

9/17/2026

WNYIL INCIDENT MANAGEMENT MANUAL



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I. AUTHORITY AND PURPOSE

Effective June 30, 2013 in New York State, the Protection of People with Special Needs Act (PPSNA) established the Justice Center to oversee the following statewide Agencies: The Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), New York State Department of Health (NYSDOH), The New York State Office of Children and Family Services (CFS), and The New York State Education Department (NYSED). In order to support the PPSNA's mission, providers with consumers participating in services from these statewide agencies, or funding sources, could be required to adhere to regulatory guidance from Title 14 of New York State Codes of Rules and Regulations which are specifically designed to protect consumers receiving services under the auspices of those funding sources. [August 2022]

II. WNYIL PROGRAM REPORTING OBLIGATIONS

In addition to the expectation that WNYIL will investigate, mitigate, and work to resolve any incidents involving consumers, staff, visitors, interns or volunteers, there are additionally several programs at WNYIL requiring specific reporting processes and procedures per funding source requirements. They will be outlined in detail in this manual.

There are several programs at WNYIL that are specific in their reporting requirements and require extra attention to detail when reporting the incidents. These programs are: OPWDD Parts 624 and 625, Health Homes, OASAS, CORE, Medicaid Transportation, Veteran Direct Care, WNYICC SCN, FLIPA SCN and PPL Facilitation. [August 2025]

To begin, there are two OPWDD programs at WNYIL that require Incident Management oversight in accordance with **Title 14 NYCRR Part 624**. These programs are Individualized Supplemental Services (ISS) and Independence Express (IE), supported by OPWDD Family Support Services (FSS). WNYIL is obligated to report Part 624 abuse, neglect, and significant incidents that may jeopardize the health, safety, and welfare of its consumers, provide fair reporting and investigation processes, establish Corrective Action Plans (CAPs) to prevent future incidents, and provide fair treatment to the staff upon whom the Agency depends. These incidents will be outlined in this manual specifically as they relate to reporting to OPWDD through IRMA (Incident Report and

Management Application.) As WNYIL is a non-certified Agency, WNYIL need only report Part 624 Incidents through IRMA and is not obligated to report directly to the Justice Center itself. [August 2022]

Traditional **Title 14 NYCRR OPWDD Part 625** incidents are addressed through WNYIL's obligation and requirement to report the incidents to the Care Coordination Organization (CCO) linked with the consumer, either Person Centered Services or Prime Care. Additionally, WNYIL will file its own Initial Incident Reporting Form for the purposes of tracking, trending, and protecting the consumers we serve under our programming. See **ADDENDUM C** for Part 625 Incidents. [August 2022]

NYSDOH Health Homes (HH) will be addressed in accordance with the NYSDOH Health Homes Incident Reporting requirements as outlined on the NYSDOH website (see below). All steps will be taken to follow the required elements as outlined on this website, as well as with any additional requirements set forth specifically by HHUNY. [August 2025] WNYIL has the capability of reporting directly into IRAMS, the NYSDOH Health Homes' Incident Reporting and Management System, an electronic database used by NYSDOH for reporting all incidents falling under the reportable categories as set forth by the NYSDOH Health Homes Incident Reporting Policy:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/incidents.htm

Community Oriented Recovery and Empowerment Services (CORE) is an unlicensed/uncertified service type, and therefore, not directly subjected to Title 14 NYCRR Parts 524 or 836. However, they are required to comply and adhere to the incident reporting and management requirements as specifically developed by OMH/OASAS for CORE and delineated herein, effective December 13, 2021. As the Agency is currently certified for OMH CORE services, any references made in this manual for incident management shall focus on the specific OMH reporting process for CORE. [August 2022]

<https://omh.ny.gov/omhweb/dqm/bqi/incident-guidance-core-bh-hcbs.pdf>

OASAS Part 836.7 Funded But Not Certified- The intent is to establish minimum standards for incident management programs of any chemical dependence or compulsive gambling service provider certified,

licensed, funded, or operated by the Office of Alcoholism and Substance Abuse Services (OASAS). Incident management programs are intended to strengthen and standardize the safety net for vulnerable persons such as those receiving services in the OASAS system, to bolster the ability of service providers and the office to respond more effectively to abuse and neglect allegations, and other significant incidents, to ensure that individuals with regular contact with consumers are aware of their statutory obligations to adhere to a code of conduct including mandated reporting of certain incidents, and to prevent the recurrence of types of incidents in order to enhance the quality of care and provide every individual receiving services with humane treatment and a safe environment.

