Department of Intellectual & Developmental Disabilities

REPORTABLE EVENT FORM

Event E-mail: DIDD.ReportableEvents@tn.gov

DIDD Event Fax: 877-551-5591 (Toll Free)

EVENT DETAILS

Responsible Provider:			**Reporting Provider**:	
Name of Person Supported: PLEASE ENTER LAST NAME, FIRST NAME MIDDLE INITIAL				
Date of Birth:	SSN *Last 4 digits*: XXX-XX-		Medicaid ID Number:	
Waiver Type: Please Select One			MCO: Please Select One Please Select One	
Event Address Line 1:				
Event Address Line 2:			Region: Please Select Please Select Region	
City:			State:	Zip Code:
Event Location: Please Select One	Event Date:	☐ *Unknown**	Event Time: ☐ AM ☐ PM	☐ *Unknown**

***NOTE**: If "Unknown" was checked for the Date and Time of Event, then you must enter the event Discovery Date and Time:

Discovery Date: Discovery Time: ☐ AM ☐ PM

This event was: Please select Witnessed or Discovered by: Select Title

TIER 1 EVENTS

Which must be reported to DIDD Investigations as soon as possible but within 4 hours and must be reported to DIDD Event Management via REF, as soon as possible, but within one business day

☐ **Alleged Emotional/Psychological Abuse** (*when medical treatment or an intervention is necessary)*

☐ **Alleged Exploitation of a Person Supported** *(when medical treatment or an intervention is necessary)*

☐ **Alleged Financial Exploitation Exceeding $1,000**

☐ **Alleged Neglect**: (*when medical treatment or an intervention is necessary and all neglect that is potentially felonious in nature when there is not an injury*)

☐ **Alleged Physical Abuse**: *(when medical treatment or an intervention is necessary*) Excluding when an exception is granted by DIDD, providers are required to immediately remove an employee or volunteer alleged to have acted in a manner consistent with sexual abuse or physical abuse resulting in medical treatment, named in a Tier 1 Reportable Event from providing direct support to any person(s) supported until DIDD has completed their investigation, either by placing the named employee or volunteer on administrative leave or in another position in which he or she does not have direct contact with, or supervisory responsibility for, a person(s).

☐ **Alleged Sexual Abuse** Excluding when an exception is granted by DIDD, providers are required to immediately remove an employee or volunteer alleged to have acted in a manner consistent with sexual abuse or physical abuse resulting in medical treatment, named in a Tier 1 Reportable Event from providing direct support to any person(s) supported until DIDD has completed their investigation, either by placing the named employee or volunteer on administrative leave or in another position in which he or she does not have direct contact with, or supervisory responsibility for, a person(s).

☐ **Death-Unexpected and/or Unexplained**

☐ **Serious Injury of Unknown Cause**

☐ **Suspicious Injury** (*in which abuse or neglect is suspected and medical treatment or an intervention is necessary)*

TIER 2 EVENTS

Which must be reported to DIDD Event Management via REF, as soon as possible, but within one business day

☐ **Alleged Emotional/Psychological Abuse** (*when no medical treatment or an intervention is necessary, crisis services intervention is not required, and the Person Supported is not at continued risk of serious harm)*

☐ **Alleged Exploitation of a Person Supported** *(when no medical treatment or an intervention is necessary)*

☐ **Alleged Financial Exploitation** (*valued between $250 and $1,000)*

☐ **Alleged Neglect** (*when no medical treatment or an intervention is necessary and the Person Supported is not at continued risk of serious harm)*

☐ **Alleged Physical Abuse:** (*when no medical treatment or an intervention is necessary and the Person Supported is not at continued risk of serious harm*) Providers, after seeking the victim/person's preference and/or that of the legal representative (if applicable), shall determine, at their discretion and in accordance with their policy, whether to remove an employee or volunteer named in a Tier 2 Reportable Event from any or all direct support until the provider has completed their investigation.

