

Roles, Responsibilities, and Reporting

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Welcome

Resources

Many resources are mentioned in this module. To ensure that the links remain accurate and active, we have placed them in a separate document on this website.

Roles, Responsibilities, and Reporting

Welcome to the Department of Human Services incident management and protective services online training. This module will cover roles, responsibilities, and reporting. This training is designed for agencies and individuals who provide long-term care to adults.

Objectives

After completing this module, you will be able to:

- Describe the roles of the following in incident management/protective service scenarios.
 - Service coordinators (SC)
 - Service coordination entities (SCE)
 - Providers/Provider agencies
 - Older Adult Protective Services (OAPSA)
 - Adult Protective Services (APS)
 - First responders
 - Law enforcement
 - Office of Long-Term Living (OLTL)
- Describe the risk assessment and mitigation strategies required for providers and SC organizations
- List the steps to take in all types of incidents
- Describe strategies to prevent recurrence

Module Overview

The module contains two lessons.

- Lesson 1: Roles and responsibilities of agencies, organizations, and individuals who could be involved
- Lesson 2: Incident management reporting and protective services

Roles and Responsibilities

Let's look at the roles and responsibilities of individuals involved in protective services and critical incidents. We'll focus on state agencies, service providers, service coordination entities, OAPSA protective services/investigators, APS investigators, law enforcement, and participants.

State Agencies

At the state level, two agencies have a role. The Office of Long-term Living (OLTL) is responsible for documenting how Pennsylvania meets the health and welfare waiver assurances. The Department of Human Services (DHS) is responsible for protective services for individuals age 18 to 59. The Department of Aging (PDA) is responsible for protective services for individuals age 60 and older.

Direct Service Providers

Direct service providers have clear responsibilities related to incident management and protective services. All providers (including service coordination entities) must develop and implement written policies and procedures relating to critical incident management.

Policies and Procedures

There are elements that must be included in the policies and procedures.

Prevention

The provider must document the preventative measures it takes to protect the health and welfare of the participants.

The prevention policy must outline how the provider will track and trend critical incident data for quality improvement activities.

Providers are required to analyze causes and trends. This assists in reducing preventable incidents.

The methods used for prevention must be documented in the providers' quality management plan.

Risk Management

SCs and providers are to analyze causes and trends related to critical incidents and reduce the number of preventable incidents.

The methods used by SCs and providers to reduce the number of preventable incidents are to be documented on the provider's Quality Management Plan.

See 55 Pa. Code 52.17(f) (relating to critical incident and risk management).

Investigation

Providers must begin investigating within 24 hours of the critical incident occurrence.

A provider investigation:

- Takes the steps necessary to determine if a critical incident has occurred
- Identifies the actions needed to protect the health and welfare of participants immediately
- Determines if suspected abuse, neglect, abandonment, or exploitation requires the involvement of protective service
- Identifies the actions needed to mitigate future incidents

Reporting

Providers' policies and procedures for reporting suspected incidents must follow OLTL, APS, and OAPSA critical incident reporting requirements.

The procedures must describe how staff:

- Determine if an incident is reportable
- Know when to involve law enforcement and the protective services agency
- Enter data via the appropriate reporting system
- Contact service coordinators
- Use the provider's internal systems to track incident data

Notification

Providers must have procedures to notify the participant:

- Within 24 hours – that a critical incident report has been filed
- Within 48 hours of the conclusion of the critical incident investigation – of the resolution and the measurements implemented to prevent reoccurrences
- Within 24 hours – Providers must notify the SC of the incident.

These notifications are independent of any other investigation.

Critical Incident Management

Management includes ensuring that:

- Facts and sequences of events are outlined and documented with sufficient detail
- Preventative action is taken both through the service plan and by providing additional resources
- Actions and resources provided are documented accurately
- Participants are not placed at any additional risk

- Investigations and reporting tasks are completed within 30 days

Staff training

Provider staff must be trained upon hire and annually on:

- Prevention of abuse and exploitation of participants
- Critical incident reporting
- Participant compliant resolution
- Department-issued policies and procedures
- Quality management plan

In addition, SCs and providers must meet the training requirements necessary to maintain appropriate licensure and/or certification.

Service Coordination Entities

In addition to their requirements as providers, service coordination entities and service coordinators have specific requirements for ensuring the health and safety of waiver participants. Risk management during service planning and monitoring and critical incident investigation are additional responsibilities.

