


COLORADO AT-RISK ADULTS' INVESTIGATION RESOURCES

Critical Incident and Occurrence Reports

CRITICAL INCIDENT REPORTS	OCCURRENCE REPORTS
<p><i>As applied to adults with Intellectual and Developmental Disabilities</i></p> <ul style="list-style-type: none"> ➤ All Health First Colorado (Colorado's Medicaid Program) funded agencies, vendors (including host homes) and workers (including case managers) are required to identify and report all critical incidents. Provider responsibilities are typically described in licensure requirements, contracts or service agreements, job descriptions, and agency policies. ➤ A Critical Incident is an actual or alleged event that creates the risk of serious harm to the health or welfare of a client receiving Health First Colorado (Colorado's Medicaid Program) benefits. ➤ Critical Incident Reports should be completed EVERY time there are specific or suspected incidents of (including, but not limited to) death; abuse/neglect/exploitation; damage to client's property/theft; medication management issues; criminal justice involvement/incarceration; missing person; unsafe housing/displacement; etc. Each critical reporting incident type has reporting requirements and guidelines that must meet the Centers for Medicare and Medicaid Services' (CMS) reporting requirements. ➤ The Service Provider is responsible for reporting in writing the Critical Incident to the Single Entry Point (SEP - e.g., Colorado Access) or Community Centered Board (CCB - e.g., Developmental Pathways) within 1 day of the incident. The SEP and CCB are responsible for filing Critical Incident Reports with the Office of Community Living Benefits Utilization System (BUS) within 1 day of learning of an incident. ➤ Health First Colorado requires Critical Incident Reports be filed as a condition of federal funding. 	<p><i>Applied to all At-Risk Adults</i></p> <ul style="list-style-type: none"> ➤ All Colorado Department of Public Health and Environment (CDPHE) licensed facilities including group homes, nursing homes, alternative care facilities, and even some home care services are required to write and file Occurrence Reports to CDPHE. Host homes are excluded. ➤ Occurrence Reports are not specific to funding; they are related to where the person lives, meaning these reports must be made for ANYONE (e.g. elders and people with disabilities) in a licensed facility. ➤ Occurrence Reports should be completed EVERY time there are specific or suspected incidents of mistreatment, abuse, neglect and exploitation. Other reportable occurrences include death; serious injuries; other medical crises; medication errors; missing persons; misappropriation of property; and equipment misuse. ➤ CDPHE makes past audits and occurrences of licensed facilities public online, http://bit.ly/tcoccurrence ➤ The Service Provider is responsible for writing and filing Occurrence Reports with CDPHE within 1 day of learning of an incident. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">  <p style="color: red; margin: 0;">Must be filed in 24 hours</p> <ul style="list-style-type: none"> • Critical Incident Reports • Occurrence Reports • Mandatory Reports </div>

HELPFUL HINTS

- ❖ In practice, a Critical Report *should* be made any time Law Enforcement is called.
- ❖ Critical Incident AND Occurrence Reports may include information not provided in a mandatory report.
- ❖ A Critical Incident Report AND an Occurrence Report *can* be filed for the same individual/incident.
- ❖ When requesting a printed copy of a report, be sure to select the full text and all drop-down fields.
- ❖ Accessing Critical Incident Reports AND Occurrence Reports enhances investigations by providing additional information.