definitions in this IPMS manual.</i>	<u>If an employee, agent, or volunteer is the suspected perpetrator:</u> <u>Under Basic Information:</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Physical <u>Under Event Information:</u> Event Type: Abuse	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Bureau of Special Investigations (BSI) • Director of Community Services <i>**Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	2, 3, or 4	ADMH-DDD conducts investigation and completes GER Resolution for LOH 3 and 4. Responsible Provider conducts investigation and completes GER Resolution for LOH 2, unless notified by ADMH-DDD that an external investigation is to be conducted. If the person is receiving self-directed services or TCM only, ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Abuse-Sexual	Any conduct that is a crime as defined in Sections 13A-6-60 to 13A-6-70, inclusive of the Code of Alabama. Forms of sexual abuse include, but are not limited to, unwanted or non-consensual sexual contact or activity using force, coercion or threats, rape, incest, sodomy, and indecent exposure. Guidance: <i>Sexual contact is defined as intercourse or any sexual act, regardless of the sex of either participant, involving the genitals of one person and the mouth or anus of another person, or any act that a reasonable person would consider to be sexual. Coercion is defined as the practice of persuading someone to do something by using force or threats. Sexual abuse may be perpetrated by anyone including but not limited to an employee, volunteer, family member, or another waiver participant (note that sexual abuse between waiver participants is classified in Therap® as assault while also being identified as suspected abuse). Sexual abuse also includes any incitement of a waiver participant to engage in any form of sexual activity with any other person. Any incident of non-consensual sexual contact between waiver participants is considered sexual abuse.</i>	<u>If an employee, agent, or volunteer is the suspected perpetrator:</u> <u>Under Basic Information</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Sexual <u>Under Event Information:</u> Event Type: Abuse	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Bureau of Special Investigations (BSI) • Director of Community Services <i>**Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Abuse-Verbal	The infliction of disparaging and angry outbursts such as name calling, blaming, threatening, or making derogatory comments that demean or could reasonably be expected to cause shame, ridicule, humiliation, or emotional distress. Guidance: <i>Verbal abuse may be perpetrated by anyone, including but not limited to an employee, volunteer, or family member. It involves the use of spoken or written words to insult, threaten, demean, or emotionally harm someone, such as calling someone names or using degrading language.</i>	<u>Under Basic Information:</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Verbal <u>Under Event Information:</u> Event Type: Abuse	Immediately: • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Incident Management Coordinator Notifications Done by State Office Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance	3	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted. If the person is receiving self-directed services or TCM only, ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Assault-Physical (Peer-to-Peer)	Two or more waiver participants engaging in intentional, reckless, or aggressive behavior that results in a moderate or major injury to another waiver participant. Guidance: <i>This is considered physical abuse and should be noted as such under basic information.</i>	<u>If a peer is the suspected perpetrator:</u> <u>Under Basic Information:</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Physical <u>Under Event Information:</u> Event Type: Assault Event Subtype: Choose whether the individual is the “Aggressor” or the “Victim” Assault Type: Physical	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Bureau of Special Investigations (BSI) • Director of Community Services **Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Assault-Sexual (Peer-to-Peer)	Two or more waiver participants engaging in unwanted or non-consensual sexual contact or activity. Guidance: <i>This is considered sexual abuse and should be noted as such under basic information.</i>	<u>If a peer is the suspected perpetrator:</u> <u>Under Basic Information:</u> Event Type: Other Notification Level: High Abuse Suspected: Yes Type of Abuse: Sexual <u>Under Event Information:</u> Event Type: Assault Event Subtype: Choose whether the individual is the “Aggressor” or the “Victim” Assault Type: Sexual	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Bureau of Special Investigations (BSI) • Director of Community Services <i>**Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Arrests	Any incident that results in a waiver participant and/or employee being arrested, charged, or incarcerated. Guidance: <i>This will be classified in Therap as Misconduct/Possible Criminal Activity.</i>	Under Event Basics: Event Type: Other Notification Level: High Abuse Suspected: No Under Event Information: Event Type: Misconduct/Possible Criminal Activity	Immediately: • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance	3	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Choking (Level of Harm 2 or 3)	Gagging or choking on food, liquid, foreign object, or material that requires the Heimlich maneuver or other method of dislodging the object. Evaluation and/or assessment by nurse or medical personnel is required for all choking incidents. Guidance: <i>If an individual experiences a choking incident resulting in a Level of Harm 3 or 4 that requires the Heimlich maneuver or other method of dislodging the object, he/she must be sent to the Emergency Room for further evaluation whether assessment was completed by physician, nurse, or other medical personnel at the provider agency. Choking those results in observation only after evaluation is considered a Level of Harm 2. Choking resulting in a moderate injury is considered a Level of Harm 3.</i>	Under Basic Information: Event Type: Injury Notification Level: Medium or High Under Event Information: Type: Choking Cause: Choose appropriate Severity: • Moderate (Nurse/Physician Treatment) • Severe (Hospital/ER Admission) Treatment By: • RN Nurse • Physician/Other Medical • ER/Hospital	Immediately: • MAS Nurse/ Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator	2 or 3	N/A
