



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: ADMINISTRATIVE REQUIREMENTS

Subject: Serious Occurrence Report

Reference: ARM 52.3.811

PURPOSE

The Senior and Long Term Care Division has established a system of reporting and monitoring serious incidents that involve members served by the Community Services Bureau (CSB) in order to identify, manage and mitigate overall risk to a member. Information obtained through this reporting system is used to assist the individual, family and provider agency in the development, implementation and modification of the member's individual service plan and to assist CSB in quality oversight, accountability and improvement efforts.

DEFINITION

Serious Occurrence: A significant event which affects the health, welfare, or safety of a member served under the circumstances listed below. Many members are vulnerable to abuse or neglect. All persons employed by a provider agency participating in Medicaid CSB services are mandated by law to report any instances or suspected instances of abuse or neglect to Adult Protective Services (APS) or Child Protective Services (CPS) (ARM 52-3-811). They are also required to complete a Serious Occurrence Report (SOR) electronically in the Quality Assurance Management System (QAMS).

The following is a list of incidents necessitating a Serious Occurrence Report:

1. Suspected or known exploitation, physical, emotional, sexual or verbal abuse.
2. Neglect of the member, self-neglect, or neglect by a paid caregiver.
3. Sexual harassment by a provider agency employee or a member.
4. Any injury that results in hospital emergency room or equivalent level of treatment. The injury may be either observed or discovered. An SOR would be required for any injury that occurred within the last 90 days.
5. An unsafe or unsanitary working or living environment which puts the personal care attendant (PCA) and/or member at risk.

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6. Any event that is reported to Adult Protective Services, Child Protective Services, Law Enforcement, the Ombudsman Program or Quality Assurance Division/Licensing.
7. Referrals to the Medicaid Fraud Unit.
8. Psychiatric Emergency: Admission of an individual to a hospital or mental health facility for a psychiatric emergency.
9. Medication Emergency: When there is a discrepancy between the medication that a physician prescribes and what the member actually takes, and this results in hospital emergency room or equivalent level of treatment or hospital admissions; or any medication error occurring during the provision of Medicaid reimbursed nursing (PDN, Home Health or Hospice) services.
10. Suicide, suicide attempt or suicide threat.

PROCEDURE

1. Appropriate submission of SORs is mandatory.
2. All provider agencies that are enrolled with Medicaid to provide personal assistance services, community first choice services, home health services, hospice services, HCBS case management services, and Big Sky Bonanza Independence Advisor and Fiscal Manager services are required to report a SOR.
3. When a provider agency is notified about an event that meets the SOR definition they are required to report the incident in QAMS as an SOR.
4. The provider agency that enters the SOR is considered the “initiating provider”. If the member is served by another provider agency (i.e. member is on case management and CFC/PAS), the initiating provider must include the other provider agency in QAMS on the “secondary provider” line.
 - a. If the secondary provider does not have access to QAMS, the initiating agency must print out a summary report of the SOR and send or fax it to the secondary provider.
 - b. If there are more than two secondary provider agencies the initiating provider is responsible to note the additional providers in the incident description field and send a copy of the SOR report to those providers.

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5. The SOR must be entered into the QAMS database and submitted to the Regional Program Officer (RPO) within 10 working days from the date the incident is reported to the provider.
6. The initiating provider is responsible to complete all of the required fields of the SOR and submit the report to the RPO.
7. When the SOR is submitted the RPO and the secondary provider, when applicable, will be notified via email of the submission of the report.
8. The RPO must review and return all SORs that are submitted to them within 10 working days.
9. ➤ The secondary provider must review and respond to the SOR in QAMS within ten working days and take additional action, as necessary. The secondary provider must enter follow-up action on the SOR report in the correction action item field.
10. The primary and secondary agency must review all corrective action items assigned to them, complete the corrective action item, and enter the completion date in QAMS.
11. The RPO will close SOR once all of the corrective action items have been completed by the provider agencies.
12. If a provider has concerns about another provider agency, they should inform the RPO and, upon request, complete the Request for Case Review form DPHHS-MA-128 (Refer to CSB 309).