Risk Management

Let's start with risk management. Risk is the potential for unwanted, adverse consequences to human life, health, property, or the environment. It is the chance or possibility of loss, injury, endangerment, or exposure. Risk is the likelihood of some undesirable event or negative outcome occurring to a participant. In other words, risk is the possibility that something "bad" might happen.

All people have some level of risk in their lives. Think about the risks in your life, like driving to work in a car, crossing the street, speeding, or eating junk food. Why do you take these risks? Why do you make these choices?

Typically, people make choices and take risks based on what they want and need in their lives...based on their individual life experience. For example, people exceed the speed limit in construction zones because they do not understand the risk. Once they meet a construction worker whose life was changed by being hit by a speeding car, their assessment of the risk changes. If they've never had a speeding ticket, they may not see the potential risk.

Service coordinators must ensure that the potential risks associated with participant's choices are discussed and documented in the service plan. Service coordinators help people see, understand, assess, measure, and work with the risks in their lives.

Risk Mitigation

So, what do we do after we identify and measure risk? Risk mitigation.

What is risk mitigation? Mitigation is an overall approach to prevent, reduce, and manage the severity of risk. The ability to make choices, succeed or fail, and learn from it is part of independent living.

How do service coordinators balance this with maintaining health and safety? Service coordinators document evidence that risks have been discussed and that strategies going forward are based on informed choices.

Who is included in the risk conversation? The participant can choose to have family members, providers, and others in the risk conversation. The challenge arises when team members have differing opinions about the decisions a participant makes or a decision that should be made on behalf of the participant.

How do service coordinators handle these differing opinions? First, let's keep in mind that this is a participant-centered process and plan. Participants have the right to assume risk and decline mitigation recommendations.

Service coordinators do need to keep in mind that they are responsible for protecting the health and welfare of those they serve, and manage the conflict that may arise when implementing plans or strategies.

The risk management process involves negotiating with the participant (and possibly their designated planning team or representative) in developing risk mitigation strategies, back-up plans, and emergency plans.

Risk Factors

Risk factors are attributes, behaviors, health conditions, features of the environment, actions, events, or other determinants that increase the probability of an incident or negative result for a participant. Risk factors drive the planning process.

Risk Factor Examples

For example, tripping on throw rugs and an unsteady gait are two risk factors for an individual falling.

Hoarding presents risks to both participants and service coordinators.

The presence of firearms in the home may present varying levels of risk, depending on how the firearms are stored and the mental state of people living there.

Using oxygen is a low risk. Smoking while using oxygen is high risk.

Mitigating Risk Factors

Some risk factors are more easily mitigated than others are. Think about falls. It may be possible to reduce the risk of falling by supporting the individual to secure throw rugs with anti-slip tape. It may be more difficult to improve the unsteady gait.

Mitigating risk factors is important in order to lessen potential negative outcomes.

Despite best efforts, some risk factors are always present no matter what you do, such as a family history of diabetes or heart disease. The challenges of living in poverty can also present risks.

For example, Bob has a family history of diabetes, is overweight, inactive, eats an unhealthy diet, and is living on a limited income. Bob does not have a grocery store near him. You can work with Bob and his team to manage his weight, increase his activity, and to eat a healthy diet to lessen his risk of getting diabetes, but you will not be able to change his family history, or easily change his income or residence.

Perception of Risk

Another challenge for service coordinators is people's perception of risk. Some people do not perceive any risk in hoarding. They see a path through things they want to keep. Some people do not perceive the risk of having their relative provide 60 hours of care per week.

Participants may have different views on how much risk is acceptable to them. Service coordinators need to discuss how much risk is acceptable to each participant and support choices that are in alignment with their level of acceptable risk. Navigating levels of acceptable risk is a delicate balance and needs to be part of the service coordinator's discussion with the participant.

Informed Choice

People may choose to engage in risky behavior by putting themselves into or staying in a risky situation. The role of the service coordinator is to ensure the choices made by the participant are informed choices.

Informed choice means:

- The potential risks are recognized,
- The potential consequences of taking the risks are understood, and
- Alternatives that can reduce the impact of the risk factors are available.

A classic example may be smoking. People can be informed of risks and still choose to smoke. On the other hand, being informed can also influence a person to make the choice to quit smoking. Service coordinators provide information and resources to support people choosing less risky behavior.