Choking (Level of Harm 4)	Gagging or choking on food, liquid, foreign object, or material that requires the Heimlich maneuver or other method of dislodging the object. Evaluation and/or assessment by nurse or medical personnel is required for all choking incidents. Guidance: <i>If an individual experiences a choking incident resulting in a Level of Harm 3 or 4 that requires the Heimlich maneuver or other method of dislodging the object, he/she must be sent to the Emergency Room for further evaluation whether assessment was completed by physician, nurse, or other medical personnel at the provider agency. A choking incident resulting in a major injury or death is considered a Level of Harm 4.</i>	Under Basic Information: Event Type: Injury Notification Level: High Under Event Information: Type: Choking Cause: Choose appropriate Severity: • Severe (Hospital/ER Admission) Treatment By: • RN Nurse • Physician/Other Medical • ER/Hospital	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Director of Community Services **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Confidentiality/ Privacy Breach	When private information is disclosed to a third party without the waiver participant's consent.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Confidentiality/Privacy Breach	ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	1	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Death-Natural	The permanent suspension of consciousness and the end of life due to natural causes that does not meet the criteria for an Unexpected Death. This includes deaths occurring from natural causes such as age, disease, a health condition, or a documented terminal illness or condition. Guidance: <i>Natural deaths, in any setting, are to be reported within 24 hours to the Regional Community Services (RCS) Office by the provider or person notified of the death. The Regional Incident Manager reports the death to the ADMH-DDD Central Office within 24 hours. A GER for the death and a Comprehensive Mortality Review are required for all natural deaths. If the death occurred while the waiver participant was not in the provider's care, or if the waiver participant lives in a relative's home, it is understood certain information may not be readily available.</i>	Under Basic Information: Event Type: Death Notification Level: High Under Event Information: Cause of Death: Natural/Expected	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Director of Community Services • Director of Quality Assurance	1	Responsible Provider at time of incident or Support Coordinator if person receives self-directed services or targeted case management only fully completes the Comprehensive Mortality Report and attaches to the GER in Therap[®]. ADMH-DDD RCS Nurse conducts review and verification of content in the GER and Comprehensive Mortality Review.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Death-Unexpected	The permanent suspension of consciousness and the end of life due to an unknown or unanticipated cause. At a minimum, unanticipated causes include those that resulted from suicide, homicide or other criminal activity, medical error or complications, undiagnosed conditions or accidents, or those that were suspicious for possible abuse or neglect. Guidance: <i>Unexpected deaths, in any setting, are to be reported within one hour to the Regional Community Services (RCS) Office by the provider or person notified of the death. The Regional Incident Manager reports the death to the ADMH-DDD Central Office immediately. A GER for the death and a Comprehensive Mortality Review are required for all unexpected deaths. If the death occurred while the waiver participant was not in the provider's care or, if the waiver participant lives in a relative's home, it is understood certain information may not be readily available.</i>	Under Basic Information: Event Type: Death Notification Level: High Under Event Information: Cause of Death: Sudden/Unexpected	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Director of Community Services <i>**Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	4	Responsible Provider at time of incident or Support Coordinator if person receives self-directed services or targeted case management only fully completes the Comprehensive Mortality Report and attaches to the GER in Therap®. RCS Nurse conducts onsite review and verification of content in the GER and Comprehensive Mortality Review.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Emergency Room Visit	Any Hospital Emergency Room visit for a waiver participant but not including visits to community urgent care centers.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Hospital Event Sub-Type: ER w/o Admission. Department: Medical Voluntary Psychiatric Involuntary Psychiatric	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator	3	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Exploitation	The expenditure, diminution, or use of the property, assets, or resources of a person subject to protection under the provision of Sections 38-9-1 through 11, Code of Alabama, without the express voluntary consent of that person or legally authorized representative. Guidance: <i>Exploitation includes, but is not limited to, improperly requesting a waiver participant to perform an employee's work responsibilities, services, or tasks for the employee; requesting, taking, or receiving money, gifts, or other personal possessions from a waiver participant; or utilizing a waiver participant to engage in conduct with other waiver participants that would be prohibited if performed by an employee. Waiver participants may be exploited by those who are not employees, and such incidents should also be reported.</i>	Under Basic Information: Event Type: Other Notification Level: High Exploitation Suspected: Yes Type of Exploitation: Financial Exploitation Under Event Information: Event Type: Exploitation	Immediately: - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - ADHR - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: - Regional Community Services Director - Statewide Incident Management Coordinator - Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: - Bureau of Special Investigations (BSI) - Director of Community Services	3	Responsible Provider conducts investigation and completes GER Resolution if under \$500, unless notified by ADMH-DDD that an external investigation is to be conducted. ADMH-DDD conducts investigation and completes GER Resolution if the person is receiving self-directed services or targeted case management only; or the exploitation is \$500 or more.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Fall with Major Injury	A sudden and involuntary drop from an upright position to a lower surface or the ground resulting in a major injury. Guidance: All falls, regardless of whether an injury results, must be reported as a critical incident in the Therap® system. This includes falls witnessed or discovered by a direct support professional, falls reported by a person to a direct support professional, falls with moderate to major injuries which require assistance from medical personnel, or three or more falls in a consecutive 90-day period from a person who has limited support or who lives alone. <u>A fall resulting in a major injury or death is classified as a Level of Harm 4.</u>	Under Basic Information: Event Type: Injury Notification Level: High Under Event Information: Cause: Fall Severity: Severe or Death Treatment by: - Physician/Other Medical - ER/Hospital	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: - Regional Community Services Director - Statewide Incident Management Coordinator - Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: - Director of Community Services **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	4	ADMH-DDD conducts investigation and completes GER Resolution.
Fall with Moderate Injury	A sudden and involuntary drop from an upright position to a lower surface or the ground resulting in a moderate injury. Guidance: All falls, regardless of whether an injury results, must be reported as a critical incident in the Therap® system. This includes falls witnessed or discovered by a direct support professional, falls reported by a person to a direct support professional, falls with moderate to major injuries which require assistance from medical personnel, or three or more falls in a consecutive 90-day period from a person who has limited support or who lives alone. <u>A fall resulting in a moderate injury is classified as a Level of Harm 3.</u>	Under Basic Information: Event Type: Injury Notification Level: Medium Under Event Information: Cause: Fall Severity: Moderate Treatment by: - Physician/Other Medical - ER/Hospital	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator	3	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Fall with Minor Injury	A sudden and involuntary drop from an upright position to a lower surface or the ground resulting in a minor injury. Guidance: All falls, regardless of whether an injury results, must be reported as a critical incident in the Therap® system. This includes falls witnessed or discovered by a direct support professional, falls reported by a person to a direct support professional, falls with moderate to major injuries which require assistance from medical personnel, or three or more falls in a consecutive 90-day period from a person who has limited support or who lives alone. <u>A fall resulting in a minor injury that does not require the assistance of qualified medical personnel is classified as a Level of Harm 2.</u>	Under Basic Information: Event Type: Injury Notification Level: Medium Under Event Information: Cause: Fall Severity: Minor or Very Minor	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	2	N/A
Fall without Injury	A sudden and involuntary drop from an upright position to a lower surface or the ground resulting in no injury. Guidance: All falls, regardless of whether an injury results, must be reported as a critical incident in the Therap® system. This includes falls witnessed or discovered by a direct support professional, falls reported by a person to a direct support professional, falls with moderate to major injuries which require assistance from medical personnel, or three or more falls in a consecutive 90-day period from a person who has limited support or who lives alone. <u>A fall without injury is classified as a Level of Harm 1.</u>	Under Basic Information: Event Type: Other Notification Level: Medium Under Event Information: Event Type: Fall Without Injury	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	1	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Fire	A situation in which a person is injured, and/or object, building, or area of land is destroyed by burning. Guidance: <i>A fire resulting in moderate injury to a waiver participant or destroyed property is considered a Level of Harm 3. A fire resulting in a major injury or death is a Level of Harm 4.</i>	Under Basic Information: Event Type: Other Notification Level: High Under Event Information: Event Type: Fire Sub-Type: • Accidental/Cause Unknown • Attempted/Caused by Individual	Immediately: • Fire Department • MAS Nurse/Community Medical Personnel (if a physical assessment or medical care is required) • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Director of Community Services **Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Hospital Admission	A medical occurrence that cannot be characterized by any other medical emergency category above that requires an unscheduled hospital admission. A major injury may result in hospitalization.	<u>Under Basic Information:</u> Event Type: Other Notification Level: High <u>Under Event Information:</u> Event Type: Hospital Event Sub-Type: Admission Department: Medical Voluntary Psychiatric Involuntary Psychiatric	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator	3	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Infestation	The presence of an unusually large number of insects or animals in a place, typically to cause damage or disease, where the waiver participant had exposure.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Infestation	Immediately: • MAS Nurse/Community Medical Personnel (if a physical assessment or medical care is required) ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	2	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Injury-Major	Any observable and substantial injury that is not considered moderate injury and that results in permanent or protracted impairment, such as a serious fracture, a major wound requiring sutures, injury to an internal organ, a burn, or a physical disfigurement of the body. These injuries typically require medical treatment and may result in hospitalization. A protracted impairment refers to serious bodily harm that results in a diminished quality of life.	Under Basic Information: Event Type: Injury Notification Level: High Under Event Information: Severity: Severe or Death Treatment by: - Physician/Other Medical - ER/Hospital	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: - Regional Community Services Director - Statewide Incident Management Coordinator - Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: Director of Community Services**<i>Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	4	ADMH-DDD conducts investigation and completes GER Resolution.