WNYIL is funded through several programs at the Agency by OASAS and is therefore required to comply and adhere to the incident and management requirements as set forth by OASAS for those providers for whom they provide funding but are not certified. Those requirements and processes are set forth by OASAS under the current guidelines as set forth in this manual:

<https://oasas.ny.gov/providers/incident-reporting>

Veteran Direct Care-Taking Control- Veteran Direct Care (VDC) is a Veteran-Directed approach to providing services and supports in the home and communities of eligible Veterans. To be eligible, a Veteran must first be enrolled for services with the VA's Veterans Health Administration, have a VA primary care team at the local Veteran Administration Medical Center (VAMC), meet the eligibility criteria for the Home and Community Based Services as determined by the VA, and receive a referral from the VAMC to WNY Independent Living- Taking Control (WNYIL). [August 2024]

This self-directed program allows Veteran choice, control, flexibility, and freedom in planning their own services and supports. The Veteran is the employer of fact and is responsible for the hiring, time management, and termination of individual providers. WNYIL provides oversight of the program, employs the Person-Centered Counselor (PCC), evaluates the program for quality assurance, and acts as the Financial Management Service, submitting the required Federal and State paperwork as the employer of record. [August 2024] Additionally, WNYIL provides guidance and assistance with Serious Occurrence Reporting to the Veterans Affairs

Medical Center for any “incidents” that occur which put the person’s life, health, or safety at risk. [August 2024]

IE- Medicaid Transportation- Medicaid Transportation supports the individual by providing rides to/from doctor appointment and other community support services to any individual qualifying within the Medicaid eligibility requirements. Any incidents occurring within this service will require the collaboration of WNYIL, and if necessary, the Department of Transportation- NYS, for resolution. [August 2024]

ECSO – Erie County Sheriff’s Office- Employees working under the ECSO contract provide peer-delivered recovery support services to individual incarcerated in Erie County Facilities. This includes identifying the individual’s recovery needs and assisting them reaching their goals through recovery coaching in one on one and group settings. Any incident occurring at one of these facilities must be reported to the designated Lieutenant in the Community Reintegration Division who will then report it to the Chief of the Community Reintegration Division. Employees will also report the incident to the Director of Mental Health Peer Connection and complete the Initial Incident Reporting Form, following the process identified in that form. [September 2026]

Finally, incidents not under the auspices of OPWDD Parts 624 and 625, Health Homes, OASAS, CORE, Medicaid Transportation, Veteran Direct Care, WNYICC/FLIPA SCN and PPL Facilitation, but involve consumer, staff, volunteers, interns, and visitors who are working in, or receiving services from other programs or services with the Agency, will be assured the same categorical rights and protective oversight by WNYIL having established its own **Internal Incident Management Policies and Procedures**, managed accordingly through the Managing Incident Review Team (MIRT). These incidents will be addressed as Internal Incidents. [August 2025]

III. INCIDENT MANAGER

The Chief Executive Officer (CEO) of WNYIL has assumed the role of Incident Manager and as such is responsible for the execution of all Incident Management Policies and Procedures. Additionally, the Incident Manager may designate staff and Board Members to assume specified responsibilities to facilitate the day-to-day processes of incident management oversight, including an Incident Liaison, a Recording Secretary, and incident management review committees and/or teams.

These designations shall be set forth in writing and made known to all staff with a “need to know” disclosure document. **(ADDENDUM A)**. [August 2022]

IV. CODE OF CONDUCT

All staff, volunteers, and interns, Board and Council Members must read and sign the Code of Conduct for Custodians of the Protection of People with Special Needs Act (PPSNA) upon hire, and then yearly. **(ADDENDUM B)**. The Code of Conduct will then be filed for proof that they have read and understood the Code. [August 2022]

VI. MANUAL ACCESS

The Incident Management Manual must be made known to all consumers receiving services who have the capacity to understand the information, or their legal guardians or designated representatives; additionally, to all WNYIL staff, Board and Council Members, volunteers, interns, and visitors. Therefore, this manual will be accessible on the WNYIL Resource Locator, can be requested from the Compliance Department, or will be on our main WNYIL homepage at WNYIL.org [August 2022]

VII. INCIDENT MANUAL OBJECTIVES

This manual establishes a uniform method for reporting, investigating, and reviewing all WNYIL Incidents occurring “under the auspices of the Agency” or any of its programs or services. [August 2022]

