

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 500</i>	Subject: Serious Occurrence Report

Definition

- (1) A “serious occurrence” means a critical incident, including abuse, neglect, and exploitation as defined by Montana Code Annotated, 52-5-803, involving a member which affects the health, welfare, or safety of the member under the circumstances listed below.

Procedure

- (1) Types of serious occurrences that must be reported are as follows:
- (a) suspected or known physical, emotional, sexual, financial or verbal abuses;
 - (b) neglect of the member, self-neglect, or neglect by a paid caregiver;
 - (c) sexual harassment by an agency employee or individual;
 - (d) any injury that results in hospital emergency room or equivalent level of treatment. The injury may be either observed or discovered;
 - (e) an unsafe or unsanitary working or living environment which puts the worker and/or member at risk;
 - (f) any event that is reported to Adult Protective Services, law enforcement, the Ombudsman Program, Quality Assurance Division/Licensure; or the Drug Utilization Review Board;
 - (g) referrals to the Medicaid Fraud Unit;
 - (h) psychiatric emergency: Admission of a member to a hospital or mental health facility for a psychiatric emergency;
 - (i) medication errors: When an error is detected in medication management; errors that must be reported include:
 - (i) missing medication;
 - (ii) doses that were refused or missed by the member with supporting documentation;

- (iii) any adverse reaction, unexpected effects, or medication errors.
 - (j) suicide ideation, attempt, threat, or death;
 - (k) all use of restrictive interventions, seclusion, or restraints; or
 - (l) fiscal exploitation.
- (2) All serious occurrences must be reported within 24 hours of receiving the information or witnessing the serious occurrence as follows:
- (a) all case management teams (CMT) and provider agencies with access to the Quality Assurance Management System (QAMS) are required to report and respond to Serious Occurrence Reports (SOR) in database; and
 - (b) all other providers that do not have access to QAMS must report the SOR to the CMT for entry into QAMS.
- (3) Members, family members, and other concerned individuals who do not have access to QAMS may report incidents to the CMT who enter it into QAMS.
- (4) The CMT and/or the provider agencies who have access to QAMS must finalize the Corrective Action Plan in QAMS within 5 working days from the initial entry date.
- (5) The Corrective Action Plan must:
- (a) outline the task(s) that the service provider will complete in order to assist in ensuring the health and safety of the member,
 - (b) enter a due date, and
 - (c) enter a completion date.
- (6) The Community Program Officers review, sign off, and close all SORs entered into QAMS.