



agency for persons with disabilities  
State of Florida

<b>Short Title: Incident Reporting for Clients Living in the Community</b>	<b>APD Operating Procedure #: 3-0006</b>
	<b>New Policy:</b> <input type="checkbox"/> <b>Established Policy:</b> <input type="checkbox"/> <b>New Procedure:</b> <input type="checkbox"/> <b>Established Procedure:</b> <input checked="" type="checkbox"/>
<b>Full Title: Incident Reporting for Clients Living in the Community</b>	<b>Authorized Signature:</b> <i>Karen X. [Signature], COS</i>
<b>Owner: Operations</b>	<b>Effective Date:</b> <i>10/20/2016</i>

**Table of Contents**

I. Purpose: ..... 1

II. Authority/Reference(s): ..... 1

III. Scope: ..... 2

IV. Policy: ..... 2

V. Definitions: ..... 3

VI. Responsibilities: ..... 6

VII. Procedures involving the Initial Report of an Incident: ..... 7

VIII. Procedures Involving Allegations of Abuse, Neglect, Exploitation, and Sexual Misconduct . 9

IX. Procedures on tracking Reporting and Process Management of Incidents..... 11

X. Revision/History: ..... 11

XI. Attachments: ..... 13

**I. Purpose:**

To establish a procedure and guidelines for reporting and responding to critical and reportable incidents involving clients of the Agency for Persons with Disabilities (APD) living in the community.

**II. Authority/Reference(s):**

Section 409.906, Florida Statutes (F.S.) and Chapter 59G, Florida Administrative Code (F.A.C.), authorize the Florida Medicaid DD waiver

APD Operating Procedure 4-0007, relating to plan of remediation

Section 393.067(7), F.S. relating to Facility Licensure

Section 393.135, F.S., relating to the personal treatment of persons with developmental disabilities and relating to sexual misconduct

Section 393.0655(5), F.S., relating to provider disqualifying offenses

Chapter 415, F.S., relating to adult protective services

Section 394, F.S., relating to mental health

Chapter 65G-2, Florida Administrative Code (F.A.C.)

Chapter 39, F.S., proceedings relating to children

### III. Scope:

- a) This operating procedure applies to incident reporting in APD community programs, in APD contracted and licensed residential facilities, and in any other community settings. Incident reporting in APD Developmental Disability Centers is governed by APD operating procedures 10-005, 10-006, and 10-007.
- b) This operating procedure shall apply to APD employees managing incident reporting involving clients of APD in the community.
- c) This operating procedure shall apply to all individuals residing in APD-licensed homes.
- d) This operating procedure does not apply to Intermediate Care Facilities (ICFs) licensed by the Agency for Health Care Administration which care for APD clients residing in those facilities.
- e) The reporting of medication errors is governed by Chapter 65G-7, F.A.C.
- f) This operating procedure does not replace the abuse, neglect and exploitation reporting required by state law and rule. Regardless of the reporting requirements provided in this operating procedure, allegations of abuse, neglect or exploitation must always be reported **immediately** to the Florida Abuse Hotline at 1-800-962-2873.

### IV. Policy:

- a) APD will establish, publish and maintain the policies and procedures needed to carry out its mission in a consistent, predictable and repeatable manner.
- b) APD will establish a procedure and guidelines for reporting, responding to, and analyzing information related to critical and reportable incidents involving clients of APD living in the community.

- c) APD Regional Offices and the Office of the Deputy Director of Operations will assure that this Operating Procedure is implemented and followed accurately.
- d) APD Deputy Director of Operations Office will assure that an Incident Reporting training curriculum and plan be developed and utilized to train APD Regional employees statewide.
- e) APD Deputy Director of Operations Office will assure that an Incident Reporting Training Plan will be developed for APD providers that they will be required to take prior to working with APD clients.

**V. Definitions:**

- a) **Agency:** Refers to the APD, unless otherwise specified.
- b) **Client:** Any person determined eligible by the Agency for services under Chapter 393, F.S.
- c) **Incident:** An occurrence which could potentially impact the health, safety and well-being of APD clients. The incident may or may not occur under the care of a provider and can involve clients of APD and provider employees.
- i) Critical and Reportable incidents are defined in Chapter 65G-2.10(5) and the iBudget Handbook.

**1. Critical Incidents:**

**Unexpected Client Death:** The death of a client of APD that occurs due to or allegedly due to an accident, act of abuse, neglect, or other unexpected incident. This may include, but not be limited to, homicides, motor vehicle accidents, accidental drug overdose, heart attack, stroke, trauma, sudden death from an undiagnosed condition, or rapid deterioration from medical conditions. Upon notification, a Report of Death (ROD) is initiated and completed by the Medical Case Manager. The ROD must be forwarded to the State Office.

**Life Threatening Injury:** The severe injury involving a substantial risk of death or substantial impairment of body. This injury or condition may be a result of or allegedly due to an accident, act of abuse, neglect, or other unexpected incident.