The objectives of the Incident Management Manual are to:

1. Ensure that WNYIL is a safe, healthy environment.
2. Enhance the quality of programs and services.
3. Protect consumers, staff, Board and Council Members, volunteers, interns, volunteers, and visitors from neglect, abuse, or harm.
4. Comply with regulations of Title 14 NYCRR Parts 624/625, NYSDOH Health Homes, CORE, and OASAS. [August 2022]
5. Comply with reporting of incidents under the protective oversight of WNYIL’s Incident Review Committee, Managing Incident Review Team, and the Personnel, Program and Compliance Committees of the Board of Directors. [August 2022]
6. Comply with reporting of incidents to the appropriate investigatory entity or team for protective oversight, mitigation, and resolution, whether it be within WNYIL itself, our funding sources, or our community partners.

VIII. INCIDENT REVIEW COMMITTEE (IRC)

1. The Incident Review Committee (IRC) will function solely for the purposes of reporting incidents to OPWDD via IRMA under under Title 14 Part 624 Handbook. [August 2022]
2. Per Title 14 NYCRR Parts 624 Handbook, Incident Management Reporting and Guidance, the IRC is recommended to meet quarterly, unless there are no Part 624 incidents to review; then the IRC can disregard the quarterly meeting.
3. The IRC will be prepared to convene if a Part 624 incident were to occur. [August 2022]
 - a. *The IRC would meet once a month until the incident would be closed and sufficient to satisfy timeframes for submission of a final report to close the incident with all investigating agencies.* [August 2022]

IX. MANAGING INCIDENTS REVIEW TEAM

1. Per this manual's guidance, the Managing Incidents Review Team (MIRT) will function solely for the purposes of reporting, investigating, and reviewing all other incidents that otherwise do not fall under the auspices of Parts 624, OASAS, nor NYSDOH Health Homes. [August 2022]
2. It will convene at least quarterly.
3. It will convene within 45 days of a reported incident involving an individual receiving CORE services.
 - a. MIRT will follow all reporting and investigatory processes as delineated herein, including the entering of the CORE incident into NIMRS.
 - b. The entering of incidents into NIMRS shall be delegated to the Incident Liaison or the Agency's Compliance Coordinator. [August 2022] <https://omh.ny.gov/omhweb/dqm/bqi/incident-guidance-core-bh-hcbs.pdf>
4. The MIRT shall consist of the following members: Incident Liaison, HR Coordinator, Compliance Coordinator, Chief Operations Officer, the Director of MHPC and the Recording Secretary. [August 2022]
5. If any committee member recognizes a potential conflict of

interest in their assignment, they shall report this information to the committee and recuse themselves from participating in the committee review of the incident in question.

6. All incidents reviewed and finalized by MIRT are reported to the Personnel, Compliance or Program Committees of the WNYIL Board of Directors, at which time they are also catalogued and filed on record. [August 2022]
7. Records are maintained indefinitely in a separate incident management file, apart from staff or consumer records. They can be called upon or reviewed for purposes of tracking and trending.

X. BOARD OF DIRECTORS: SUB-COMMITTEES

The Incident Manager will recognize and request the assistance of three (3) Agency committees to review all incident reports, as well as the corresponding corrective action plans and any other activity surrounding the incidents. The committees are sub-committees of the WNYIL Board of Directors and are as follows: Personnel, Compliance and Program.

At each of their regularly scheduled meetings throughout the year, the committees will be provided summary reports of the incidents that have been filed within their prospective domains. Incident Review will become part of the Committee Agenda Items. The summaries will have come as a result of the IRC and/or MIRT having regular meetings and reporting out to the committees as needed. [August 2022]

PERSONNEL, COMPLIANCE AND PROGRAM SUB-COMMITTEES' INCIDENT REVIEW MEMBERSHIP GUIDELINES

1. There shall be representation by someone from, or with knowledge of, the Agency's own organizational entity where the incident under discussion occurred, or by someone who is familiar with the consumer(s) involved.
2. No committee member may participate in the *review or deliberation* of an incident in which they were directly involved, their testimony is incorporated, a spouse or domestic partner or another immediate family member was directly involved, or which they completed or participated in the investigation.