Injury-Moderate	Any observable and substantial impairment of a person's physical health requiring medical treatment that is not considered a major injury and that does not cause a substantial risk of death, a permanent disfigurement, or a protracted loss or impairment of the function of a bodily member or organ. This includes, but is not limited to, superficial fractures and wounds requiring sutures that does not result in permanent disfigurement. Guidance: Medical treatment includes treatment that <u>can only be done</u> by a physician, licensed nurse, or other healthcare professional outside of the provider agency. Consulting with a licensed nurse or other medical professional without the need for treatment that can only be conducted by a licensed professional does not constitute treatment per this definition.	Under Basic Information: Event Type: Injury Notification Level: Medium Under Event Information: Severity: Moderate Treatment by: - Physician/Other Medical - ER/Hospital	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator	3	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Law Enforcement Involvement	Any call to law enforcement to request assistance for a waiver participant who is exhibiting extreme behavior, notification of an accident, or to report a crime, and no one is arrested, charged, or incarcerated will be classified as “Law Enforcement Involvement” in the Therap system. Guidance: <i>Only the waiver participant(s) involved in the law enforcement involvement will require a GER to be entered.</i>	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Law Enforcement Involvement	Immediately: • MAS Nurse/Community Medical Personnel (if a physical assessment or medical care is required) • EMS if transport to ER is necessary. • Police or Fire Department if immediate assistance is needed. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Director of Community Services • Director of Quality Assurance **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	2	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Medication Error - Charting	Medication errors would include any mistake with the 7 rights of medication administration, as defined by ABN Regulation 610-X-6-.07(1) (j) (i-vii). A medication error is defined as any instance involving the wrong individual, wrong medication, wrong time/day, wrong dose, wrong route, wrong purpose/reason, or incorrect/lack of documentation. A documentation error that occurs when the staff member who administered the medication does not initial the MAR to verify that it was given. Guidance: <i>The MAS Nurse must be notified immediately upon discovery of any medication error, including but not limited to a documentation error. When completing the GER related to a Level 1 medication error, the provider must accurately complete all data fields related to the medication error including, but not limited to, Type, Cause, Medical Attention Required, Severity, Person Responsible, Person Responsible Classification, Prescriber Notified, and Errors. Errors that would meet the definition of a medication error under the NDP definition that occur during a waiver participant's time with family/natural supports are not reportable to the state, unless they rise to a level of harm 3 or 4 under the definition of neglect. However, these errors should be documented internally by the agency and be available immediately upon request of ADMH-DDD.</i>	<u>Under Basic Information:</u> Event Type: Medication Error Notification Level: Medium <u>Under Event Information:</u> Type: Charting Error Cause: Staff Action/Inaction Medical Attention Required: None Severity: 1	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	1	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Medication Error - Level 1	Medication errors would include any mistake with the 7 rights of medication administration, as defined by ABN Regulation 610-X-6-.07(1) (j) (i-vii). A medication error is defined as any instance involving the wrong individual, wrong medication, wrong time/day, wrong dose, wrong route, wrong purpose/reason, or incorrect/lack of documentation. A Level 1 medication error is a “monitoring error” and is defined as an incident in which the person experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation is required. Guidance: <i>The MAS Nurse must be notified immediately upon discovery of any medication error, including but not limited to a documentation error. This immediate notification is necessary to allow the MAS Nurse to determine whether assessment/treatment is necessary. When completing the GER related to a Level 1 medication error, the provider must accurately complete all data fields related to the medication error including, but not limited to, Type, Cause, Medical Attention Required, Severity, Person Responsible, Person Responsible Classification, Prescriber Notified, and Errors. Simply contacting a nurse or physician to report the error with no treatment intervention, would be considered “Observe and Report Only” under the “Medical Attention Required” section. The severity level should be identified as 1. Errors that would meet the definition of a medication error under the NDP definition that occur during a waiver participant’s time with family/natural supports are not reportable to the state, unless they rise to a level of harm 3 or 4 under the definition of neglect. However, these errors should be documented internally by the agency and be available immediately upon request of ADMH-DDD.</i>	<u>Under Basic Information:</u> Event Type: Medication Error Notification Level: Medium <u>Under Event Information:</u> Type: Choose Appropriate Type Cause: Choose Appropriate Cause Medical Attention Required: Choose Appropriate Attention Severity: 1	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	1	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Medication Error – Level 2	Medication errors would include any mistake with the 7 rights of medication administration, as defined by ABN Regulation 610-X-6-.07(1) (j) (i-vii). A medication error is defined as any instance involving the wrong individual, wrong medication, wrong time/day, wrong dose, wrong route, wrong purpose/reason, or incorrect/lack of documentation. A Level 2 medication error is a “treatment/intervention error” and is defined as an incident in which the person experienced short-term, reversible adverse consequence(s), and treatment or intervention in addition to monitoring is required. Guidance: <i>The MAS Nurse must be notified immediately upon discovery of any medication error. This immediate notification is necessary to allow the MAS Nurse to determine whether assessment/treatment is necessary and to initiate investigation of the error. Sending a waiver participant to the emergency room (but not subsequently being admitted to the hospital) in response to a medication error would be an example of a Level 2 medication error. When completing the GER related to a Level 2 medication error, the provider must accurately complete all data fields related to the medication error including, but not limited to, Type, Cause, Medical Attention