**Sexual Misconduct:** Any alleged or confirmed sexual activity as described in s. 393.135, F.S. that occurs between a client and a provider regardless of the consent of the client, incidents of nonconsensual sexual activity between clients or sexual activity involving a child.

**Missing Child or Adult Who Has Been Adjudicated Incompetent:**

The unauthorized absence or unknown whereabouts, for more than one hour, of a minor or an adult who has been adjudicated incompetent and is receiving services from an APD provider. When reported by the provider, a case number from law enforcement should be provided.

**Media Involvement:** An occurrence or circumstance that has initiated unfavorable media attention regarding APD, a provider or a client.

**Provider Arrest:** The arrest of a provider or a provider employee for a potentially disqualifying offense, pursuant to Section 393.0655, F.S.

**Violent Crime Arrest:** The arrest of a client for a violent crime.

**Verified Abuse, Neglect or Exploitation Investigation:** A Protective Services Investigation from the Department of Children and Families (DCF) that verifies a provider or provider staff has committed an act of abuse, neglect, exploitation, abandonment, or human trafficking as defined in Chapter 39 F.S and Chapter 415 F.S.

**2. Reportable Incident:**

**Altercation:** A physical confrontation occurring between a client and a member of the community, a client and provider, or two or more clients at the time services are being rendered and that results in law enforcement contact. If the altercation results in client injury requiring medical attention in an urgent care, emergency room or physician's office setting, it is to be reported as a Client Injury. If the altercation results in client arrest, it is to be reported as a Client Arrest.

**Baker Act:** The involuntary admission of a client of APD to a receiving facility for involuntary examination or placement for psychiatric care. Criteria for initiating a Baker Act placement, and individuals authorized to initiate a Baker Act of an individual is defined within Chapter 394 F.S.

**Client Injury:** An injury sustained or allegedly sustained by a client due to an accident, act of abuse, neglect or other incident occurring during the time s/he is receiving services from an APD provider that requires medical attention in an urgent care center, emergency room, or physician office setting. The injury sustained is not categorized as life-threatening.

**Emergency Room Visit/Hospitalization:** Any illness that requires a client to receive treatment at an Emergency Room, Urgent Care, and/or a Hospital.

**Expected Client Death:** A client death that is considered "natural" from long-standing progressive medical conditions or age-related conditions (e.g. end-stage cancers, end-stage kidney or liver disease). A Report of Death is to be initiated and completed by the Medical Case Manager who forwards it to the State Office.

**Missing Competent Adult:** The unauthorized absence or unknown whereabouts beyond eight hours of a legally competent adult client receiving services from an APD provider. If the person is known to lack capacity to make safe decisions, it is the sole discretion of the provider to report the person missing prior to eight hours to the Regional office and law enforcement.

**Suicide Attempt:** An act which clearly reflects the physical attempt by a client to cause his or her own death.

**Non-violent Crime Arrest:** The arrest of a client, which occurs while a client is under the direct care of a provider as a result of non-violent crime (e.g. drug related charges, loitering).

- d) **Medical Case Management:** The health and safety oversight designated by the APD Regional Office as the service area Medical Case Manager Registered Nurse.
- e) **Operating Procedure:** A guide for administration, management and maintenance of an Agency process.
- f) **Plan-Do-Check-Act:** A quality improvement process used for continuous improvement in a given process.
- g) **Plan of Remediation (POR):** A plan submitted by the provider to address all Quality Improvement Organization (QIO) "Not Met" citations, Alerts, Complaints, Incident Reports, Audits, and other items cited as out of compliance during provider reviews. The POR is the action plan used by APD to track and ensure all citations and complaints identified are being addressed and resolved by the provider.
- h) **Provider:** Any paid staff member, volunteer, or intern; any person under contract with APD; or any person providing care or support to a client on behalf of APD.
- i) **Regional Office:** For the purpose of this Operating Procedure, APD Regional Office shall include the Field Office as well as the corresponding Regional Office.

- j) **Report of Death (ROD):** The APD form that is completed by APD providers or Waiver Support Coordinators when a client death occurs, is reviewed by the Regional office Medical Case Manager, and then submitted by Regional office staff to the State Office.

**VI. Responsibilities:**

a) APD Regional Responsibilities:

- i. Each APD Regional Operations Manager shall ensure that all APD providers are informed about and provided with the following:
  - 1. The most current contact information for reporting incidents to the APD Regional Office.
  - 2. The after-hours contact phone number of the APD Regional Operations Manager or designee for reporting.
- ii. APD Regional Offices are required to have an on-call number staffed at all times, 24 hours a day, 7 days a week, including holidays.
- iii. Ensure incidents are reported in the required timeframe outlined in Chapter 65G-2.10(5), F.A.C. and the iBudget Handbook. If the incident is not reported within the required time, Regional staff must provide technical assistance to the provider on the reporting requirements and maintain documentation of the provider being counseled.
- iv. Critical and Reportable incidents may result in a provider being required to submit a POR to address what actions are being taken to prevent the reoccurrence of an incident, or what follow up is being done to address an incident. If a Plan of Remediation is initiated as a result of an incident (Critical or Reportable), Regional Office staff will follow established business protocol for completing POR. Repeated counseling or technical assistance on the same issue will result in a POR.
- v. Ensure the initial action(s) has been taken by the provider and any Corrective Action Plan (CAP) initiated appropriately addresses and eliminates the possibility of another incident of the same and/or similar nature from occurring.