Another example of informed choice relates to participant-directed services. A worker does not show up frequently but the participant does not want to change because the worker is a relative.

Risk assessment and mitigation never end.

Immediate Risk

When there is immediate risk, take action!

If the immediate risk is an emergency, such as a fire, assault, or emergency healthcare, that requires the fire, police, or ambulance services to protect the

participant from imminent serious harm, call 911 first. Service coordinators should also contact their supervisor and the participant's emergency contact.

The service planning and monitoring processes are the logical place to prevent abuse, neglect, exploitation, and abandonment. As well as reducing the likelihood of incidents that compromise health and safety.

Investigation

Despite everyone's best efforts at identifying and managing risk, critical incidents can occur. Service coordinators have responsibilities beyond the basic provider responsibilities of prevention, internal investigation, and training. Service coordinators are responsible for investigating all reports of critical incidents that they discover, as well as incidents that providers submit. If the case involves abuse, neglect, exploitation, or abandonment, the service coordinator involves protective services.

The exception to this is that service coordination entities do not investigate when the incident involves its staff. In that case, the service coordination entity turns over the case to OLTL. We'll review the specific steps and timeframes in the lesson on reporting.

OAPSA Investigators

In Pennsylvania, Area Agencies on Aging provide OAPSA protective services investigators for individuals age 60 and over.

AAA protective services staff:

- Investigate allegations
- Determine if abuse, neglect, exploitation, or abandonment has occurred
- Provide services to adults who voluntarily consent
- Develop a service plan with the individual, service coordinator, family, advocates, and others as appropriate and requested by the individual
- Provide services in the least restrictive environment and the most integrated setting
- Provide guardianship as needed

APS Investigators

An APS Agency is contracted to provide protective services for individuals age 18 to 59. The APS Agency:

- Investigates allegations
- Determines if abuse, neglect, exploitation, or abandonment has occurred
- Provides services to adults who voluntarily consent

- Develops a service plan with the individual, service coordinator, family, advocates and others as appropriate and requested by the individual
- Provides services in the least restrictive environment and the most integrated setting
- Provides guardianship as needed

APS investigators are assigned to east, central, and west regions in Pennsylvania. For more information and contact information on the APS Agency, please refer to the Resources Document.

Law Enforcement and Emergency Responders

Law enforcement and emergency responders may also be involved in incident management and protective services cases. Clearly, the first priority is the individual's health and safety. Depending on the nature of the incident, a call to 911 may be the first step to stabilize the situation. In cases involving sexual abuse, serious injury, serious bodily injury, or suspicious death, reporters must make an immediate oral report to law enforcement in addition to other reporting requirements that we will learn about in the next lesson.

Participants

Long-term care is provided in a participant-centered manner. Adults have the right to make choices. These choices are subject to the laws and regulations of the Commonwealth, regarding their lifestyles, relationships, bodies, and health.

Service coordinators and investigators can educate individuals, help them work through risks, raise their awareness, and maintain documentation.

Right to Refuse

However, adults have the right to refuse an assessment and some or all protective services. When there is clear and convincing evidence that the adult is at imminent risk of death, serious injury, or serious bodily injury if protective services are not provided, protective services may petition the court for an emergency order to provide the necessary services.

Lesson 1 Summary

So why are so many different organizations involved? Wouldn't it be easier to have just one?

Each organization has a specific focus and role. Law enforcement focuses on potential criminal actions. Protective services investigate and determine if protective services are needed. Service coordinators help people manage ongoing risk, focus on prevention by developing mitigation strategies, and provide resources. Providers work with service coordinators to prevent abuse and lower risk. Everyone involved approaches the adult's health and safety from a slightly different perspective. All are necessary.

Lesson 1 Knowledge Check

Now check your understanding of what's been covered so far by answering these review questions.

1. True or False? All risk factors can be mitigated.

Please pause.

The correct answer is False. Family history of disease is a risk factor that cannot be mitigated. Some risk factors are more easily mitigated than others are.

2. True or False? Service coordinators must ensure that the potential risks associated with participant's choices are discussed, a mitigation plan is developed, and risks are documented in the service plan.

Please pause.

The correct answer is True. Service coordinators must ensure that the potential risks associated with participant's choices are discussed, a mitigation plan is developed, and risks are documented in the service plan.

3. Which of the following must be included as part of service providers' critical incident management policies and procedures? (Select all that apply.)

Prevention

Investigation

Reporting

Notification

Management

Staff training

Please pause.