Required, Severity, Person Responsible, Person Responsible Classification, Prescriber Notified, and Errors. A Level 2 medication error must also be reported on a Medication Error Report (Form NDP-4 – Appendix G) completed by the MAS RN/LPN. When completed, the Medication Error Report should be emailed directly to the Alabama Department of Mental Health Nurse Delegation Program (ADMH/NDP) Office within 24 hours after notification/discovery of the error. All requested information should be provided with a description of the error focusing on the outcome to the waiver participant – signs, symptoms, ER visit, etc. A copy of the completed Medication Error Form must also be attached electronically to the GER. The severity level should be identified as 2. Errors that would meet the definition of a medication error under the NDP definition that occur during a waiver participant’s time with family/natural supports are not reportable to the state, unless they rise to a level of harm 3 or 4 under the definition of neglect. However, these errors should be documented internally by the agency and be available immediately upon request of ADMH-DDD.</i>	Under Basic Information: Event Type: Medication Error Notification Level: Medium Under Event Information: Type: Choose Appropriate Type Cause: Choose Appropriate Cause Medical Attention Required: Choose Appropriate Attention Severity: 2	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager or On-Call Phone (after hours) • Family/Guardian/Designated Contact • Medication Error Report required to ADMH Director of Nurse Delegation ASAP but within 48 hours: • Support Coordinator	2	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Medication Error – Level 3	Medication errors would include any mistake with the 7 rights of medication administration, as defined by ABN Regulation 610-X-6-.07(1) (j) (i-vii). A medication error is defined as any instance involving the wrong individual, wrong medication, wrong time/day, wrong dose, wrong route, wrong purpose/reason, or incorrect/lack of documentation. A Level 3 medication error is a “sentinel event” and is defined as an incident in which the person experienced life threatening and/or permanent adverse consequence(s). Guidance: <i>The MAS Nurse must be notified of any medication error immediately upon discovery of the error. This immediate notification is necessary to allow the MAS Nurse to determine what assessment/treatment is necessary and to initiate investigation of the error. A waiver participant requiring a hospital admission or loss of bodily function in response to a medication error would be an example of Level 3 medication error. When completing the GER related to a Level 3 medication error, the provider must accurately complete all data fields related to the medication error including, but not limited to, Type, Cause, Medical Attention Required, Severity, Person Responsible, Person Responsible Classification, Prescriber Notified, and Errors. A Level 3 medication error must also be reported on a Medication Error Report (Form NDP-4 – Appendix G) completed by the MAS RN/LPN. When completed, the Medication Error Report should be emailed directly to the Alabama Department of Mental Health Nurse Delegation Program (ADMH/NDP) Office within 24 hours after notification/discovery of the error. All requested information should be provided with a description of the error focusing on the outcome to the waiver participant – signs, symptoms, hospital admission, etc. A copy of the completed Medication Error Form must also be attached electronically to the GER. The severity level should be identified as 3. A medication error resulting in death would be considered a Level of Harm 4. Errors that would meet the definition of a medication error under the NDP definition that occur during a waiver participant’s time with family/natural supports are not reportable to the state, unless they rise to a level of harm 3 or 4 under the definition of neglect. However, these errors should be documented internally by the agency and be available immediately upon request of ADMH-DDD.</i>	Under Basic Information: Event Type: Medication Error Notification Level: High Under Event Information: Type: Choose Appropriate Type Cause: Choose Appropriate Cause Medical Attention Required: Choose Appropriate Attention Severity: 3	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour: - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator - Medication Error Report required to ADMH Director of Nurse Delegation Notifications Done by Regional Incident Manager within 24 hours: - Regional Community Services Director - Statewide Incident Management Coordinator - Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: Director of Community Services **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Natural Disaster	A situation in which a person is injured or killed or displaced or evacuated from his/her home due to damage or risk of damage resulting from a natural hazard such as tornadoes, hurricanes, floods, and winter weather. Guidance: <i>The 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(s) is ensured. A natural disaster resulting in a moderate injury, or evacuation/relocation from the waiver participant's home is considered a Level of Harm 3. A natural disaster resulting in a major injury or death is a Level of Harm 4.</i>	Under Basic Information: Event Type: Other Notification Level: High Under Event Information: Event Type: Natural Disaster	Immediately: • MAS Nurse/Community Medical Personnel Nursing/Medical (if a physical assessment or medical care is required) • Police (Law Enforcement), if applicable • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications done by Statewide Incident Management Coordinator within 24 hours: • DDD Associate Commissioner • Alabama Medicaid Agency • Director of Community Services • Director of Quality Assurance **Note exceptions to this in the manual for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	3 or 4	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Neglect of Person Not Resulting in Significant Harm	The intentional or unintentional failure of a provider to provide food, shelter, clothing, medical services, supervision, or basic needs for safety for a person who is unable to care for himself or herself. When the neglect of the responsible provider does not result in any harm or minor injury to the waiver participant, this will be identified in the GER as <i>Neglect by Responsible Provider</i> and distinguished as a level of harm 1 where there is no injury and level of harm 2 where there is minor injury.	