b) State Office Responsibilities:

- i. All allegations of abuse, neglect, exploitation, or sexual misconduct involving any providers whether solo or employed by provider agencies which are reported to State Office must be immediately staffed with designated Executive Management Team members for the purposes of determining the

need for immediate disciplinary action to be taken against such providers, and ensuring the health and safety of APD clients.

- ii. The Office of the Deputy Director of Operations will appoint a process owner who will have lead responsibility for all Incident Process Management and will serve as the point of contact for Critical Incident reports.

**VII. Procedures involving the Initial Report of an Incident:**

- a) The following establishes a process to guide the Agency in reporting, tracking and pursuing further action to ensure the health and safety of Agency clients. Incidents are categorized into two types: Critical and Reportable.
  - i. The provider must take immediate action to resolve the situation and ensure client health and safety.
    - 1. For critical incidents, the provider must report the incident to the appropriate APD Regional Office by telephone, email, or in person within one hour of becoming aware of the incident. If the incident occurs after normal business hours or on a weekend or holiday the person reporting must call the APD after-hours designee. If the incident occurs between the hours of 8:00 p.m. and 8:00 a.m., the incident must be reported no later than 9:00 a.m. the next day. The verbal report must be followed by the APD Incident Reporting Form. The Incident Reporting Form must be submitted to the APD regional office at the earliest opportunity, but no later than the next business day.
    - 2. For reportable incidents, the provider must report the incident to the appropriate APD Regional Office within one business day following the incident through completion of a written incident report which may be faxed, electronically mailed, or personally delivered to the APD Regional Office.
  - ii. The APD Regional Operations Manager or designee will review and verify, as defined by this Operating Procedure, the classification of the incident as critical or reportable.
  - iii. For critical incidents, the APD Regional Operations Manager or designee will, within one hour, inform APD's Deputy Director of Operations or designee(s) at the State Office of the critical incident by telephone or by email notification. Documentation of the initial notification must be entered into the State Office designated Incident Report Tracking System.
    - 1. The APD Regional Operations Manager or designee must email all information relating to the incident to the designated State Office Incident Reporting email address within 24 hours of becoming aware of the incident. The email must include the following information:

- a) The phrase ***“APD Critical Incident (contains confidential or exempt information)”*** must be in the subject line,
  - b) A brief description of what happened, what the Region and/or provider is doing in response to the incident, and
  - c) An electronic copy of the incident report, progress note, follow up report, and any additional documentation/information applicable to the incident.
- iv. The APD Regional Office staff must verify and ensure that all required parties identified on the Incident Reporting Form have been notified of the incident.
  - v. If there are Reportable Incident(s) that lead to a Critical Incident, the Reportable Incident(s) should be sent to State Office in the email with the Critical Incident as additional documentation/information relating to the Critical Incident.
  - vi. APD Regional Office will ensure the Waiver Support Coordinator is made aware of the incident and direct them to take actions as appropriate.
  - vii. Incident Reports received by the Regional Offices involving medical and/or behavior concerns are to be routed and reviewed by the Regional Office’s Medical Case Manager and Behavioral Analyst in order to analyze and coordinate appropriate follow up actions to be taken.

b) Procedures Involving Follow Up on a Reported Incident:

- i) Follow up by the Regional office is required and is intended to protect clients, gain control of or manage the situation, and ensure the health, safety and well-being of the client and other clients in the provider’s care.
- ii) Follow up measures taken by the provider (or APD staff as appropriate) to protect clients, gain control or manage the situation must be noted on the second page of the Incident Reporting Form which may be completed at a later date, not to exceed 90 calendar days. The measures must specify what actions will be taken to prevent a recurrence of the same type of incident.
- iii) The State Office process owner may request from the APD Regional Offices any additional information on incident reports as needed.
- iv) Incidents and any follow up information will be shared with the Agency Director and Executive Management Team (EMT) by the APD Deputy Director of Operations or Designee as appropriate.
- v) Follow up information submitted shall include, if applicable, but not be limited to the following:

1. Names and relationship to the Agency of all participants involved in the incident,
2. Competency information of client(s) involved,
3. Results of any Medical Case Manager's (MCM) review,
4. If the incident is a death, the MCM is to initiate and complete a ROD. Any identified planned autopsy noted in the ROD is to be followed up on with the results forwarded to the State Office's Medical Case Manager to review,
5. Verification that other clients in the care of the provider are not in danger,
6. Any police investigation, police report or protective investigation report regarding this incident,
7. If the client has been arrested for a violent crime, include bond information, crime charged with, release date, court date, status of victim(s), if any,
8. Any Administrative Complaint or Agency Action being taken on the Provider as a result of the reported incident.

