



**COLORADO**  
Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

# Incident Management and Preventative Strategies Frequently Asked Questions

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## **Is there a standard written Incident Report form or template?**

There is currently not a Department developed form or template specifically for Incident Reports (IR) completed by a service provider.

There is a “Service Provider Critical Incident Reporting Form” on the Department’s website that is specific to critical incidents. Case managers may request that a service provider complete this form to report critical incidents to the case manager. Additionally, there is a “Service Provider Critical Incident Follow Up Reporting Form” the case manager may utilize to request additional follow up information regarding a critical incident that was previously reported to the case manager. Both of these forms are located on the Department’s [Critical Incident Report website](#). The options listed in both of these forms are specific to a critical incident and should not be used to report an IR to the case manager by a service provider.

## **Are all incidents required to be reported by the provider to the Case Management Agency (CMA) within 24 hours?**

All incidents should be reported in a timely manner and within 24 hours is highly encouraged. The sooner an incident is reported, the more likely it will be for the reporter to remember specific details about the incident.

The case manager at CMAs have 24 hours from the time of notification of a critical incident to submit that critical incident to the Department in the Benefits Utilization System (BUS). The BUS will calculate the timeliness of critical incident reporting automatically, taking into account weekends and the 13 Federal holidays.



## When is a missed medication required to be reported as an Incident Report?

Anytime a member does not receive a prescribed medication, for whatever reason, whether it is because the medication was not reordered, staff dropped a medication or forgot to give a medication, or the member refused to take the medication; these all need to be reported to the case manager as an IR for a medication error. This is because a missed prescribed medication could have a negative impact on the member and should therefore be logged to ensure that tracking is completed. If a member consistently refuses to take a medication, the prescribing doctor should be notified by the member or parent/guardian to reassess if the medication should continue to be prescribed. If a missed medication is caused by a supply chain problem, then an IR can be submitted once the med has been refilled. The IR should include the duration of time the member went without the medication. If the member has an adverse impact, due to the missed medication, then it must be reported to the case manager immediately.

A missed medication becomes a critical incident when the missed medication causes the member to be at serious risk of harm or injury. (Critical Incident Definition online training module)

## Are all Emergency Control Procedures (ECP) and Safety Control Procedures (SCP) required to be reported?

Per 10 CCR 2505-20, Section 8.608.4, after the use of an ECP, the staff member has twenty-four (24) hours to file an incident report. When a SCP is used, the service agency shall file an incident report within three (3) days with the Community Centered Board (CCB), CMA, or regional center. ECPs and SCPs are not critical incidents when they are utilized as described in the member's Service plan. They should only be reported as a critical incident when an ECP or SCP results in an injury or harm to a member and meets the CIR reporting requirements. Please see the online training module titled, Critical Incident Definition on the Department's [Critical Incident Report website](#) for more information.

## Are all seizures required to be reported as a CIR?

No. Seizures are required to be reported as a CIR only when the seizure results in an injury or harm to the member and meets the CIR reporting requirements.

## Is an IR and/or a CIR required to be reported every time a member receives treatment at a hospital or emergency room?

Yes, even if a member goes to urgent care or the emergency room and is not admitted, it needs to be reported to the case manager as an IR. Based on what is stated in the IR, the



case manager would then make the determination of whether the incident meets the threshold for being a CIR. For example, if an individual goes to the emergency room for a broken arm, the individual would receive treatment and likely a cast, but would then most likely be released. That injury should be reported to the case manager as an IR and the case manager would make the determination that this incident would also need to be reported as a critical incident in the BUS as the injury resulted in a fracture, even though the member was not admitted.

Emergency room visits and hospitalizations regarding members experiencing mental health symptoms must also be reported as an incident to the case manager. Case managers must then review the incident to determine if the member's health and safety is at risk and this incident meets the CIR reporting requirements.

## **When would peer on peer contact be considered a CIR?**

Anytime there is a peer to peer altercation between members that gets physical in any way, it needs to be reported to the case manager as an IR. Verbal altercations do not need to be reported to the case manager, unless it escalates to the point of a member threatening to harm another member or staff. If this occurs, it should then be reported as an IR, and depending on the severity of what was stated, it could also be considered a CIR.

Peer to peer incidents must also be reported as a CIR when these altercations result in harm to the member or put the member's health and safety at risk and meet with CIR reporting requirements.

## **Is it necessary to report an incident if it has already been reported to the CMA by another provider?**

Yes. If a provider is made aware of an incident, even if the incident did not occur at their setting, the provider, or guardian should still report the incident. There is no harm if an incident is reported by two different providers. You also cannot be certain that an incident report was submitted by the other provider or you may have additional details that were unreported.

## **Is an IR or CIR required to be reported for scheduled medical procedures?**

No, scheduled procedures/surgeries are not considered an IR or CIR.



## Does the provider need to complete any follow up activities once the incident has been reported to the CMA?

Every time an incident occurs, the provider is expected to review what led to the incident occurring, and analyze how future, similar incidents can be prevented. Additionally, providers are expected to regularly review all recent incidents in order to identify trends and problematic practices. Through identifying trends and problematic practices, providers are then able to make needed adjustments to service delivery, including identifying where additional staff training may be needed.

Case managers will contact service providers if additional information is required to resolve a CIR submitted to the Department via the BUS.

## As a CMA, when we receive multiple CIRs from different providers regarding the same incident, do we enter all as separate CIRs or just the first one and log note others were received?

One CIR is required for each critical incident event. Multiple reports of the same critical incident event only need to be reported into the BUS once. All additional report details regarding the critical incident event may be added as a Critical Incident Follow up in the BUS. These additional reports should not be added as a Log Note, as Log Notes are not part of the critical incident tracking system.

## Is the CMA required to report a CIR if someone other than the provider notified the CMA of the CIR (ie., member, family member, etc.)

Yes, the case manager is required to report all CIRs into the BUS regardless of who notifies the case manager of the incident. Case managers are also required to educate members on CIR reporting requirements on an annual basis so that members are aware of these requirements and have the information to report CIRs on their own behalf. For more information regarding waiver participant education requirements or to obtain waiver participant education documents, please visit the Department's [Critical Incident Reporting website](#).

## Does a fall require an incident report?

This would depend on whether the member has a fall management program or not. If they do, then the provider should follow the member's procedure which should outline when falls should be reported to the case manager. If the member does not have a fall management



program, then a fall would need to be reported to the case manager as an incident in case there is an injury to the member as a result of the fall. If the fall requires more than basic first aid, then this would then be considered a critical incident and would need to be reported to the Department through the BUS.

## When will incident management rules and regulations be updated to reflect what was presented?

The Department is working on revising regulations to ensure consistency across all waivers and programs. The Department intends to have these regulations updated within the next year.

## How is an incident different from occurrences?

Both an IR and an occurrence are the actual reporting of an incident that occurred to a waiver member receiving services. The main difference between an IR and an occurrence is the State Department in which the report needs to be sent to. IRs need to be reported to the member's case manager, who then reports any CIR to the Department. An occurrence is a report about a provider facility that is submitted directly to the Colorado Department of Public Health and Environment (CDPHE). An occurrence should only be submitted for facilities that are licensed by CDPHE. An IR is the reporting of an incident that is tracked according to the waiver member, whereas an occurrence is the reporting of an incident that is tracked according to the licensed provider facility. The types of incidents that need to be reported to each State Department differs, as not every incident is required to be reported to CDPHE as an occurrence. For more information on occurrence reporting, please see CDPHE's [Occurrence Manual](#).

### For more information contact

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