<u>Under Basic Information:</u> Event Type: Other Notification Level: High Neglect Suspected: Yes Type of Neglect: Neglect by Responsible Provider <u>Under Event Information:</u> Event Type: Neglect	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by State Office Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance <i>**Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	1 or 2	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted. If the person is receiving self-directed services or TCM only, ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Neglect of Person Resulting in Significant Harm	The intentional or unintentional failure of a provider to provide food, shelter, clothing, medical services, supervision, or basic needs for safety for a person who is unable to care for himself or herself. When the neglect of the responsible provider results in moderate or major harm to the waiver participant, this will be identified in the GER as <i>Neglect by Responsible Provider</i> and distinguished as a level of harm 3 if resulting in moderate injury, or level of harm 4 if resulting in major injury or death.	<u>Under Basic Information:</u> Event Type: Other Notification Level: High Neglect Suspected: Yes Type of Neglect: Neglect by Responsible Provider <u>Under Event Information:</u> Event Type: Neglect	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by State Office Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance <i>**Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Neglect by Family/Guardian	The intentional or unintentional failure of a provider to provide food, shelter, clothing, medical services, supervision, or basic needs for safety for a person who is unable to care for himself or herself. When the neglect of the waiver participant's family/guardian does not result in any harm or minor injury to the waiver participant, this will be identified in the GER as <i>Neglect by Family/Guardian</i> and distinguished as a level of harm 1 where there is no injury and level of harm 2 where there is minor injury. When the neglect of the waiver participant's family/guardian results in moderate or major harm to the waiver participant, this will be identified in the GER as <i>Neglect by Family/Guardian</i> and distinguished as a level of harm 3 if resulting in moderate injury, or level of harm 4 if resulting in major injury or death.	Under Basic Information: Event Type: Other Notification Level: High Neglect Suspected: Yes Type of Neglect: Neglect by Family/Guardian Under Event Information: Event Type: Neglect	Immediately: • MAS Nurse/Community Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by State Office Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance <i>**Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.</i>	1, 2, 3 or 4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Neglect: AWOL/Missing Person	A person who cannot be located and there is reason to believe the person may be lost or in danger. Guidance: <i>An incident involving a waiver participant who is missing or has eloped <u>and is considered lost or in danger</u> must be reported even if this behavior is addressed in the waiver participant's Behavior Support Plan. The provider staff must immediately report to police and the Regional Incident Manager or on call phone (outside of office hours). The notification must include justification of <u>why the person is considered lost or in danger</u>, the suspected time of departure, where the waiver participant possibly went, what the waiver participant was wearing, a description of the waiver participant's behavior/attitude prior to disappearance, and what actions were taken to locate the waiver participant. A determination on whether a person is lost or in danger is individualized based on the identified capabilities of the waiver participant, emphasizing encouraging independence and dignity of risk offered to all persons. When reporting in the GER the reporter should distinguish the responsible caregiver by choosing "Neglect by Responsible Provider" or "Neglect by Family/Guardian." These incidents are identified as a level of harm 3.</i>	Under Basic Information: Event Type: Other Notification Level: High Neglect Suspected: Yes Type of Neglect: Choose Appropriate Option Under Event Information: Event Type: AWOL/Missing Person	Immediately: • Law Enforcement • MAS Nurse/Community Medical Personnel (for follow-up exam after located) • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR (if A/N/E is suspected) • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator • Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	3	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Neglect: Self-Neglect	The failure of the person to provide for their own basic needs when the failure is the result of the person's mental or physical inability, and such failure substantially endangers a person's health, safety, welfare, or life.	Under Basic Information: Event Type: Other Notification Level: High Neglect Suspected: Yes Type of Neglect: Self Neglect Under Event Information: Event Type: Self Neglect	Immediately: • MAS Nurse/Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • ADHR • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance	3 or 4	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted. If the person is receiving self-directed services or TCM only, ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Property Damage	Exhibiting behaviors, such as physical aggression resulting in property damage or destruction over \$250 shall be reported to the Regional Incident Manager or designee by the provider with information on how the situation was/is being addressed. A General Event Report is required for property damage even if those behaviors are addressed in an approved behavioral support plan.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Property Damage Action Taken: No Action, Repair, or Replaced	Immediately: • MAS Nurse/Community Medical Personnel, if applicable • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	2	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Relocation	Any time the waiver participant is moved from their home overnight or longer for health/safety concerns, with the exception of natural disasters and fire.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Relocation	ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager or On-Call Phone (after hours) • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	1	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Restraint- Chemical- Emergency	Administration of a medication, not specifically authorized and described in a participant's Behavior Support Plan (BSP) or Psychotropic Medication Plan, prescribed to modify, control, or alter a specific behavior. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders" (fifth edition), medications prescribed for treatment of a seizure disorder, or a medication that is routinely prescribed in conjunction with a medical procedure for people without developmental disabilities. The use of a chemical restraint that is medically contraindicated, that causes pain or harm to an individual, or if used as punishment, retaliation, or for the convenience of staff, is prohibited. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	Under Basic Information: Event Type: Restraint Other Notification Level: High Under Event Information: Status: Emergency Restraint Type: Chemical Drug Ordered: Emergency order	Immediately: • QDDP, Program Director, or Physician for approval to use the restraint. • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator	2	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted.
