

## Reportable Events Quick Reference Guide

The following details the expectation and requirement that staff, contract home- and community-based services (HCBS) providers with TennCare CHOICES and Employment and Community First CHOICES, and the Fiscal Employer Agent (FEA), as applicable, report, respond to, and document Tier 1, Tier 2, and additional reportable events and interventions as indicated in the *Contractor Risk Agreement (CRA)*.

Tier 1: Reportable events	Tier 2: Reportable events	Additional events and interventions:  Reportable medical events	Additional events and interventions:  Reportable behavioral/psychiatric events	Other reportable events	Additional events and interventions:  Reportable interventions
<ul style="list-style-type: none"> <li>• All allegations of sexual abuse</li> <li>• Allegations of physical, emotional, or psychological abuse that required medical treatment or an intervention</li> <li>• Allegations of neglect that required medical treatment or an intervention, and all neglect that is potentially felonious in nature when there is not an injury</li> <li>• All unexplained or unexpected deaths including suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Allegations of physical abuse that do not require medical treatment or an intervention</li> <li>• Allegations of neglect that do not require medical treatment or an intervention</li> <li>• Allegations of emotional/psychological abuse that do not require medical treatment or an intervention, including allegations that provider personnel (for example, employees, volunteers) engaged in disrespectful or inappropriate communication about a person (for example, humiliation,</li> </ul>	<ul style="list-style-type: none"> <li>• Cellulitis</li> <li>• Choking episode requiring physical intervention (for example, use of abdominal thrust, back blows, or Heimlich maneuver)</li> <li>• Deaths (other than those that are unexpected/unexplained)</li> <li>• Fecal impaction</li> <li>• Flu</li> <li>• Insect or animal bite requiring medical treatment by a medical professional</li> <li>• MRSA</li> <li>• Pneumonia</li> <li>• Pressure ulcer/decubitus ulcer</li> <li>• Seizure progressing to status epilepticus</li> </ul>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Behavioral crisis requiring emergency psychotropic medication</li> <li>• Behavioral crisis requiring crisis intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Positive COVID-19 test results</li> <li>• Administration of routine psychotropic medication without consent</li> <li>• Emergency situations, including fire, flooding, and serious property damage, that result in harm or risk of harm to persons supported</li> <li>• Fall with injury – minor (an injury that is treatable by a lay person) and serious (resulting in medical intervention and treatment)</li> <li>• Medication variance and omission</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal thrust/back blows/Heimlich maneuver</li> <li>• Administration of PRN psychotropic medication</li> <li>• Admission to: assisted care living facility, skilled nursing facility, ICF/IID, incarceration, planned and unplanned medical hospitalization, and psychiatric hospitalization</li> <li>• CPR or an automated external defibrillator (AED)</li> <li>• Crisis services: 911 call, EMT, ER</li> </ul>

<https://provider.amerigroup.com/TN>

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Tier 1: Reportable events	Tier 2: Reportable events	Additional events and interventions:  Reportable medical events	Additional events and interventions:  Reportable behavioral/ psychiatric events	Other reportable events	Additional events and interventions:  Reportable interventions
<ul style="list-style-type: none"> <li>• A suspicious injury where abuse or neglect is suspected and required medical treatment or an intervention, and the nature of the injury does not coincide with explanation of how the injury was sustained</li> <li>• Serious injury of an unknown cause. For purposes of this section, serious injury shall mean an injury that requires assessment and treatment beyond first aid that can be administered by a lay person. Assessment and treatment for a serious injury is in a hospital emergency room, in an urgent care center, or from a physician, nurse</li> </ul>	<p>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</p> <p><b>Note:</b> Emotional/psychological abuse can include an event that negatively affects a person and triggers a behavioral episode but does not require intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/psychological abuse will also include any such events that would have elicited mental anguish by a reasonably prudent person.</p>	<ul style="list-style-type: none"> <li>• Sepsis</li> <li>• Serious injury of known cause</li> <li>• Severe allergic reaction requiring medical attention</li> <li>• Severe dehydration requiring medical treatment by a medical professional</li> <li>• Skin infection (other than cellulitis and MRSA) requiring medical treatment by a medical professional</li> <li>• UTI</li> <li>• <b>Other (please explain on Reportable Event Form (REF))</b></li> </ul> <p><b>Reminder, please note:</b> Chronic condition shall mean a human health condition or disease that is persistent or otherwise long lasting in its effects, or a disease that comes with time. The term <i>chronic</i> is often applied when the course of the disease lasts for more than 3 months.</p>	<ul style="list-style-type: none"> <li>• Criminal conduct/probable criminal conduct: shall mean acts which lead to or can reasonably be expected to lead to police involvement, arrest, or incarceration of a person using services or an employee during the provision of services.</li> <li>• *Engagement with law enforcement shall mean face-to-face engagement/in person; is not reportable if police called and do not respond in person.</li> <li>• *Physical aggression: shall mean hostile, injurious, or destructive challenging action(s) that are not directly related</li> </ul>	<ul style="list-style-type: none"> <li>• Missing person &gt; (greater than) 1 hour; shall mean any person receiving services who is unexpectedly absent for longer than 60 continuous minutes after a reasonable search was conducted. The intent would follow the definition and what was in the person's PCSP. It should not be interpreted as to limit a person's rights or freedoms, or on the other hand, that a person could not be missing unless 24/7 supervision is required.</li> <li>• Enabling technology remote supports: failure to implement emergency back-up plans.</li> <li>• Unsafe environment (lack of cleanliness/hazardous conditions not otherwise expected to</li> </ul>	<p>visit, fire, mobile crisis services, police, and urgent care facility</p> <ul style="list-style-type: none"> <li>• Discharge from: assisted care living facility, skilled nursing facility, ICF/IID, incarceration, planned and unplanned medical hospitalization, and psychiatric hospitalization</li> <li>• Manual restraint</li> <li>• Mechanical restraint</li> <li>• Protective equipment X-ray (to rule out fracture)</li> </ul>