☐ **Suspicious Injury** (*in which abuse or neglect is suspected but no medical treatment or an intervention is necessary*)

REPORTABLE BEHAVIORAL/PSYCHIATRIC EVENTS

☐ Behavioral Crisis requiring crisis intervention	☐ Psychiatric Admission (*for observation*) including in an acute care hospital
☐ Behavioral Crisis requiring emergency psychotropic medication	☐ Reportable Behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person (*housemate, staff, private citizen/other*). Please check all that apply:
☐ Behavioral Crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by plan of care (*all takedowns or prone restraints are prohibited*)	☐ Housemate ☐ Private Citizen/Other ☐ Staff
☐ Criminal Conduct or Probable Criminal Conduct	☐ Self-Injurious Behavior (*which results in an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person*)
☐ Engagement with Law Enforcement	☐ Sexual Aggression
☐ Physical Aggression	☐ Suicide Attempt
☐ Property Destruction exceeding $100	

REPORTABLE MEDICAL EVENTS

☐ Cellulitis	☐ Pressure Ulcer/Decubitus Ulcer
☐ Choking episode requiring medical intervention: (*abdominal thrust/back blows/Heimlich*)	☐ Seizure Progressing to Status Epilepticus
☐ Deaths (*other than those that are unexpected/unexplained*)	☐ Sepsis
☐ Fecal Impaction	☐ Serious Injury of Known Cause
☐ Flu	☐ Severe Allergic Reaction requiring medical treatment by a medical professional
☐ Insect or animal bite requiring medical treatment by a medical professional	☐ Severe Dehydration requiring medical treatment by a medical professional
☐ MRSA	☐ Skin Infection (*other than Cellulitis and MRSA*)
☐ Pneumonia	☐ UTI

☐ Other Type of Event Please explain:

OTHER REPORTABLE EVENTS

☐ Administration of Routine Psychotropic Medication <u>without Consent</u>

☐ Positive COVID-19 Test Results

☐ Emergency Situations (*including fires, flooding, and serious property damage, that result in harm or risk of harm to service recipients)*

☐ Enabling Technology Remote Supports: Failure to Implement Emergency Back-up Plans

☐ Falls with injury

☐ Medication Variance and Omission

☐ Missing Person (*>1 hour)*

☐ Unsafe Environment

Vehicle Accident (*When applicable, please select Minor or Serious*)

☐ Minor – Vehicle accident while transporting person (*not resulting in an injury; treatable by a lay person)*

☐ Serious – Vehicle accident while transporting person (*resulting in medical intervention and treatment)*

☐ Victim of Fire

EVENT INTERVENTIONS – CHECK ALL THAT APPLY FOR EACH SECTION

ADMISSION/DISCHARGE

☐ Incarceration Admission	☐ Incarceration Discharge

CRISIS SERVICES

☐ 911 Call	☐ Mobile Crisis Services
☐ EMT	☐ Police
☐ Emergency Room Visit	☐ Urgent Care Facility
☐ Fire Department	

ADDITIONAL INTERVENTIONS

☐ Abdominal Thrust/Back Blows/Heimlich Maneuver	☐ Manual Restraint (*regardless of type, of time used, or approved by plan or care*)
☐ Administration of PRN Psychotropic Medication: Who administered the medication? Please select one	☐ Mechanical Restraint (*regardless of type, of time used, or approved by plan or care)* ☐ Protective Equipment (*regardless of type, of time used, or approved by plan or care*)
☐ Automated External Defibrillator (AED)/CPR	☐ X-ray (*to rule out fracture*)

EVENT DESCRIPTION

Brief Event Description (*Provide further details of the event: what, when, where, who, and why*):

Level of Injury (*Person Supported only*): You must select an injury level

Injury Description (*if applicable, describe type, size, color, location on body, location of treatment, etc.*):

Notifications – Complete all that apply:

☐ Adult Protective Services (APS)/Child Protective Services (CPS)	Date Notified	Time Notified ☐ AM ☐ PM
☐ Case Manager/Independent Support Coordinator (ISC)/Support Coordinator	Date Notified	Time Notified ☐ AM ☐ PM
☐ Chief Officer/Administrator on Duty (AOD)	Date Notified	Time Notified ☐ AM ☐ PM
DIDD Hotline: 888-633-1313 ☐ DIDD Investigator Investigator Name:	Date Notified	Time Notified ☐ AM ☐ PM
☐ Law Enforcement Police Department's Name:	Date Notified	Time Notified ☐ AM ☐ PM
☐ Legal Representative	Date Notified	Time Notified ☐ AM ☐ PM
☐ Managed Care Organization (MCO)	Date Notified	Time Notified ☐ AM ☐ PM

REPORTER DETAILS

Person Completing This Form:	Title: Select Title	Work Phone Number:	Personal Phone Number:

Person Reviewing This Form:	Title: Select Title	Work Phone Number:	Personal Phone Number:

By signing below, I indicate that I have reviewed this form and understand it to be complete and accurate. *Typing your first and last name is an acceptable signature for this form.*

Signature of Reviewer:	**Date**: