



Reporting and Follow-up for Immediate Reportable and Critical Incidents

Effective January 1, 2022, this addendum replaces Section 4.4 of the IRIS Policy Manual and Section 4.4B.1 of the IRIS Policy Manual: Work Instructions.

A. Immediate Reportable Incidents

The immediate and ongoing health and safety of IRIS participants is one of the most important aspects of a self-directed program. Incident reporting is an effective way that IRIS contractors monitor and resolve concerns related to participant health and safety. Due to the impact on participant health and safety, immediate reportable incidents are reported to the Wisconsin Department of Health Services (DHS) within 24 hours upon discovery. Incidents related to participant abuse and/or neglect must be referred to Adult Protective Services (APS), and incidents related to caregiver misconduct in a licensed setting must be referred to the Division of Quality Assurance (DQA). Both referral processes are outlined below in the Immediate Reportable Incident Reporting and Follow-up Process section.

1. Definitions

Immediate reportable incidents are cases that involve serious and immediate consequences to the participant. Incident types and cases that fall into this category are described in the following definitions.

a. Participant Missing

When a participant's whereabouts are unknown for 24 hours or more and any of the following circumstances exist:

- i. The participant is under guardianship or protective placement.
- ii. The participant has been identified as a vulnerable high-risk participant.
- iii. The IRIS contractor has reason to believe the participant's health or safety is at risk.
- iv. The participant is a potential threat to the community or themselves.
- v. The participant has a significant medical condition that would deteriorate without medications or care.
- vi. The participant resides in a residential care apartment complex or an adult family home.
- vii. The area in which the participant resides is experiencing potentially life-threatening conditions.

b. Participant Death

When a participant has died under any of the following circumstances, including when a physician refuses to sign the death certificate:

- i. Death involving unexplained, unusual, or suspicious circumstances.
- ii. Death involving apparent abuse or neglect (Wis. Stat. § 979.01(1)).
- iii. Apparent homicide.
- iv. Apparent suicide.
- v. Apparent poisoning.
- vi. Apparent accident, whether or not the resulting injury is not the primary cause of death.

c. Participant Injury

When a participant has suffered an injury or accident or caused an injury or accident to someone else under any of the following circumstances:

- i. Suspected or confirmed neglect, self-neglect, physical abuse, sexual abuse, or emotional abuse.
 1. Neglect
The failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, a power of attorney for health care under ch. 155, or as otherwise authorized by law. (Definition reference: Wis. Stat. § 46.90 (1)(f))
 2. Self-Neglect
A significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care. (Definition reference: Wis. Stat. § 46.90(1)(g))
 3. Physical Abuse
Intentional or reckless infliction of bodily harm. (Definition reference: Wis. Stat. § 46.90(1)(fg))
 4. Sexual Abuse
Sexual abuse means a violation of Wis. Stat. § 940.225 (1), (2), (3), or (3m). (Definition reference: Wis. Stat. § 46.90(1)(gd))

5. Emotional Abuse

Language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed. (Definition reference: Wis. Stat. § 46.90(1)(cm))

ii. The participant has been poisoned.

iii. APS, law enforcement, or a court of law have investigated and/or are involved.

d. Participant Admittance

Upon learning a participant has been admitted to a state institution for mental disease or intensive treatment program. A list of both county and privately operated institutions for mental disease in Wisconsin can be found in section 27.11 of the [Medicaid Eligibility Handbook](#).

e. Participant Restraint

The intentional and unreasonable confinement of a participant in a locked room, involuntary separation of a participant from his or her living area, use on a participant of physical restraining devices, or the provision of unnecessary or excessive medication to a participant, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint. (Definition reference: Wis. Stat. § 46.90 (1)(i))

f. Emergency Restrictive Measure

An emergency, as it relates to restrictive measures, means an unanticipated situation has occurred where an individual suddenly engages in dangerous behavior, placing themselves or others at imminent, significant risk of physical injury. This may include the appearance of a behavior that has not happened for years or has not been known to occur before; or it could include current behaviors that suddenly and unexpectedly escalate to an intensity the team has not seen before.

2. Procedures

Upon discovery of an Immediate Reportable Incident, the IRIS contractor is required to ensure the participant's immediate and ongoing health and safety. This includes confirming that the incident has been resolved and that the participant's individual support and service plan (ISSP) has sufficient supports and services to meet the participant's needs.