**VIII. Procedures Involving Allegations of Abuse, Neglect, Exploitation, and Sexual Misconduct**

- a) Within 24 hours following receipt of any allegation of abuse, neglect, or exploitation of an APD client occurring within an APD-licensed facility, Adult Day Training program, or Supported Living setting, APD Regional staff shall make a site visit to the location in order to ensure the health, safety, and welfare of the clients. Regional staff are expected to communicate directly with the alleged victims and their support coordinators to assess the validity of the allegations (see attachment: Conducting Interviews of Individuals with Developmental Disabilities). Actions to ensure client safety must be taken immediately.
- b) Allegations of abuse, neglect, exploitation, or sexual misconduct involving solo providers, owners or employees of provider agencies, and/or licensees must be staffed with designated Executive Management Team members in State Office for the purpose of determining the need for immediate disciplinary action to be taken against such providers. Initial and follow up information pertaining to critical incidents involving alleged or confirmed sexual misconduct as defined

by section 393.135, F.S. by providers shall also be shared with the Agency's Office of Inspector General.

- c) APD Regional Offices are expected to provide whatever assistance and support that is required to Medicaid fraud staff, DCF abuse investigators, local law enforcement officers, and other authorized officials during the course of investigations into allegations of abuse, neglect, exploitation, or other issues of concern involving APD clients.
- d) Although DCF and/or law enforcement officials are responsible for investigating allegations of abuse, neglect, exploitation, or criminal activity committed against APD clients, in cases involving allegations against APD providers, APD Regional staff shall take the following actions in order to ensure client health and safety:
  - i. Ensure immediate safeguards have been implemented to protect the health, safety, and well-being of the clients.
  - ii. Communicate directly with the alleged victims as well as all other clients receiving services from the alleged perpetrator in order to assess the validity of the allegations.
  - iii. Review the provider and/or licensing file and determine if there are previous complaints or issues of concern with the provider.
  - iv. Communicate all information received to the designated State Office staff member so that a decision can be made regarding the need for immediate disciplinary action to be taken against the service provider
- e) APD Regional Offices will be expected to follow up and interact with Department of Children and Families and/or Law Enforcement Officials in regards to ongoing investigations regarding allegations of abuse, neglect, exploitation, or criminal activity committed against APD clients, in cases involving allegations against APD providers. For incidents involving DCF or law enforcement, APD Regional staff should inform the DCF or law enforcement officials that APD staff will be interviewing the alleged victim as well as other clients served by the provider (unless they are specifically directed not to do so by the investigator).
- f) For incidents involving DCF or law enforcement, Regional staff will make contact as necessary with the investigator for status updates until the investigation is concluded. If Regional staff are unable to obtain status updates initially and as the investigation progresses, the Regional Operations Manager should contact the Deputy Director of Operations. He/ She will communicate to the Agency Director, who will solicit support from other entities (internal/external) to obtain information about the investigation. Contacts and update information shall be documented in the Regional tracking system

- g) APD Regional Offices should encourage and/or facilitate crisis counseling where available and appropriate to assist with the healing and recovery process for individuals with developmental disabilities who have experienced abuse, neglect, and/or exploitation.

**IX. Procedures on Tracking, Reporting and Process Management of Incidents:**

- a) APD Regional Offices will store their Region's incident reports (reportable and critical), progress notes, and Regional incident report logs in one centralized location that is designated by the State Office.
- b) The APD Regional Office Work Stream Lead as assigned by the Regional Operations Manager shall designate an owner of the incident once it has been submitted to the Region by the provider. The incident owner will keep track of the incident follow up and who is currently working on the incident.
- c) Upon receipt of each incident report, Regional staff should check the tracking system for previous incident reports involving the same individual(s) and providers. Repeated incidents of a similar nature may indicate a need for additional follow up and actions on the part of the Region (additional monitoring oversight, medical or behavioral review, technical assistance to the provider, disciplinary actions, etc.).
- d) Any action regarding the incident report will be in a detailed progress note. All phone calls, emails, discussions, and other types of communication pertaining to an incident must be documented and entered into the internal tracking system.
- e) The APD State Office will conduct data analysis on incident reports entered into the centralized location from Regional Offices on a routine and ongoing basis as part of quality improvement activities.
- f) APD Deputy Director of Operations and the State Office Incident Reporting process owner will identify any trends in data or patterns of concern for possible investigation and review of follow up actions by APD State Office.
- g) The State Office process owner will be responsible for analyzing and presenting trend data on critical and reportable incidents to the APD Director and Executive Management Team and recommend actions to address identified issues of concern. Additionally, the State Office process owner will be responsible for process performance measurement using a Plan-Do-Check-Act methodology. Policies and procedures will be revised as appropriate.