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<p>practitioner, or physician's assistant and/or nurse. Includes but is not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (for example, severe sprain) or torn muscles or tendons (for example, severe strain) requiring surgical repair, 2nd and 3rd degree burns, and loss of consciousness. Serious injuries can be both known and unknown</p> <ul style="list-style-type: none"> <li>Exploitation by provider personnel (employees or volunteers) of more than \$1,000 (Class E felony)</li> </ul>	<ul style="list-style-type: none"> <li>Suspicious injury in which abuse/neglect is suspected but did not require medical treatment or an intervention</li> <li>The deliberate misplacement; exploitation; or wrongful, temporary, or permanent use of belongings or money valued between \$250 and \$1,000 (for example, less than the threshold for misappropriation)</li> <li>Exploitation of a person supported which did not require medical treatment or an intervention</li> </ul>	<p>The provider is required to ensure that any chronic medical conditions are included in the Individual Support Plan (ISP)/Person Centered Support Plan (PCSP). If a condition is not identified as a “chronic condition” within the person’s plan of care, a Reportable Event Form (REF) is required to be submitted. If a “Chronic condition” is identified prior to an annual review, the provider must request that the plan be amended to reflect the change in condition.</p> <p><b>Note:</b> Choking episodes requiring physical intervention (for example, use of abdominal thrust, back blows, or Heimlich maneuver) are tracked and trended as a reportable medical event, including when intervention does not occur at an emergency room or urgent care facility.</p>	<p>to property destruction. Physical aggression is reportable with or without injury to the person supported or others (staff).</p> <ul style="list-style-type: none"> <li>*Property destruction exceeding \$100.00</li> <li>*Psychiatric admission (or observation), including in an acute care hospital</li> <li>*Reportable behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person (housemate, staff, private citizen/other)</li> <li>Self-injurious behavior (SIB): shall mean a self-inflicted physical injury</li> </ul>	<p>normally exist in the environment)</p> <ul style="list-style-type: none"> <li>Vehicle accident – minor (not resulting in an injury; treatable by a lay person) and serious (resulting in medical intervention and treatment)</li> <li>Victim of fire</li> </ul>	

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<ul style="list-style-type: none"> <li>Exploitation of a person supported that required medical treatment or an intervention</li> </ul> <p><b>Note:</b> There may be circumstances in which something would not fall under physical abuse, did not result in an injury, but could meet the legal definition for abuse of a vulnerable adult. With DIDD's increased involvement in the Vulnerable Adult Prosecutorial Investigative Team (VAPIT) meetings across the state, the DA may request that DIDD retain an investigation, rather than the provider.</p>			<p><b>Note:</b> For SIB to be reportable via <i>REF</i>, there must be an injury that requires assessment and treatment beyond basic first aid that can be administered by a layperson.</p> <ul style="list-style-type: none"> <li>*Sexual aggression: shall mean acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.</li> <li>*Suicide attempt</li> </ul> <p>NOTE: An asterisk (*) identifies those events <b>always considered</b> reportable behavioral/psychiatric events even if they did not require use of a behavior safety intervention or a</p>		

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			restrictive behavioral procedure.		