The correct answer is that all of these (prevention, investigation, reporting, notification, management, and staff training) are included as part of service providers' critical incident management policies and procedures.

4. When an individual is at immediate risk, which of the following should be done? (Select all that apply.)

Call 911

Contact the individual's emergency contact

Call the hospital to check on the individual

Notify your supervisor of the incident

Please pause.

The correct answer is to call 911 immediately, notify your supervisor of the incident, and contact the individual's emergency contact.

5. When there is clear and convincing evidence that, if protective services are not provided, the adult is at imminent risk of death, serious injury, or serious bodily injury, protective services may:

Provide the services they feel are necessary.

Stop providing all services.

Petition the court for an emergency order to provide the necessary service.

Call another provider agency to provide the services.

Please pause.

The correct answer is that protective services may petition the court for an emergency order to provide the necessary service.

Reporting

Now that we're clear on roles and responsibilities, let's look at how reporting works.

Identifying Abuse

The first step in the process is to determine the scope of an event. Is it reportable to law enforcement? Protective services? Is it an incident that requires only a service coordinator and provider investigation? How do I know?

The guideline is about safety. If the person is at immediate risk, call 911, report to protective services if it involves abuse, neglect, exploitation, or abandonment, and enter it into the appropriate system afterward. If the person is not at immediate risk but shows signs of abuse, neglect, exploitation, or abandonment, call protective services and report in the appropriate system afterward. We'll start with critical incident reporting.

Critical Incident Reporting

As we learned earlier, critical incident reporting is broader than protective services. Protective services are required when a participant needs specific kinds of protection and interventions. Critical incidents include any occurrence of an event that jeopardizes the participant's health and welfare.

What's reportable?

So, what is reportable?

Death, serious injury, or unplanned hospitalization of a participant

Provider/Staff member misconduct

Provider and staff member misconduct including deliberate, willful, unlawful, or dishonest activities is reportable.

Abuse

An act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

- Sexual harassment of a participant
- Sexual contact between a staff member and a participant
- Using restraints on a participant
- Financial exploitation of a participant
- Humiliating a participant
- Withholding regularly scheduled meals from a participant

Neglect and Self-neglect

The failure to provide an individual the reasonable care that he or she requires, including but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.

Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect.

Exploitation

An act of depriving, defrauding, or otherwise obtaining the personal property of a participant in an unjust or cruel manner, against one's will, or without one's consent or knowledge for the benefit of self or others.

Service interruption

An event that results in the participant's inability to receive services and that places the participant's health or welfare at risk.

This includes the failure of a provider to staff a shift that places the participant's health or welfare at risk. Providers are responsible to staff for all services on the Service Authorization Form.

Medication errors

Medication errors that result in hospitalization, an emergency room visit, or other medical intervention.

Timeframe and Process

Let's look at the process.

It is mandatory that the agency that discovers or has firsthand knowledge of the incident is the one to report it. If a direct care worker at ACME provider discovered it, then ACME provider must be the one to report it.

Reporting applies to incidents that happen at any time, including:

- When service is being provided

- When service is supposed to be provided, but is not
- At times when no service is being provided and the agency becomes aware of it

In short, it does not matter when the incident happened. Reporters must report when they discover that the incident happened...even if it was not “on their watch.

Participants can report incidents at any time through the OLTL participant helpline or the Statewide Protective Services Hotline if they are experiencing abuse, neglect, exploitation, or abandonment. There is no adverse consequence for reporting.

Critical Incident Reporting Process

Now let’s review the critical incident reporting process.

Report to OLTL

Safety is the primary concern. First, the reporter should take all necessary steps to safeguard participants. Then, determine if the incident meets the criteria for reporting. If it does, the reporter submits the report to OLTL within 48 hours. If the incident occurs over a weekend, make the report on the next business day.

Inform the Service Coordinator

If a provider is the reporter, the provider must notify the SC within 24 hours of the incident. If the participant needs immediate medical assistance, the provider should call 911 and then call the SC.

Investigate the critical incident

SCs are responsible for investigating all critical incidents except those that involve the SCE. SCs begin the investigation within 24 hours. The investigation takes place onsite and over the phone. The sequence of events, interviews of witnesses, observations of the participant, and reviews of the environment are all parts of fact-finding.

If a participant is hospitalized, SCs should meet with the hospital social worker and the attending physician to ensure hospital staff are aware of the incident and there is a safe disposition. As needed, SCs update medical staff and are encouraged to take a nurse consultant if the incident is medically involved. All information is confidential.

Participants can choose not to cooperate in the investigation.

Enter into the appropriate system

When the investigation is complete and measures are in place to prevent recurrence, SCs have up to 30 calendar days to complete the appropriate system, including:

- Actions taken to secure the health and safety of the participant

- Changes made to the service plan if appropriate
- Measures taken to prevent or mitigate a recurrence
- Incident facts, sequence of events, interviews with witnesses, observation of participant and environment, and investigation outcome

Contact the participant

Within 48 hours of the conclusion of the critical incident investigation, the SC must inform the participant of the resolution and measures implemented to prevent recurrence.

Activate the back-up plan

Depending on the circumstances, cases that involve an agency or a participant-directed employee may require the employee to:

- Be removed from all OLTL programs
- Have no contact with the participant
- Be suspended

If the employee works for a participant-directed employer, the employee is required to be suspended without pay. This requires the back-up plan to be in place and activated. It may require a change to agency model, facility placement, or additional services.

Providers in CHC-MCO counties

If you are a provider in a CHC-MCO county, contact your MCO for additional reporting requirements.

OAPSA/APS Reporting

Let's take a look at adult and older adult reporting.

Call the hotline

First, call the Statewide Protective Services Hotline to report an allegation of suspected abuse, neglect, exploitation, or abandonment.

Contact law enforcement & DHS/PDA

In the following cases, additional steps must be taken:

- Suspicious death
- Serious injury
- Serious bodily injury
- Sexual abuse

Mandated reporters must:

- Make an immediate oral report to law enforcement

- Make an immediate oral report to DHS/PDA on the mandatory abuse reporting hotline

AAA notifies OAPSA/APS Contractor

The Protective Services Hotline is answered by the local AAA. They complete a Report of Need (RON) and document the report in the Social Assistance Management System (SAMS). Both OAPSA and APS use the same RON.

For individuals over age 60:

- Hotline staff notify the OAPSA Agency (AAA)
- The AAA notifies AAA OAPSA protective services staff

For individuals 18 to 59 years of age:

- Hotline staff notify the APS contractor
- The AAA notifies the APS contractor intake staff via email that a RON is in SAMS

OAPSA/APS Agency evaluates RON

AAA OAPSA protective services staff:

- Evaluate information in the RON
- Determine if the individual meets eligibility criteria
- Classify the case as “Emergency,” “Priority,” “Non-priority,” or “No Need for protective services”

APS Agency intake staff:

- Evaluate information in the RON
- Determine if the individual meets eligibility criteria
- Classify the case as “Priority,” “Non-priority,” or “No Need for protective services”

Note: “Emergency” is an OAPSA designation and requires an immediate response. The rest of the classifications follow the same process for OAPSA and APS.

OAPSA/APS Agency notifies other agencies

The OAPSA or APS Agency staff notify all appropriate licensing agencies of the Report of Need.

Cases determined to be “No Need for protective services:”

- Are reviewed by an OAPSA/APS supervisor and DHS/PDA
- May be referred for other services

Cases classified as “Priority” or “Non-priority” are assigned to an OAPSA/APS caseworker for investigation.

OAPSA/APS caseworker investigates

All cases classified as “Priority” or “Non-priority” are assigned to a caseworker for investigation. Investigations must be initiated for:

- “Priority” – within 24 hours
- “Non-priority” – within 72 hours

Caseworkers:

- Initiate investigations within required timeframe
- Assess risk
- Determine if an individual is at imminent risk
- Determine if an individual is in need of protective services
- Mitigate risk by providing protective services, if necessary

OAPSA/APS arranges for protective services

OAPSA or APS may provide or arrange for protective services intended to ensure the adult’s immediate safety and well-being.

- Protective services provided must be in the least restrictive and most integrated setting.
- An adult can only receive protective services voluntarily.

Protective services may not be provided to an adult who refuses consent or who, having previously consented, withdraws the consent, unless the services are ordered by a court.

Reporter sends written report

Within 48 hours of making the oral report to protective services, the reporter sends a written report to the OAPSA/APS Agency by email or fax.

The following written report forms may be used:

- The mandatory reporting form found on the Department’s website
- PB-22 form – An administrator or employee of a nursing facility, licensed by Department of Health, may submit this form.
- Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report – An administrator or employee may submit this report.

Providers in CHC-MCO counties

If you are a provider in a CHC-MCO county, contact your CHC-MCO for additional reporting requirements.

Report of Need (RON) Categories

What are the categories in the protective services Report of Need?

Priority

"Priority" reports require immediate attention because specific details in the report indicate the possibility that the adult reported to need protective services and is at imminent risk of death, serious injury, or serious bodily injury. Investigation shall be initiated immediately for a priority report.

Non-priority

"Non-priority" reports do not appropriately fall within the priority category and, therefore, do not require immediate attention by the agency. These investigations must be initiated within 72 hours.

No need for protective services

A report shall be placed in the "No need for protective services" category when individuals reported to be in need of protective services meets either of the following criteria:

- Have the capacity to perform or obtain, without help, services necessary to maintain physical or mental health, or
- Are not at imminent risk or danger to their person or property.

Please note that OAPSA includes an additional category of "Emergency" which requires an immediate response.

Report of Need (RON) Details

What are the details in the Report of Need?

- Demographic information
- SSN critical link to SAMS
- All details/specifics regarding allegations
- Physical & health conditions
- Disabilities & mental conditions
- Physical environment, including dangers
- Financial or legal problems
- Identity of alleged perpetrator(s)

OAPSA/APS and Law Enforcement

For cases involving sexual abuse, serious injury, serious bodily injury, or suspicious death, a reporter must:

- Report to the Statewide Protective Services Hotline.

- Make an immediate oral report to law enforcement.
- Make an immediate oral report to the DHS/PDA staff responsible for the Protective Services Program.
- Submit a written report to law enforcement within 48 hours of making the oral report. This written report can be the mandatory reporting form found on the Department's website, the PB-22, a HCSIS incident report, or the EIM report form.

Please see the written guidance provided to employees and administrators of facilities for specific details and definitions.

Lesson 2 Summary

A few key points to remember are that health and safety are primary concerns. If there is immediate risk, call 911. Ensure that everyone is clear on how to report various types of incidents. Remember that this is a participant-centered process. Participants have the right to participate or not to participate in the process. There can be no hint of consequence for participants' involvement or lack of involvement in the process.

Lesson 2 Knowledge Check

Now check your understanding of what's been covered so far by answering these review questions.

1. Which of the following forms may be used by the reporter to submit a written report to the APS agency? (Select all that apply.)

Mandatory form found on DHS's website

Enterprise Incident Management (EIM) report

Agency's complaint reporting form

PB-22 form

Home and Community Services Information System incident report (Printable Summary)

Please pause.

The correct answer is that the following forms may be used to submit a written report to the APS Agency:

- Mandatory reporting form found on DHS's website
- PB-22 form – Submitted by an administrator or employee of a nursing facility, licensed by Department of Health
- Home and Community Services Information System (HCSIS) incident report (Printable Summary)
- Enterprise Incident Management (EIM) report

2. True or False? The categories on the Report of Need are “Priority,” “Non-priority,” and “No need for protective services.”

Please pause.

The correct answer is False. “Priority,” “Non-priority,” and “No need for protective services” are all categories on the Report of Need. OAPSA includes an additional category of “Emergency” which requires an immediate response.

3. True or False? A direct care worker only needs to report incidents that happen when they are providing services.

Please pause.

The correct answer is False. Reporters must report when they discover that an incident happened.

4. True or False? If a provider is the reporter, he/she should notify the service coordinator within 48 hours of the incident.

Please pause.

The correct answer is False. The provider should notify the service coordinator within 24 hours of the incident.

5. True or False? The individual’s health and safety are primary concerns.

Please pause.

The correct answer is True. The individual’s health and safety are primary concerns.

6. Which of the following are reportable incidents? (Select all that apply.)

Using restraints on a participant

All medication errors

Secluding a participant in one room of the house

Hospitalization for pre-planned surgery

Failure to provide services, placing the participant’s health and welfare at risk

Please pause.

The correct answer is that the following are reportable incidents:

- Using restraints on a participant
- Secluding a participant in one room of the house
- Failure to provide services, placing the participant’s health and welfare at risk

Congratulations!

Congratulations! You have completed the Roles, Responsibilities, and Reporting training.

If you have read the contents of the entire module, register your completion of this module by going to the appropriate webpage.

If you are an enrolled provider, go to this [webpage](#).

If you are not an enrolled provider, go to this [webpage](#).