**X. Revision/History:**

May 15, 2016, Jackie Schaffer, Regional Supports  
September 19, 2005, Mac McCoy, Deputy Director of Operations

**XI. Attachments:**

- a. APD Incident Reporting Form and Instructions
- b. Progress Note Template
- c. Guide for Critical Incident Management/Sexual Misconduct Between Providers and Consumers
- d. Conducting Interviews of Individuals with Developmental Disabilities

## Attachment A

### INCIDENT REPORTING FORM

THIS DOCUMENT IS SUBJECT TO CONFIDENTIALITY REQUIREMENTS AND SHOULD BE HANDLED ACCORDINGLY

<b>APD STAFF USE ONLY:</b> REVIEWED BY: _____ ADDITIONAL STAFF REVIEW: Medical Case Manager _____ APD Behavior Analyst _____	REGION: _____ FIELD OFFICE #: _____ REVIEWED DATE: _____ FORWARDED TO: Regional Operations Manager _____ Deputy Director of Operations _____
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INITIAL REPORT:  FOLLOW-UP ONLY:

	NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD
PERSONS INVOLVED					

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ County: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hotline Called                   | <input type="checkbox"/> Law Enforcement Involved | <input type="checkbox"/> Parent/Legal Rep. Notified |
| <input type="checkbox"/> DCF Notified (if in DCF custody) | <input type="checkbox"/> ROM/ Designee Notified   | <input type="checkbox"/> WSC Notified               |
| <input type="checkbox"/> Open Court Case                  |   |   |

#### CRITICAL INCIDENT – Must be reported immediately

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Unexpected Client Death | <input type="checkbox"/> Violent Crime Arrest  | <input type="checkbox"/> Media Involvement               |
| <input type="checkbox"/> Life Threatening Injury | <input type="checkbox"/> Provider Arrest       | <input type="checkbox"/> Missing Child/Incompetent Adult |
| <input type="checkbox"/> Sexual Misconduct       | <input type="checkbox"/> Verified Abuse Report |  |

#### REPORTABLE INCIDENT – Must be reported by next business day

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Expected Client Death | <input type="checkbox"/> Client Injury Adult | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Non-Violent Crime Arrest |
| <input type="checkbox"/> Altercation           |  | <input type="checkbox"/> Baker Act       | <input type="checkbox"/> ER/ Hospitalization      |

#### INCIDENT LOCATION

- Licensed Home   
  Community Based Service   
  Supported Living  
 Family Home   
  School   
  ADT   
  Other

#### PROVIDER INFORMATION

**Complete information with no abbreviations**

Name of Facility or Provider:	Address:
Telephone Number:	Date of This Report:

#### DESCRIPTION OF EVENT

WHO, WHAT, WHEN, WHERE, HOW, ANY INJURY OR TREATMENT PROVIDED

Click here to enter text. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Reporting: \_\_\_\_\_

Phone: \_\_\_\_\_

Reviewing Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Waiver Support Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>FOLLOW-UP REPORT</b> <i>(This section may be completed at a later date)</i>
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PERSONS INVOLVED	NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD

Date of Initial Incident: \_\_\_\_\_

Date of Follow-Up Report: \_\_\_\_\_

Briefly describe follow-up measures taken (Corrective, Legal, Medical, Disciplinary, or other measures) since incident was last reported (include dates if applicable):

*Click here to enter text.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate/Follow-up Action Taken by Region (if applicable):

*Click here to enter text.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Reporting: \_\_\_\_\_

Phone: \_\_\_\_\_

Reviewing Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Waiver Support Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

APD Only	Lead/Backup Staff on Follow-Up
	Plan of Remediation Initiated: <input type="checkbox"/>

## **Incident Reporting Form Instructions**

Please note that all information filled out on this form must be typed, with the exception of any signatures and/or initials.

This incident Reporting Form does **not** replace the abuse, neglect and exploitation reporting required by state law and rule and must always be immediately reported to the Florida Abuse Hotline at 1-800-962-2873.

Critical Incidents must be reported to the APD Regional/ Field Office immediately upon being made aware of the incident. The initial report may be made via telephone, however, an Incident Reporting Form must be filled out and submitted no later than one business day after initial reporting.

Reportable Incidents must be reported to the APD Regional/Field Office within one business day through the completion of the Incident Reporting Form.

### **Action**

**INITIAL REPORT or FOLLOW UP ONLY:** Check the box relevant to the Incident. If this is the first report being completed for an incident, check **INITIAL REPORT**. If there is follow up information regarding an incident, check **FOLLOW UP ONLY** and complete the second page of the report. All follow up must be noted on the second page.

**PERSONS INVOLVED:** List the name of all individuals involved in the incident, their Date of Birth, Sex, iBudget Pin (*if applicable*), and their relationship to APD (*APD Consumer, Provider Employee, APD Employee*).

**DATE OF INCIDENT:** The date the incident occurred.

**TIME OF INCIDENT:** The time the incident occurred.

**COUNTY:** The County in Florida that the incident occurred.

**HOTLINE CALLED:** Check if the Abuse Hotline was called as a result of the incident.

**LAW ENFORCEMENT INVOLVED:** Check if Law Enforcement was involved in the incident. This may include law enforcement called and/or law enforcement responded to incident.

**PARENT/ LEGAL REP. NOTIFIED:** Check if the individual's parent or legal representative was notified.

**DCF NOTIFIED (IF IN DCF CUSTODY):** Check box if DCF was notified. Only notify DCF if the individual involved in the incident is in DCF custody.

**ROM/ DESIGNEE NOTIFIED:** Check box if this incident was reported to APD Regional Operations Manager or designee.

**WSC NOTIFIED:** Check box if the involved individual's Waiver Support Coordinator was notified regarding the incident.

### **Critical Incident**

Incidents in this category must be reported to APD within 1 hour upon becoming aware. Select the category that applies to the incident being reported.

**UNEXPECTED CLIENT DEATH:** The death of an individual due to an unexpected incident. Examples may include, but not limited to, trauma, stroke, drug overdose, homicides, motor vehicle accident, etc.

**LIFE THREATENING INJURY:** The severe injury involving a substantial risk of death, loss of or substantial impairment of body. This may also include serious illness that may be a result of Abuse, Neglect, or Exploitation. This injury or condition may be a result of or allegedly due to an accident, act of abuse, neglect or other unexpected incident.

**SEXUAL MISCONDUCT:** Any sexual activity, as described in s. 393.135, F.S., that occurs between client and a provider (*Regardless of consent*), incidents of nonconsensual sexual activity between clients or any other nonconsensual sexual activity involving a client.

**MEDIA INVOLVEMENT:** An unusual occurrence or circumstance that **may** initiate unfavorable media attention.

**VIOLENT CRIME ARREST:** The arrest of a client with violent charges. Violent charges include, but not limited to, aggravated assault, assault and battery, domestic violence, homicide, manslaughter, murder, terrorism, theft/larceny, forcible rape.

**PROVIDER ARREST:** The arrest of a provider for a potentially disqualifying offense, pursuant to Section 393.0655, F.S.

**VERIFIED ABUSE REPORT:** A protective investigation from the Department of Children and Families (DCF) that verifies a provider or provider staff has committed an act of abuse, neglect and/ or exploitation as defined in Chapter 39 F.S. and Chapter 415 F.S., of a client. If a provider is made aware of an abuse investigation with verified findings, the provider shall submit an incident report immediately.

**MISSING CHILD OR ADJUDICATED INCOMPETENT ADULT:** The unauthorized absence or unknown whereabouts, for more than one (1) hour, of a minor or an adult who has been adjudicated incompetent. It is at the sole discretion of the provider to report the person missing prior to the one hour to local law enforcement and APD Regional/Field office.

### **Reportable Incident**

Incidents in this category must be reported to APD within one (1) business day upon becoming aware. Select the category that applies to the incident being reported.

**EXPECTED CLIENT DEATH:** A client death that is considered "natural" from long-standing progressive medical conditions or age-related conditions. This includes, but not limited to: end stage cancers, heart disease, individuals in hospice care, etc.

**ALTERCATION:** A physical confrontation occurring between a client and a member of the community, a client and provider, or two or more clients at the time services are being rendered and that results in law enforcement contact.

**CLIENT INJURY:** An injury sustained or allegedly sustained by a client due to an accident, act of abuse, neglect or other incident occurring during the time s/he is receiving services from an APD provider that requires medical attention in an urgent care center, emergency room, or physician office setting.

**MISSING COMPETENT ADULT:** The unauthorized absence or unknown whereabouts beyond eight hours of a legally competent adult client receiving services from an APD provider.

- If the person is known to lack capacity to make safe decisions, it is the sole discretion of the provider to report the person missing prior to the eight hours to APD and law enforcement.

**SUICIDE ATTEMPT:** An act which clearly reflects the physical attempt by a client to cause his or her own death.

**BAKER ACT:** The involuntary admission of a client of APD to a receiving facility for involuntary examination or placement, by individuals authorized to initiate a Baker Act as defined within Chapter 394 F.S.

**NON-VIOLENT CRIME ARREST:** The arrest of a client, which occurs while a client is under the direct care of a licensed or contracted provider, or Medicaid Waiver providers as a result of a non-violent crime. E.g. drug related charges, loitering, failure to appear, etc.)

**ER VISIT/ HOSPITALIZATION:** Any illness that requires a client to receive treatment at an Emergency Room, Urgent Care, and/or a Hospital.

**INCIDENT LOCATION:** Check the location the incident occurs. There should only be one check box checked.

**PROVIDER INFORMATION:** The information completed in this field should be the provider information where the incident occurred. Do not use abbreviations in Name or Address, include the Area code for the phone number and complete the date of the report completed.

