AUDIENCE: Direct Service Waiver Providers, Agency with Choice Providers, Administrative Entities (AEs), Counties, Supports Coordination Organizations (SCOs), ICFs/ID and all interested parties

PURPOSE: This Office of Developmental Programs (ODP) communication is intended to provide additional information regarding the Incident Management (IM) reporting letter from Deputy Secretary, Kevin Friel, issued on August 22, 2011. The phone numbers for the ODP Risk Managers listed on the letter are incorrect. Please disregard those phone numbers and use the phone numbers listed under the section of this communication titled INQUIRIES.

BACKGROUND

In order to reduce the number of incidents returned to providers for additional information, ODP is providing clarification regarding the information expected to be documented in the incident report, located in the Home and Community Services Information System (HCSIS). A review of reasons why incidents have not been approved indicates that the information documented in the Final Section of the HCSIS incident report often lacks sufficient detail to demonstrate that there was adequate and appropriate corrective action that was specific to the incident.

In order for an incident to be approved during the management review process, comprehensive and descriptive details must be documented in the Final Section of the HCSIS incident report. Please review the regulations located in 55 Pa.Code Subchapter Q sections (§§) 6000.971 and 6000.972 for the specific guidelines and procedures required for the incident management process. If, during the management review process, it is discovered that the information lacks sufficient detail, the Incident Report is not approved and the incident is returned to the provider/agency who filed the incident. This results in a delay with final closure of the incident and creates additional work at the provider and county/AE levels.
If the incident is returned because additional information is needed, it is the responsibility of the **Provider IM Representative** to make these updates as per the feedback provided regarding why the incident was not approved. If additional guidance is needed, the **Provider IM Representative** may consult with the AE/County and/or ODP Regional Risk Manager and obtain clarification regarding what is expected to be documented in the IM Report. The IM Report in HCSIS is the official documentation of the event requiring reporting to ODP.

Data found to be missing or inadequate in the **Final Section** of the HCSIS IM Report include:

**Target Information**
For incident reports where an employee has been identified as a target of an investigation, the **Target Information** screen needs to contain clear and complete information. Staff should be identified by something other than their name, title or role. Each identifier should be unique to each staff member to easily identify them internally while, at the same time, protecting the staff’s personnel records. Various methods for establishing identifiers are permitted, such as the use of an employee ID number, as long as the method is consistently applied, each staff person can be uniquely identified and their identity is protected.

**Corrective Action**
When it is evident from the **Provider Investigation Summary** or the narrative in the **Additional Information** screen that training and/or discipline of staff are warranted, meaningful description of those actions should be entered in the text box field in the **Corrective Action** screen. Vague and/or broad statements are not acceptable entries and will initiate subsequent review and reporting intervals to occur which delays closure of the incident.

The corrective action should address the actions that have taken place or will take place that will decrease the likelihood of this type of incident from happening again. Actions can address both opportunities for improvement for the individual and system wide. In some circumstances, it is appropriate to indicate the date that an action was initiated (eg. “the person was immediately relocated to another apartment on MM/DD/YYYY”). In other situations it is more meaningful to indicate when a course of action was finished, or when it is projected to be complete (eg. “bathroom renovations will include grab bars and an accessible shower on MM/DD/YYYY”). AEs and ODP expect to review reasonable descriptions of corrective action being accomplished within defined and expedient timeframes, and will approve incident reports accordingly.

A letter from the ODP Deputy Secretary Kevin Friel, issued on August 22, 2011, is located on page four through six of this communication. The letter emphasizes that the **Final Section** of the IM report should be completed with sufficient detail to demonstrate that the corrective action(s) taken were adequate and appropriate. It is imperative that the **Provider IM Representative** enter sufficient detail in all sections of the incident report in order to ensure the response taken is adequate to protect the health, safety and rights of the individual, as per

**NOTE:** The phone numbers associated with the ODP Risk Managers listed on the letter from Kevin Friel are incorrect. Please disregard those numbers and use the numbers listed under the section of this communication titled INQUIRIES for the correct numbers. ODP apologizes for any confusion.

**RELATED COMMUNICATIONS AND RESOURCES**

55 Pa.Code Subchapter Q. Incident Management:  
http://www.pacode.com/secure/data/055/chapter6000/subchapQtoc.html

**Bulletin 6000-04-01**, titled “Incident Management”, became effective February 8, 2004. This bulletin is a statement of policy and specifies the guidelines and procedures for the IM process.

**Informational Memo #012-10**, titled “Incident Management Clarification of Roles for the Supports Coordination Organization”, was issued on January 22, 2010. This communication provides guidance to SCOs, County Mental Health/Mental Retardation programs, and AEs with regards to the SCO’s roles and responsibilities related to IM.