IRIS contractors are required to report Immediate Reportable Incidents to DHS within 24 hours of discovery and must document Immediate Reportable Incidents in DHS's

centralized case management system within seven calendar days. Additionally, the IRIS contractor must complete follow-up activities within 30 calendar days of the incident to ensure the participant's ongoing health and safety.

Immediate Reportable Incident Reporting and Follow-up Process

Step	Responsible Partner(s)	Detail
1	Participant	The participant or guardian, legal representative, or provider report all incident types to the IRIS consulting agency (ICA) within 24 hours of the incident.
2	ICA	The ICA will ensure the participant's immediate health and safety by verifying that the ISSP sufficiently meets the participant's support needs.
3	ICA	The ICA will report Immediate Reportable Incidents to DHS within 24 hours of notification by sending the incident description to DHS IRIS Quality . Incident description must include: <ul style="list-style-type: none"> • Date incident occurred • Date Incident was reported to the ICA • Participant Medicaid identification (MA ID) number • Summary of incident events • Summary of ICA actions to ensure participant health and safety
4	ICA	The ICA will complete the incident reporting panel within DHS's centralized case management system within seven calendar days of being notified of the incident. Please reference the Critical Incidents section of the V30 Enhancement training document for additional details.

Referrals to APS

Step	Responsible Partner(s)	Detail
1	ICA	The ICA reports all incidents of abuse and neglect, to the county APS unit within 24 hours of discovery. Active situations wherein the participant's health and safety is at risk must be reported immediately. Find contact information for each county's APS helpline.
2	ICA	The ICA maintains communication with the APS unit to determine if the incident is substantiated. The ICA will work with the participant to ensure their ISSP meets their support needs and ensures their health and safety.
3	ICA	The ICA will document all communications related to the incident in the incident reporting panel within DHS's centralized case management system.

Step	Responsible Partner(s)	Detail
1	ICA	<p>The ICA reports all critical incidents concerning caregiver misconduct such as a caregiver abused, neglected, or misappropriated the funds of a participant who resides in:</p> <ul style="list-style-type: none"> • Community-Based Residential Facility (CBRF)* • 3-4 Bed Adult Family Home • Adult Day Care Program • Residential Care Apartment Complex • Other licensed entities <p>The ICA is responsible for submitting a copy of the incident report to DQA – Office of Caregiver Quality. report is emailed to DHS Caregiver Intake.</p> <p>*A CBRF is not an eligible living setting in the IRIS program, but CBRFs can be used for short-term respite.</p>
2	ICA	<p>The ICA reports all non-caregiver misconduct incidents that occur involving participants who reside in, or otherwise reside in:</p> <ul style="list-style-type: none"> • CBRF • 3-4 Bed Adult Family Home • Adult Day Care Program • Residential Care Apartment Complex • Other licensed entities <p>The ICA is responsible for submitting a copy of the report to DQA – Bureau of Assisted Living regional offices. A map that shows the regions and provides contact information for each regional office is found on DQA’s website, which includes the email address that the incident report should be sent to.</p>

B. Critical Incidents

The immediate and ongoing health and safety of IRIS participants is one of the most important aspects of a self-directed program. Incident reporting is an effective way that IRIS contractors monitor and mitigate concerns related to participant health and safety. Incidents related to financial exploitation must be referred to APS, and incidents related to caregiver misconduct must be referred to DQA. Both referral processes are outlined below in the Critical Incident Reporting and Follow-up Process section.

1. Definitions

Critical incidents are defined as incidents that place the participant’s immediate or ongoing health or welfare at risk. Incident types and cases that fall into this category are described in the following definitions.

a. Financial Exploitation

Financial exploitation means any of the following: (Definition reference: Wis. Stat. § 46.90(1)(ed))

- i. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent.
- ii. Theft, as prohibited in § 943.20.
- iii. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities.
- iv. Unauthorized use of an individual's personal identifying information or documents, as prohibited in § 943.201.
- v. Unauthorized use of an entity's identifying information or documents, as prohibited in § 943.203.
- vi. Forgery, as prohibited in § 943.38.
- vii. Financial transaction card crimes, as prohibited in § 943.41.

b. Treatment Without Consent

Administration of medication to an individual who has not provided informed consent or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance. (Definition reference: Wis. Stat. § 46.90(1)(h))

c. Participant Injury

Injury, illness, or hospitalization that requires immediate emergency medical attention.

d. Participant Falls

An action where a participant inadvertently descended to a lower level by losing control, losing balance, or collapsing that resulted in moderate to severe injury or illness directly related to the fall. A fall can be from a standing, sitting, or lying down position.

e. Emergency Medical Attention

Existing medical condition that requires emergency medical attention.

f. Participant Death

All other deaths that do not meet the Immediate Reportable Incident criteria.

g. Missing Participant

Any instance that does not meet the immediate reportable criteria above.

h. Law Enforcement Involvement

- i. Unplanned involvement of law enforcement and/or the criminal justice system.
- ii. Any time law enforcement personnel are called as a result of an incident that jeopardized the health, safety, or welfare of a participant.

i. Property Damage

- i. Significant damage to property, either enacted against or by the participant that places the participant's welfare at risk.
- ii. Damage to the participant's residence due to fire, natural disaster, or other cause with significant impact to the participant.

j. Medication Errors

- i. Participant received the wrong medication.
- ii. Participant received the wrong dose of medication.
- iii. Medication was administered to the participant incorrectly.
- iv. Medication was administered to the participant at the wrong time.

k. Use of an Unapproved Restrictive Measure

- i. Instances when the team anticipates an on-going need to use a restrictive measure that DHS has not yet approved.
- ii. Instances when the restrictive measure approval has expired and the team is gathering information for DHS approval.

2. Procedures

Upon discovery of a critical incident, the IRIS contractor is required to ensure the participant's immediate and ongoing health and safety. This includes confirming that the incident has been resolved and that the participant's ISSP has sufficient supports and services to meet the participant's needs.

IRIS contractors are required to report critical incidents in DHS's centralized case management system within seven calendar days. Additionally, the IRIS contractor must complete follow-up activities within 30 calendar days of the incident to ensure the participant's ongoing health and safety.

Critical Incident Reporting and Follow-up Process

Step	Responsible Partner(s)	Detail
1	Participant	The participant or guardian, legal representative, or provider reports all incidents to the ICA within 24 hours of the incident.

2	ICA	The ICA will ensure participant's immediate health and safety by verifying that the ISSP sufficiently meets the participant's support needs.
3	ICA	The ICA will complete the incident reporting panel within DHS's centralized case management system within seven calendar days of being notified of the incident. Please reference the Critical Incidents section of the V30 Enhancement training document for additional details.

Referrals to APS

Step	Responsible Partner(s)	Detail
1	ICA	The ICA reports all incidents of financial exploitation of funds to the county APS unit within 24 hours. Active situations wherein the participant's health and safety is at risk must be reported immediately. Find contact information for each county's APS helpline.
2	ICA	The ICA maintains communication with the APS unit to determine if the incident is substantiated. The ICA will work with the participant to ensure their ISSP meets their support needs and ensures their health and safety.
3	ICA	The ICA will document all communications related to the incident in the incident reporting panel within DHS's centralized case management system.

Referrals to DQA

Step	Responsible Partner(s)	Detail
1	ICA	<p>The ICA reports all critical incidents concerning caregiver misconduct such as a caregiver abused, neglected, or misappropriated the funds of a participant who resides in:</p> <ul style="list-style-type: none"> • Community-based residential facility (CBRF)* • 3-4 bed adult family home • Adult day care program • Residential care apartment complex • Other licensed entities <p>The ICA is responsible for submitting a copy of the incident report to DQA – Office of Caregiver Quality using the. This report is emailed to DHS Caregiver Intake.</p> <p>*A CBRF is not an eligible living setting in the IRIS program, but CBRFs can be used for short-term respite.</p>

2	ICA	<p>The ICA reports all non-caregiver misconduct incidents that occur involving participants who reside in, or otherwise reside in:</p> <ul style="list-style-type: none">• CBRF• 3-4 bed adult family home• Adult day care program• Residential care apartment complex• Other licensed entities <p>The ICA is responsible for submitting a copy of the incident report to DQA – Bureau of Assisted Living regional offices. A map that shows the regions and provides contact information for each regional office is found on DQA’s website, which includes the email address that the incident report should be sent to.</p>
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