



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: SERVICE REQUIREMENTS

Subject: Serious Occurrence Report

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) (MAR 52-3-811 and 41-3-201). 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 is 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.
6. Any event that is reported to Adult Protective Services, Child Protective Services, Law Enforcement, the Ombudsman Program or Quality Assurance Division/Licensing.

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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 or personal care services (CFC/PAS, PDN, Home Health or Hospice).
10. Suicide, suicide attempt or suicide threat.

PROCEDURE

1. Appropriate submission of a SOR is mandatory.
2. ➤ All provider agencies enrolled with Medicaid to provide Personal Assistance Services (PAS), Community First Choice services (CFC), Big Sky Waiver case management services, and Big Sky Bonanza Independence Advisor and Fiscal Manager Services are required to report and respond to SOR in QAMS.
3. ➤ A provider agency enrolled with Big Sky Waiver does not enter a SOR in the QAMS system. When a reportable incident occurs the Big Sky Waiver provider is required to notify the Big Sky Waiver case manager, who will enter the incident in QAMS.

NOTE: A CFC/PAS provider's access to QAMS is limited to the entry and review of SOR that involve CFC/PAS service delivery. If a SOR involves Big Sky Waiver service delivery (such as specially trained attendant, homemaker, respite, private duty nursing, group homes, or other waiver services) the CFC/PAS agency may not enter or review information in QAMS. Rather, the information must be communicated directly to the waiver case manager.

4. 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.
5. ➤ The provider agency that enters the SOR is considered the "initiating provider". If the member is served by another provider agency that meets the criteria identified above for reporting and responding to SOR in QAMS (refer to "Procedure" number 2 above), the initiating provider

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must include the other provider agency in QAMS on the “secondary provider” line.

- a. If the member is served by an assisted living facility the assisted living facility should be listed as the secondary provider. In this case the secondary provider does not have access to QAMS and the initiating provider agency must provide a summary report of the SOR to the assisted living provider.
 - b. Big Sky Waiver service providers, other than an assisted living facility, should not be listed as secondary providers in QAMS. The only exception is when the waiver provider also provides CFC/PAS services to the member.
 - c. If the member is on agency-based CFC/PAS services and is a shared case with two CFC/PAS providers both CFC/PAS provider agencies should be listed on the SOR.
6. ➤The initiating provider has 10 working days from the date the incident is reported to enter the SOR into the QAMS database and submit it to the Regional Program Officer (RPO).
 7. The initiating provider is responsible to complete all of the required fields in the SOR and submit the report to the RPO.
 - a. ➤At least one item must be entered in the corrective action field by the initiating provider. If the initiating provider has completed all action related to the incident, the provider must enter a note in the corrective action field that states “no further action needed” and enter the date the note is entered as the due date and completion date.
 8. When the SOR is submitted, the RPO and the secondary provider, when applicable, will be notified via email of the submission of the report.
 9. The secondary provider must review and respond to the SOR in QAMS within five 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 RPO must review and return all SORs that are submitted to them within 10 working days.
 11. ➤The initiating and secondary provider agency must review all

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corrective action items assigned to them, complete the corrective action item, and enter the completion date in QAMS.

12. ➤The initiating and secondary provider agency have five working days from the due date of their corrective action item to complete one of two actions:
 - a. Enter the completion date in QAMS; or
 - b. Enter a note in the “Provider Comment” field with an explanation for the delay in completing the activity and enter an updated due date for the corrective action item.
13. The RPO will close the SOR once all of the corrective action items have been completed by the provider agencies.