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

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

**DIDD 24/7 Investigations hotlines:** Phone: **888-633-1313**

	<b>Tier 1 reportable events:</b>	<b>Tier 2 reportable events:</b>	<b>Additional reportable events and interventions:</b>	<b>Non-reportable events:</b>
<b>Reportable? To whom?</b>	Yes (DIDD- to the Abuse Hotline; <b>and</b> by DIDD and MCO via Reportable Event Form (REF) to designated REM email inboxes) <b>and</b> APS/CPS for all abuse, neglect and/or exploitation events, and law enforcement when warranted  **Remember to also notify the person's coordinator and legal representative.	Yes (DIDD and MCO via Reportable Event Form (REF) to designated REM email inboxes) <b>and</b> APS/CPS for all abuse, neglect and/or exploitation events, and law enforcement when warranted.  **Remember to also notify the person's coordinator and legal representative.	Yes (DIDD and MCO via Reportable Event Form (REF) to designated REM email inboxes)  **Remember to also notify the person's coordinator and legal representative.	No — events involving allegations of abuse, neglect, and/or exploitation by non-paid supports fall outside of the scope of jurisdiction for DIDD investigations.  **Remember to also notify the person's coordinator and legal representative as part of the remediation to decrease the risk of recurrence of these events.  <b>Notification to the DIDD Abuse Hotline is not required for non-reportable events; however, all events involving allegations of neglect, abuse, and/or exploitation shall be reported to include APS, CPS, and/or law enforcement as warranted.</b>
<b>Reportable timeline</b>	<b>By telephone:</b> immediately but <b>no longer than 4 hours</b> after occurrence or discovery of occurrence	<b>In writing:</b> Completing the REF <b>by close of the next business day</b> after the occurrence or discovery of occurrence of a Tier 2	<b>In writing:</b> Completing the REF <b>by close of the next business day</b> after the occurrence or discovery of occurrence	<b>If at any time during remediation/follow-up of any additional event or intervention information is gathered that would result in the event rising to a Tier 1 or Tier 2, or additional reportable event/intervention,</b>

	<b>Tier 1 reportable events:</b>	<b>Tier 2 reportable events:</b>	<b>Additional reportable events and interventions:</b>	<b>Non-reportable events:</b>
	<p><b>In writing:</b> Completing the REF by close of the next business day after the occurrence or discovery of occurrence (regardless if the event is deemed to have occurred outside the provision of services) of a Tier 1 Reportable Event via the designated information system.</p> <p>APS/CPS within 24 hours for all abuse, neglect, and/or exploitation events.</p> <p><b>Law enforcement</b> as soon as possible when warranted.</p>	<p>Reportable Event via the designated information system.</p> <p>APS/CPS within 24 hours for all abuse, neglect, and/or exploitation events.</p> <p><b>If at any time during remediation/follow-up of any additional event or intervention information is gathered that would result in the event rising to a Tier 1, the entity that discovered the additional information is responsible for following the above-noted reporting requirements for the Tier 1 reporting.</b></p>	<p>of the additional reportable event/intervention via the designated information system.</p> <p><b>If at any time during remediation/follow-up of any additional event or intervention information is gathered that would result in the event rising to a Tier 1 or Tier 2, the entity that discovered the additional information is responsible for following the above-noted reporting requirements for the appropriate Tier.</b></p>	<p><b>the provider is responsible for following the noted reporting requirements for the appropriate Tier.</b></p>
<b>Who conducts investigation?</b>	DIDD with review by the MCO for potential quality of care issues. For Tier 1 events, DIDD shall notify the Division of TennCare, respective MCO(s), and provider(s) of the intent to investigate via an initial notification.	<p>All providers are responsible for conducting investigations of Tier 2 Reportable Events and submitting an investigation report via the designated information system for each Tier 2 event/investigation.</p> <p><b>Only certified provider investigators can complete Tier 2 provider investigations.</b></p>	Investigation not required	These events will not be investigated by DIDD but still require notification of appropriate outside entities and could be investigated by APS, CPS, and/or law enforcement.
<b>Time frame for investigation</b>	DIDD shall complete a thorough investigation within <b>30 calendar</b>	A completed investigation report and attachments shall be entered in the designated information	N/A	N/A

	<b>Tier 1 reportable events:</b>	<b>Tier 2 reportable events:</b>	<b>Additional reportable events and interventions:</b>	<b>Non-reportable events:</b>
	<p>days of the anchor date, unless an approved extension is granted.</p> <p><i>A Final Investigative Report</i> shall be provided to the Division of TennCare, MCO(s), DIDD Regional Office, and provider(s).</p>	<p>system within <b>25</b> calendar days of the anchor date by the provider. By the 30th day from the anchor date, DIDD will submit the final investigation to the MCO and provider.</p>		
<b>Administrative leave</b>	Yes, for physical/sexual abuse with exception process; provider policy/discretion for other Tier 1 incident types	At provider discretion and in accordance with provider's policy	N/A	N/A
<b>Who tracks and trends?</b>	DIDD, MCO, and provider	DIDD, MCO, and provider	DIDD, MCO, and providers are responsible for performing data collection and analysis for all reportable events and interventions.	Although non-reportable events are not reportable to DIDD or the MCO, providers are expected to document, perform data collection and trend analysis, and address these events internally as part of strategic quality improvement processes that lead to improved outcomes. Provider oversight for non-reportable events will continue to be monitored by DIDD and the MCO during annual quality monitoring surveys and through recredentialing site visits with Provider Relations.
<b>Action plan/remediation</b>	<p>The provider will complete the action plan for all substantiated class 1 and class 2 investigations.</p> <p>For investigations completed by APS/CPS and/or law enforcement, the person's circle of support (COS), care team, clinicians, etc. will work together to determine steps of remediation as warranted.</p>	10 days after receipt of the final investigation report, the provider will complete the action plan for all substantiated class 2 investigations.	It is considered best practice that the provider, in collaboration with the COS, identifies areas of concern and provides remediation, when applicable, to decrease the event from recurring.	The provider is responsible for appropriate action, including documentation, with review as part of DIDD and MCO quality assurance processes.