

Employment and Community First CHOICES Reportable Events Guide

Tier 1: Reportable events	Tier 2: Reportable events	Tier 3: Reportable medical events	Tier 3: Reportable behavioral events	Nonreportable events
<ul style="list-style-type: none"> • Allegations or suspicion of abuse (physical, sexual and emotional/psychological), neglect or exploitation resulting in physical harm, pain or mental anguish • Sexual abuse including sexual battery by an authority figure as defined in <i>TCA 39-13-527</i> • All unexplained or unexpected deaths (including suicide) • Serious injury, including serious injury of unknown cause • Serious injury requiring face-to-face medical treatment beyond first aid by a lay person, including (but not limited to): <ul style="list-style-type: none"> ○ Fractures ○ Dislocations ○ Concussion ○ Cuts or lacerations requiring sutures, staples or Dermabond ○ Torn ligaments, muscles or tendons requiring surgical repair ○ Second- and third-degree burns ○ Loss of consciousness 	<ul style="list-style-type: none"> • Allegations that provider personnel (employees, volunteers) engaged in disrespectful or inappropriate communication about a person e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures), or any other similar acts that do not meet the definition of emotional or psychological abuse, and which are directed to or within eyesight or audible range of the person supported • Person whose whereabouts are unknown and which will likely place him/her in a dangerous situation for self or others — reportable within 60 minutes of the absence being discovered if the absence is unusual or the absence is a known risk as specified in the person’s person-centered support plan (PCSP) or behavior support plan (BSP) (<i>Note: This does not mean that persons supported should not have freedom to come and go</i>) 	<ul style="list-style-type: none"> • Deaths (other than those that are unexpected or unexplained) • ER visits • Any inpatient observation or admission (acute care, long-term acute care, skilled nursing facility/nursing facility) • Use of CPR or an automated external defibrillator • Choking episode requiring physical intervention (e.g., use of abdominal thrust or Heimlich maneuver) • Fall with injury (including minor or serious) • Insect or animal bite requiring treatment by a medical professional • Stage II and above pressure ulcer • Staph infection • Fecal impaction • Severe dehydration requiring medical attention • Seizure progressing to status epilepticus • Pneumonia • Severe allergic reaction requiring medical attention 	<ul style="list-style-type: none"> • Criminal conduct or incarceration • Engagement of law enforcement • Sexual aggression if not specifically being addressed through a BSP or if being addressed in BSP but instance of sexual aggression is considered new or unusual for the person • Physical aggression if not being addressed through a BSP or if being addressed in BSP but instance of physical aggression is considered new or unusual for the person • Injury to another person as a result of a behavioral incident of a person supported • Suicide attempt • Self-injurious behavior if not specifically being addressed through a BSP or if being addressed in BSP but instance of self-injurious behavior is considered new or unusual for the person 	<ul style="list-style-type: none"> • Minor injury, not previously identified and not requiring medical treatment • Staff misconduct that falls outside the definitions for tier 1, 2 or 3 reportable medical and behavioral events, and does not result in serious injury or probable risk of serious injury (e.g., not following the PCSP/BSP/dining plan when such action or inaction would not pose a probable risk of serious injury, staff convenience or minor traffic violation while transporting person) • Failure to provide goods or services when such failure does not result in injury or probable risk of serious harm (i.e., does not meet neglect threshold) • Allegations that provider personnel (employees, volunteers) engaged in disrespectful or inappropriate communication (e.g., humiliation, harassment,

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<ul style="list-style-type: none"> • Allegations or suspicion of sexual abuse need reporting whether a serious injury occurred or not • All unexplained or unexpected deaths (including suicide) • Serious injury of unknown cause • A suspicious injury (where abuse or neglect is suspected or does not coincide with explanation of how injury was sustained) • Vehicle accident while transporting person resulting in injury; serious traffic violation with significant risk of harm (reckless, careless or imprudent driving; driving under the influence; speeding in excess of 15 miles per hour over the speed limit) • Medication error resulting in the need for in-person medical assistance, including physician services, emergency assistance or transfer to an acute care facility for stabilization. Errors involving: <ul style="list-style-type: none"> ○ Wrong drug, dose, person, time, rate, preparation and/or route of administration ○ Theft of more than \$1,000 (Class E felony) 	<p><i>without staff supervision, except when such restrictions are necessary, which must be documented in the PCSP in accordance with the federal HCBS rule.)</i></p> <ul style="list-style-type: none"> • Minor vehicle accident not resulting in injury • Victim of fire • Medication variance resulting in the need for observation, which may include the need to seek practitioner care or advice but does not require in-person/ medical assistance, including physician services, emergency assistance or transfer to an acute inpatient facility for stabilization, variance involving: <ul style="list-style-type: none"> ○ Medication omission ○ Wrong drug ○ Wrong dose ○ Wrong person ○ Wrong time ○ Wrong rate ○ Wrong preparation ○ Wrong route of administration • Unsafe environment (cleanliness/hazardous conditions) • Use of manual restraint, mechanical restraint and/or protective equipment that has been approved for use in the person’s PCSP or BSP but used 	<ul style="list-style-type: none"> • Victim of natural disaster (Natural disasters affecting multiple individuals do not require multiple individual reports.) 	<ul style="list-style-type: none"> • Property destruction greater than \$100 • Swallowing inedible/harmful matter if not specifically being addressed through a BSP or if being addressed in BSP but instance of swallowing inedible/harmful matter is considered new or unusual for the person • Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by PCSP (all take-downs and prone restraints are prohibited) • Behavioral crisis requiring as needed psychotropic medication • Behavioral crisis requiring crisis intervention/call • Behavioral crisis requiring in-home stabilization (SOS participants only) • Behavioral crisis requiring out-of-home therapeutic respite • Psychiatric admission (or observation), including an acute care hospital 	<p>threats of punishment or deprivation, intimidation, or demeaning or derogatory communication [vocal, written, gestures], or any other similar acts that do not meet the definition of emotional or psychological abuse and which are not directed to or within eyesight or audible range about a person supported)</p>

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	<p>incorrectly or other than as intended (Incidents determined to be outside of an approved PCSP or intentionally inappropriate or intentionally in violation of guidelines specified in the person's PCSP or BSP will be referred to the Tennessee Department of Intellectual and Developmental Disabilities [DIDD] for tier 1 investigation)</p> <ul style="list-style-type: none"> The deliberate misplacement, exploitation or wrongful temporary or permanent use of belongings or money valued at less than \$1,000 (less than the threshold for misappropriation) 			

Please email Employment and Community First CHOICES (ECF CHOICES) reportable events documentation and questions to Amerigroup Community Care at ECF-REF@amerigroup.com or fax to 1-844-759-5952. **(Fax only if email is not available.)**

Adult Protective Services (APS): Phone: 1-888-277-8366, fax: 1-866-294-3961 or visit online: <https://reportadultabuse.dhs.tn.gov>

Child Protective Services (CPS): Phone 1-877-237-0004

DIDD 24/7 Investigations hotlines: East: 1-800-579-0023, Middle: 1-888-633-1313, West: 1-888-632-4490 **or tier 1 reportable events only**

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Reportable? To whom?	Yes, to DIDD, the managed care organization (MCO) and APS/CPS for all abuse, neglect and/or exploitation events	Yes (DIDD and MCO)	Yes (MCO)	No, provider and support coordinator to determine need for next steps based on the event; provider responsible for tracking/trending internally

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	(Remember to contact law enforcement as needed.)			
Reportable timeline	<p>By telephone: immediately but no longer than 4 hours after occurrence or discovery of occurrence</p> <p>By writing: <i>ECF CHOICES Reportable Event Form (REF)</i> through data exchange to DIDD and MCO by close of the next business day of witness or discovery</p> <p>Copy DIDD when submitting REF to Amerigroup</p> <p>Reported to the Division of TennCare by the DIDD within 24 hours</p>	<p>By writing: <i>ECF CHOICES REF</i> through data exchange to DIDD and MCO by close of the next business day of witness or discovery</p> <p>Copy DIDD when submitting REF to MCO</p>	<p>By writing: <i>ECF CHOICES REF</i> through data exchange to the MCO within two business days of witness or discovery</p>	N/A
Who conducts investigation?	DIDD with review by the MCO for potential quality of care issues	Provider with review (additional investigation as needed) by MCO	Investigation not required; provider responsible for follow-up with review by MCO	Investigation not required; provider responsible for appropriate action, including documentation, with review as part of DIDD and MCO quality assurance process
Time frame for investigation	Completed within 30 days	<ul style="list-style-type: none"> Completed provider investigation (and submitted to MCO) within 14 calendar days One extension request up to seven additional days based on) <ul style="list-style-type: none"> extenuating circumstances beyond the agency's control Completed MCO review no more than the 30 days following 	N/A	N/A

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		<p>notification of tier 2 reportable event unless additional review by MCO determined to be needed</p> <ul style="list-style-type: none"> • If MCO review needed, completed within 14 calendar days • One extension request up to seven additional days based on extenuating circumstances beyond the control of the MCO • Completed MCO final review no later than 30 calendar days from notification of review investigation • Tier 2 reportable event data submitted by MCO to DIDD through data exchange within • seven days of notification to the provider for purposes of tracking and trending 		
Administrative leave	Yes, for physical/sexual abuse with exception process; provider policy/discretion for other tier 1 incident types	Provider policy/discretion	N/A	N/A
Who tracks and trends?	DIDD, MCO and provider	DIDD, MCO and provider	MCO and provider	Provider