**DESCRIPTION OF EVENT:** Provide a complete narrative description of the incident. This includes, but is not limited to, persons involved, what happened, when the incident happened, where the incident happened, how the incident happened, and any treatment or actions taken immediately by provider and others involved.

**PERSON REPORTING:** The person filling out the Incident Reporting Form. Include direct phone number with area code.

**REVIEWING SUPERVISOR:** The reviewing supervisor of the person reporting, if applicable. Include direct phone number with area code.

**WAIVER SUPPORT COORDINATOR:** The Waiver Support Coordinator of the individual(s) involved.

### **Incident Reporting Form Instructions**

### **Follow-Up Reporting Form Instructions**

Please note that all information filled out on this form must be typed, with the exception of any signatures and/or initials.

This form may be completed at a later date from the initial Incident Reporting Form.

#### **Action**

**PERSONS INVOLVED:** Field will be auto populated. All information is the same as on the Initial Incident Reporting Form.

**DATE OF INITIAL INCIDENT:** Field will be auto populated. This is the date the initial incident occurred.

**DATE OF FOLLOW-UP REPORT:** The date the follow up report is completed.

**FIRST TEXT BOX:** Describe follow up measures taken after Initial Incident Report was completed by the provider.

**SECOND TEXT BOX:** For APD office use. Describe follow up measures taken after Initial Incident Report was completed by the APD office.

**REPORTING PERSON:** The person filling out the Follow Up Reporting Form. Include direct phone number with area code.

**REVIEWING SUPERVISOR:** The reviewing supervisor of the person reporting, if applicable. Include direct phone number with area code.

**WAIVER SUPPORT COORDINATOR:** The Waiver Support Coordinator of the individual(s) involved.



**Attachment C**  
**APD Region - Critical Incident Management Checklist**

#	Guide for Critical Incident Management	Yes	No	n/a	Date Completed	Time Completed
1	Deputy Director of Operations or designee called or e-mailed by Regional Operations Manager or designee upon notification that a critical incident has occurred. This notification occurs upon first awareness of incident					
2	Immediate actions initiated to protect health and safety of consumer(s)					
3	Law Enforcement Notified					
4	DCF Abuse Hotline Notified					
5	Incident entered into tracking log – all fields, as appropriate, completed					
6	Progress Note opened for incident with data entry with preliminary summary of incident and any immediate actions taken by the Region					
7	Incident Report and Progress Note sent to State Office mail box within 24 hours					
8	Contact maintained with law enforcement and documented in Progress Notes					
9	Contact maintained with DCF API or CPI and documented in Progress Notes					
10	Case active until closed by State Office Incident Management Process Owner					

**Attachment C (continued)**

#	Guide for Critical Incident Management of Sexual Misconduct Between Providers and Consumer	Yes	No	n/a	Date Completed	Time Completed
1	Deputy Director of Operations or designee called or e-mailed by Regional Operations Manager or designee upon notification that a critical incident has occurred. This notification occurs upon first awareness of incident					
2	Immediate actions initiated to protect health and safety of consumer(s)					
3	Law Enforcement Notified					
4	DCF Abuse Hotline Notified					
5	IG Notified					
6	Incident entered into tracking log – all fields, as appropriate, completed					
7	Progress Note opened for incident with data entry with preliminary summary of incident and any immediate actions taken by the Region					
8	Incident Report and Progress Note sent to State Office mail box within 24 hours					
9	Site visit occurred with victim interviewed and other clients served by provider and actions taken to protect upon discovery (documented in Progress Notes)					
10	Provider file reviewed (relevant results of review documented in Progress Notes)					
11	Region participates in State Office staffing to determine disciplinary or termination actions against provider (documented in Progress Notes)					
12	Contact maintained with law enforcement and documented in Progress Notes					
13	Contact maintained with DCF API or CPI and documented in Progress Notes					
14	Contact maintained with IG and documented in Progress Notes					
15	Case review of victim or other clients referred to WSC's to determine changes in services due to trauma caused by incident (i.e., counseling services) or need to find new service providers					
16	Case active until closed by State Office Incident Management Process Owner					

## Attachment D

### Conducting Interviews with Individuals with Developmental Disabilities

#### *Step 1: Preparing the Interview Site*

1. To help manage the stress of the interview, have materials available that the interviewee can handle and touch, such as drawing paper, pencils, and stress balls. Of course, do not include any item that could be potentially dangerous or harmful.
2. Use support materials for the interview. These could include items such as photographs from the person's home, school, work, or social activities. Standard dolls and drawings may also be used.

#### *Step 2: Introducing Yourself*

1. Introduce yourself calmly and politely.
2. Offer to shake hands, but let the individual choose whether to do so.
3. Let the individual introduce himself or herself to you if he or she chooses to do so.
4. Explain to the care provider what will happen during the interview and about how long he or she can expect to wait. Let the care provider know you are trained in working with individuals with disabilities.
5. Inform the care provider that the individual must be interviewed alone to ensure an unpressured interview. Provide more information as needed to make sure that the care provider understands.
6. Tell the individual where you will be talking to him or her and for approximately how long. Thank them for their participation and cooperation.