Restraint- Chemical- Programmatic	Administration of a medication, specifically authorized and described in a participant's Behavior Support Plan (BSP) or Psychotropic Medication Plan, prescribed to modify, control, or alter a specific behavior. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders" (fifth edition), medications prescribed for treatment of a seizure disorder, or a medication that is routinely prescribed in conjunction with a medical procedure for people without developmental disabilities. The use of a chemical restraint that is medically contraindicated, that causes pain or harm to an individual, or if used as punishment, retaliation, or for the convenience of staff, is prohibited. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	Under Basic Information: Event Type: Restraint Other Notification Level: Medium Under Event Information: Status: Approved by PRC/HRC Restraint Type: Chemical Drug Ordered: PRN	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist	2	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Restraint- Manual- Emergency	Use of a holding procedure that lasts more than five consecutive seconds, that is not specifically authorized and described in a participant's Behavior Support Plan (BSP), to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body. Manual restraint also includes holding or disabling an individual's wheelchair or other mobility device. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	<u>Under Basic Information:</u> Event Type: Restraint Related to Behavior Notification Level: High <u>Under Event Information:</u> Status: Emergency Restraint Type: Choose Appropriate Type	Immediately: • QDDP, Program Director, or Physician for approval to use the restraint. • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator	2	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted.
Restraint- Manual- Programmatic	Use of a holding procedure that lasts more than five consecutive seconds, specifically authorized, and described in a participant's Behavior Support Plan (BSP), to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body. Manual restraint also includes holding or disabling an individual's wheelchair or other mobility device. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	<u>Under Basic Information:</u> Event Type: Restraint Related to Behavior Notification Level: Medium <u>Under Event Information:</u> Status: Approved by PRC/HRC Restraint Type: Choose Appropriate Type	Immediately: • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist	2	N/A

Critical Incident Type	Critical Incident Definition	Therap® Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Restraint-Mechanical-Emergency	Restricting an individual's movement or function by use of a mechanical restraint device, not specifically authorized and described in a participant's Behavior Support Plan (BSP), to control an identified action. Approved mechanical restraint devices include arm splints, wrist cuffs, or four- and five-point restraint devices of the quick-release type (e.g., Posey stockinette or Velcro wrist/ankle cuffs). Mechanical restraint does not include a seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat, a medically necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual's body, or a device that is routinely used during a medical procedure for patients without developmental disabilities. The use of a mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated, that has the potential to cause pain or harm to an individual, or if used as punishment, retaliation, or for the convenience of staff, is prohibited. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	Under Basic Information: Event Type: Restraint Other Notification Level: High Under Event Information: Status: Emergency Restraint Type: Mechanical	Immediately: • QDDP, Program Director, or Physician for approval to use the restraint. • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator	2	Responsible Provider conducts investigation and completes GER Resolution, unless notified by ADMH-DDD that an external investigation is to be conducted.
