



THE BUREAU OF DISABILITIES SERVICES

INCIDENTS, COMPLAINTS, AND MORTALITY REVIEWS

May 2024

FREQUENTLY ASKED QUESTIONS

ACRONYMS/DEFINITIONS

A&D: Aged and Disabled Waiver

ANE: Abuse, Neglect, and Exploitation

BDS: Bureau of Disabilities Services

BMAN: Behavior Management Services

CIH: Community Integration and Habilitation Waiver

CM: Case Manager or Care Manager

CMO: Case Management Organization

DA: Division of Aging

DSP: Direct Support Professional

FS: Family Supports Waiver

H&W: Health and Wellness Waiver

HRC: Human Rights Committee

IR: Incident Report

IST: Individualized Support Team

OAR: Others at Risk

Provider: An entity approved by the BDS/DA to provide services and supports to an individual

SA/NOA: Service Authorization/Notice of Action

SFC: Structured Family Caregiving

SGL: Supervised Group Living

TBI: Traumatic Brain Injury Waiver

FAQs

1. What is the email for the IR team if the site is down?

If you are unable to report an incident through the online system, you can contact the BDS district office by calling 800-545-7763 or by emailing BDSIncidentReports@fssa.in.gov.

2. How is BDS tracking IRs that have staff who abuse/neglect an individual. We see staff get fired from one house and then are relocated to another house after an abuse IR has been reported?

Providers are responsible for investigating allegations of ANE and ensuring the health and safety of the individuals they support. In the future there will be a registry. It is important if a crime is committed, that not only is APS/CPS notified, but a police report filed as well.

3. Where can providers find an updated list of BDS district service coordinators?

A list of BDS districts can be found [here](#). You will need to contact the district to connect with the correct service coordinator.

4. There could be an instance where an individual may go to the hospital, and we aren't notified right away of the outcome (i.e. death). What happens if we are not notified within the specified time frame of reporting?

An incident report shall be completed within 24 hours of the occurrence of the incident or the reporter becoming aware of the incident.

5. How long does it take for BDS to complete the mortality review after an individual passes away?

The timeline will vary depending on the circumstances and the timeliness of obtaining the necessary information.

6. For the 7-day follow-ups on critical incidents, what is the role of the SFC provider?

The SFC provider should assure immediate health and safety of the individual in all critical incidents. The SFC provider should also continue to investigate and provide the responses to the incident follow-up questions to the case manager to complete the incident report follow-up report.

7. Are there differences in how the mortality review process is managed within SFC?

The mortality review process is the same.

8. Can a residential provider create their own HRC if they are not approved for BMAN?

Yes, HRC is not limited to BMAN providers.

9. How do you distinguish between ANE and inadequate support?

Typically, this would be defined by what the staffing requirements are within the PCISP and SA/NOA. If it is determined that the individual should have been staffed and/or being supported in a certain way by a provider, then that would likely be ANE.

10. What website is the incident report available to submit?

<https://ddrsprovider.fssa.in.gov/IFUR/Incident/Incident.aspx>

11. Is there a way to determine if an IR submitted was actually related to a non-reportable incident?

We sometimes err on the side of caution if it is unclear, but don't want to over-report if possible.

Other than BDS pulling a report, the reporter is not notified if a report has been determined non-reportable.

12. It was stated that an "unexpected visit to the hospital" is considered reportable. If an individual falls, goes to the ER, and it is found there were no injuries sustained, is this reportable?

Yes, any Emergency Room or unexpected hospital visit is reportable.

13. Pests would fall under "other" and is reportable, yes?

For the Health and Wellness (H&W) (previously known as the Aged and Disabled waiver) and the Traumatic Brain Injury (TBI) waivers, all problems with residences are reportable, including pests. For the Community Integration and Habilitation (CIH) and Family Supports (FS) waivers, as well as Supervised Group Living (SGL), rodent or insect infestations (such as rodents, roaches, stinging insects or bats) are reportable under environmental concerns. Bed bugs and head lice are not generally reportable.

14. As a DA provider, where can I find the list of reportable incidents? Also, we will start using the IR tool on 7/1/24 correct?

Providers supporting the Health and Wellness (previously known as the Aged and Disabled waiver) and the Traumatic Brain Injury waivers should reference 455 IAC 2-8-2 on unusual occurrence. The current online IR tool will continue to be used after 7/1/2024.

15. Is bedbug infestation reportable for all waivers?

A bedbug infestation is reportable for H&W and TBI waivers but not for the CIH and FS waivers, or for Supervised Group Living (SGL).

16. If someone lives with their family and passes, will an OAR be required?

No, an OAR will not be needed.

17. Has the DDRS policy been updated as the current policy 460 0301 008, Incident Reporting & Management has been effective since March 1, 2011?

That is the current policy; however, it is in the process of being updated.

18. Should recurrent seizures be reported?

Recurrent seizures are only reportable if other reportable criteria are met such as requiring emergency intervention. The provider should have an internal incident tracking system established.

19. One of our individuals fell yesterday, broke a bone, and went to the hospital. Our Caregiver was not working with the individual at the time. Does an incident report need to be filed for this case?

Yes. The provider is required to report all reportable incidents upon knowledge of the incident regardless of whether staff were present at the time of the incident.

20. How long does a mortality review normally take for a provider to hear something back after all documents have been submitted to the state?

Typically, the provider should be notified within 90 days.