**INQUIRIES**

For questions regarding this communication or incident management, please contact the ODP Risk Manager assigned to your region:

<table>
<thead>
<tr>
<th>Region</th>
<th>Risk Manager Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Region</td>
<td>Theresa Toombs</td>
<td>717-705-8196*</td>
</tr>
<tr>
<td>Northeast Region</td>
<td>Amy Tomalinas</td>
<td>570-963-4240*</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>Gary Johnson-McNutt</td>
<td>215-965-8194*</td>
</tr>
<tr>
<td>Western Region</td>
<td>Dalila Byrd</td>
<td>412-565-5612*</td>
</tr>
</tbody>
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* **PLEASE NOTE:** The letter from ODP Deputy Secretary Kevin M. Friel, dated August 22, 2011, contained the incorrect phone numbers for all the ODP Risk Managers. The correct phone numbers are included in the table located above.
Dear Colleague:

One of the goals of the Office of Developmental Programs' (ODP) incident management process is to ensure that when an incident occurs, the response is adequate to protect the health and safety of the individual. To meet this goal, ODP Providers, Administrative Entities (AE's), and ODP must continuously review and analyze reported incidents. This process ensures quality incident reports, enhances the risk management processes, and supports developing strategies to prevent the recurrence of incidents.

We all have a shared responsibility in assuring the health and safety of those receiving services: Each participating Waiver Provider including Supports Coordination Organizations (SCO's) and Agency With Choice (AWC) Providers were required to sign the ODP Provider Agreement which indicates the conditions of participation; one of which is to comply with policy bulletin including "Incident Management #6000-04-01" (effective February 28, 2004).

ODP is providing this clarification to all providers regarding the necessary description of corrective actions that are documented in the HCSIS incident report. In order to determine if the corrective actions are appropriate, we must assure adequate health and safety measures were followed, the information is specific to the nature of the incident, and that the corrective actions documented in HCSIS includes specific information concerning disciplinary actions taken with staff. The following information below must be completed and detailed:

- **Corrective action:** Comprehensive and detailed description of action(s) taken, who was responsible for implementing the actions, the date of implementation, and/or date of actions to be implemented;
  - This applies to actions taken at the time of occurrence/discovery, upon review of the occurrence, and resulting from certified investigation findings.

- **Staff identification:** Specific identifying information must be provided in order for the provider to 1) verify implementation of corrective actions by the responsible person; and 2) be able to identify specific staff "targets" for analysis of patterns and trends over time. A unique identifier needs to be established to distinguish
one staff member from another. Example: Employee ID number, last four of SSN#, etc.

This identifying information for staff must be included; providing only the role or title of staff, will not be accepted. The provider may use a confidential and unique identifier for each staff “target” in the HCSIS report. By using a unique identifier that is consistently applied, the provider can determine if there are patterns among staff “targets” indicating their involvement in multiple incidents.

- **Staff disciplinary action:** Actions taken with staff must be thoroughly described in order for the appropriateness of the actions to be determined. Verbal communication describing the actions in detail is insufficient and will not be accepted without being documented in the HCSIS incident report. The following examples describe acceptable and non-acceptable descriptions:

  Unacceptable: “Staff were disciplined according to our policy.”
  Acceptable: “Pending the results of the certified investigation, Employee #1234567 has been assigned administrative duties that do not involve contact with individuals. This assignment will remain in effect until the investigation has been completed and the determination and findings have been finalized.”

- **Timeliness:** The date the correction action was taken must be noted in the incident report. If the corrective action is scheduled for a later time, indicate that date. Example: Doctor's appointment is scheduled in the future.

  Without these details, it is impossible for ODP to determine if the corrective actions are appropriate, adequate or timely. Where vague language is provided, the ODP reviewers must follow up with the provider for clarification. When this information is not provided, the incident will not be approved, and the incident will be returned to the provider, who then has the opportunity to provide the information. Providing correct and detailed information the first time around, reduces the possibility that the incident will be returned.

  By indicating the requirements and the expectations for the documentation of corrective action details, ODP expects that providers will share this clarification with their staff in order to immediately begin documenting the necessary details in the HCSIS incident report. Any providers needing additional information or requesting technical assistance should follow up with their respective regional Risk Manager. Provided below is a listing of each regional risk manager along with their telephone number.

  **Central Region** – Theresa Toombs: 717-772-6507 717-705-8196  717-705-8196
  **Northeast** – Amy Tomalinis: 570-963-4391  570-963-4240
  **Southeast** – Gary McNutt: 215-560-6350  215-965-8194

  **Corporate** – Tim Callahan: 301-447-6271  301-447-6271
Western Region – Dalila Byrd: 412-860-0555  412-565-5612

ODP appreciates your cooperation in assuring individual health and safety by working collaboratively with not only ODP, but with individuals and other vested stakeholders, as well.

Sincerely,

[Signature]
Kevin M. Friel
Deputy Secretary

c: Program Management Lead C. Frick
ODP RM Lead A. Ligi
Regional RPMs
Regional RMs