#### *Step 3: Providing for the Individual's Needs*

1. Make sure the individual is comfortable.
2. If the individual uses augmentative and alternative communication aids, such as picture and symbol communication boards, electronic devices, pen and paper, etc., make sure those are present.
3. Guide the individual to the interview location. If it is possible for you to go first and have the individual follow you, this may make him or her feel more comfortable. If this violates policy regarding safety, let the individual go first, but provide adequate directions along the way (e.g., at the next hallway, we will turn left).

#### *Step 4: Developing Rapport*

1. Use your standard interviewing protocol.
2. Explain who you are and the purpose for having the individual talk with you.
3. Explain what will happen after the talk.
4. Explain what is happening at each step.
5. If there is an emergency, handle it calmly.
6. With genuine curiosity, ask about the individual's interests.
7. Speak easily about yourself.

### ***Step 5: Language***

1. Listen and remain focused—both are essential.
2. Avoid childlike words or baby talk.
3. Use plain language. Use the simplest words to convey your thoughts or questions.
4. Match the individual's use of vocabulary, syntax, and grammar.
5. Break “why” questions into concrete thoughts.
6. Use “when” questions in the context of the individual's daily or weekly activities.
7. Ask the individual to repeat the answer if you do not understand the interviewee's answer to a question.
8. Ask one question at a time.
9. Avoid compound questions. Use simple questions. A compound question embeds two or more topics or questions in one sentence. An example is, “When you were at the store, did you buy some ice cream and eat it before you paid for it?” A simple question would be, “Did you buy ice cream at the store?”

### ***Step 6: Individual's Personality Traits***

1. Do not expect a chronological rendition of the individual's experience. Someone with a cognitive disability may process information differently from someone without a disability.
2. An individual with a cognitive disability may not tell you when he or she does not understand your question.
3. More likely, the interviewee will say what he or she thinks you want him or her to say.
4. It is also likely that the interviewee will want to please you. Therefore, it is extremely important that you do not indicate the desired answer or that you prefer a particular answer.
5. Let the interviewee know you are pleased with his or her participation.

### ***Step 7: Interviewer Patience and Demeanor***

1. The interviewer guides the interview.
2. The interviewer should be calm, patient, and caring.
3. Use CREDO (compassion, respect, empathy, dignity, and openness) in regard to the interviewee's needs.
4. Allow the interviewee to speak at his or her own pace; do not rush the individual.
5. Do not “charge” the individual with follow up questions just after one question has been answered.
6. If you cannot understand the individual, do not pretend that you do. Ask for clarification in the form that works best for you. (For some, asking the individual to repeat what was said before works best; for others, asking for the comment to be said in a different way works best.) If you absolutely cannot understand the individual after a reasonable time, switch interviewers. In the best circumstances, the new interviewer would have been observing the interview. It may take a while to get used to the individual's speech patterns, inflections, and accent. Taking too much time to understand the interviewee, however, can be burdensome for the individual, so use your best judgment and give it as much time as seems reasonable and adequate for the situation. You may need to call in someone as an interpreter who knows the individual and is not invested in any way in the outcome of the interview, such as a teacher or speech therapist. If this is necessary, the interpreter must be briefed on what is expected of him or her during and after the interview. The interpreter may require debriefing following the interview, both for the

person's psychological well-being and for issues of confidentiality that may concern the individual.

***Step 8: Signals and Control***

1. Watch for signs of stress. If the individual begins to demonstrate signs of stress that are typical for the disability, respond by changing the subject or calling for a break. Signs of stress could include increased withdrawal, distraction (looking around), fidgeting, humming, groaning, rocking, hand wringing, leg swinging, tapping, and not answering questions, to name a few.
2. If separation from the parent or care provider causes too much stress, take it slower, and allow the parent or care provider in the room for a getting-to-know-you moment. This may be the only thing that is accomplished in the first visit.
3. Be prepared for multiple short interviews.
4. Be aware of behaviors that may be new to you as an interviewer but normal for the interviewee.
5. Consider scheduling another interview with the individual if the current situation is too stressful and unproductive.
6. Announce a break; do not ask if the individual wants a break. In many cases, individuals with disabilities are told when their breaks are, not asked if they would like one. The opportunity to choose is not often part of their life experience. Additionally, an interviewee may think a "right answer" is required to such a question and may feel pressured. A break may be necessary to use the bathroom, get some water, or to just take a brief respite from the interview. At the end of each hour, you should announce a break by saying, "I'd like a break. Would you also like to take a break?" This is an easy way to create the opportunity for choice.
7. Assess the individual's level of comfort before continuing.
8. Before ending the interview, provide information about supportive services such as individual assistance funding for therapy or other restorative needs, sexual assault or rape crisis counseling, shelter services, or other assistance that would meet the individual's needs.