Restraint-Mechanical-Programmatic	Restricting an individual's movement or function by use of an approved mechanical restraint device, specifically authorized and described in a participant's Behavior Support Plan (BSP), to control an identified action. Approved mechanical restraint devices include arm splints, wrist cuffs, or four- and five-point restraint devices of the quick-release type (e.g., Posey stockinette or Velcro wrist/ankle cuffs). Mechanical restraint does not include a seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat, a medically necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual's body, or a device that is routinely used during a medical procedure for patients without developmental disabilities. The use of a mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated, that has the potential to cause pain or harm to an individual, or if used as punishment, retaliation, or for the convenience of staff, is prohibited. Any type of restraint must only be used as a method of last resort and only when necessary to protect the person or others from injury. A GER is required for all types of restraint, even when use is prescribed in a Behavior Support Plan (BSP).	Under Basic Information: Event Type: Restraint Other Notification Level: Medium Under Event Information: Status: Approved by PRC/HRC Restraint Type: Mechanical	Immediately: • QDDP, Program Director, or Physician for approval to use the restraint. • MAS Nurse/Community Medical Personnel ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager • Family/Guardian/Designated Contact • Support Coordinator • Behavior Specialist	2	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Seizure (Level of Harm 2 or 3)	An unexpected or uncharacteristic seizure of any duration, regardless of whether an injury occurs. Guidance: A seizure meeting this definition with no injury is considered a Level of Harm 2, and those resulting in moderate injury a Level of Harm 3. It is also noted even if a person receives treatment, including the ER, for the seizure this is only reportable as a “seizure” event if it is unexpected or uncharacteristic.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Seizure	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator	2 or 3	N/A
Seizure (Level of Harm 4)	An unexpected or uncharacteristic seizure of any duration, regardless of whether an injury occurs. Guidance: A seizure meeting this definition resulting in major injury or death a Level of Harm 4.	<u>Under Basic Information:</u> Event Type: Other Notification Level: High <u>Under Event Information:</u> Event Type: Seizure	Immediately: - MAS Nurse/Community Medical Personnel - EMS if transport to ER is necessary. - Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): - Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: - Family/Guardian/Designated Contact - Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: - Regional Community Services Director - Statewide Incident Management Coordinator - Director of Quality Assurance Notifications Done by Statewide Incident Management Coordinator within 24 hours: Director of Community Services **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	4	ADMH-DDD conducts investigation and completes GER Resolution.

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Suicide Attempt	Suicide attempts shall be reported to the Regional Incident Manager or On-Call Phone (after hours) by the provider with information on how the situation was/is being addressed. A General Event Report is required for behavioral issues even if those behaviors are addressed in an approved behavioral support plan. Guidance: <i>Suicide attempts resulting in moderate injury are considered a Level of Harm 3. Attempts resulting in a major injury or death are considered a Level of Harm 4.</i>	<u>Under Basic Information:</u> Event Type: Other Notification Level: High <u>Under Event Information:</u> Event Type: Suicide Event Subtype: Attempt	Immediately: • MAS Nurse/Medical Personnel • EMS if transport to ER is necessary. • Supervisor/Manager/Administrator ASAP but within one hour (as soon as practical to ensure safety of participant): • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Director of Community Services • Director of Quality Assurance **Note exceptions to this in the table for Serious Incident Reporting to ADMH Officials in the IPMS Manual.	2, 3, or 4	If a Level of Harm 4, ADMH-DDD conducts investigation and completes GER Resolution.
Suicide Threat	Suicide threats shall be reported to the Regional Incident Manager or On-Call Phone (after hours) by the provider with information on how the situation was/is being addressed. A General Event Report is required for behavioral issues even if those behaviors are addressed in an approved behavioral support plan.	<u>Under Basic Information:</u> Event Type: Other Notification Level: Medium <u>Under Event Information:</u> Event Type: Suicide Event Subtype: Threat	Immediately: • MAS Nurse/Medical Personnel • EMS if transport to ER is necessary. ASAP but within one hour: • Supervisor/Manager/Administrator ASAP but within 24 hours: • Regional Incident Manager or On-Call Phone (after hours) • Family/Guardian/Designated Contact ASAP but within 48 hours: • Support Coordinator	2	N/A

Critical Incident Type	Critical Incident Definition	Therap [®] Data Entry Instructions	Providers Must Notify the Following Within the Prescribed Timelines	Level of Harm	Entity Responsible for Investigation
Vehicular Safety	This category of incident includes, but is not limited to, being stopped and/or ticketed for moving violations and vehicular accidents where waiver participants are present. Based on the harm caused to the waiver participant, these incidents will be identified as a level of harm 1 when there is no injury, a level of harm 2 when there is minor injury, a level of harm 3 when there is moderate injury, and a level of harm 4 when there is major injury or death. Guidance: <i>This will be classified in Therap as Vehicular Accident.</i>	<u>Under Event Basics:</u> Event Type: Other Notification Level: High Abuse Suspected: No Type of Abuse: N/A <u>Under Event Information:</u> Event Type: Vehicular Accident	Immediately: • Supervisor/Manager/Administrator ASAP but within one hour: • Regional Incident Manager or On-Call Phone (after hours) ASAP but within 24 hours: • Family/Guardian/Designated Contact • Support Coordinator Notifications Done by Regional Incident Manager within 24 hours: • Regional Community Services Director • Statewide Incident Management Coordinator Notifications Done by Statewide Incident Management Coordinator within 24 hours: • Bureau of Special Investigations (BSI) • Director of Community Services • Director of Quality Assurance	1, 2, 3, and 4	N/A