3. No committee member may participate in the *review or deliberation* of an investigation in which a spouse, domestic partner, or another immediate family member provides supervision to the program where the incident took place or supervised the directly involved parties.
4. Members of the committee shall be trained in confidentiality laws and regulations.
5. If any committee member recognizes a potential conflict of interest in their assignment, they shall report this information to the committee and recuse themselves from participating in the committee review of the incident in question.
6. The Incident Manager may be present for the review, deliberations, and the discussion of any corrective, preventive, remedial or disciplinary actions.

PERSONNEL, COMPLIANCE AND PROGRAM COMMITTEES' INCIDENT REVIEW DUTIES

1. Review that all necessary and appropriate action has been taken to protect persons receiving services from further harm, and to safeguard against the recurrence of similar incidents. [January 2019]
2. Identify trends within reportable incidents (by type, person, site, employee involvement, time, date, circumstances, et al). [January 2019]

PERSONNEL, COMPLIANCE AND PROGRAM COMMITTEES' INCIDENT REVIEW MINUTES

The committees shall ensure that minutes are kept for all meetings. All minutes concerning the incident reviews by each of these committees will be contained within their general meeting minutes published after the meeting has concluded. [January 2019]

XI. REFERENCES

Specific references may be made to Title 14 NYCRR Parts 624/625, NYSDOH Health Homes, CORE, or OASAS within this manual, which will be referred to along with the appropriate commentary.

To read the current OPWDD Parts 624 Handbook, please refer to the WNYIL Resource Locator, access it on the internet at the link below, or request a copy from the Compliance Department:

https://ar.opwdd.ny.gov/system/files/documents/2023/02/final-part-624-handbook-updated-with-memo-2_16_23.pdf

To read the current reporting guidelines for NYSDOH Health Home programs, please refer to the link listed below or request a copy from the Compliance Department:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/incidents.htm

To read the current reporting guidelines for CORE services, please refer to the WNYIL Resource Locator, access it on the internet at the link listed below, or request a copy from the Compliance Department:

<https://omh.ny.gov/omhweb/dqm/bqi/incident-guidance-core-bh-hcbs.pdf>

To read the current reporting guidelines for OASAS funded, but not certified programs, please refer to the link listed below or request a copy from the Compliance Department:

<https://oasas.ny.gov/providers/incident-reporting>

Finally, this manual will be available on the WNYIL Resource Locator, from the Compliance Department, and on WNYIL's Main Homepage at wnyil.org. It will be updated as necessary in adherence with any updates or changes to rules and regulations set forth by the Agency's funding sources, local, state, and/or federal laws. [August 2022]

XII. CONFIDENTIALITY

All documents concerning incidents are subject to the Confidentiality Policy. Records relating to incidents will be maintained electronically, separate from staff or consumer records. They will be maintained indefinitely for purposes of tracking, trending, and review. [August 2022]

XIII. OPWDD TITLE 14 NYCRR PART 624: IRC, IRMA, DEFINITIONS, REPORTING, CORRECTIVE ACTION PLANS, REPORTABLE CATEGORIES, FORMS, INVESTIGATOR REQUIREMENTS

This section includes an abbreviated version of the Title 14 NYCRR Part 624 Policy Handbook from OPWDD and the responsibilities that WNYIL has as a result of its regulatory guidance. For the entire Handbook, please see

https://ar.opwdd.ny.gov/system/files/documents/2023/02/final-part-624-handbook-updated-with-memo-2_16_23.pdf

INCIDENT REVIEW COMMITTEE DEFINITION- PART 624

An Incident Review Committee (IRC) will be available, Ad-Hoc, to function with the sole intent of reporting a Part 624 incident to OPWDD, via notification through IRMA, as well as to the Care Coordination Organization (CCO) associated with the consumer involved in the incident. The IRC will pursue an investigation with adherence to the Title 14 NYCRR Part 624 regulations, including documenting through IRMA and concluding the investigation, establishing corrective action plans, and all other activity within 30 days of the initial filing within IRMA. [January 2019]

INCIDENT REVIEW COMMITTEE MEMBERSHIP- PART 624

1. The IRC members, the Incident Liaison, and the Investigator, will be appointed by the Incident Manager. [August 2022]
2. The IRC chairperson will be selected from among the IRC membership. [August 2022]
3. The IRC members, Incident Liaison, and Investigator will be informed by the Incident Manager, in writing, when their time has been served and their services are no longer required. [August 2022]
4. The Incident Manager shall not serve as a member of the committee but may be consulted by the committee at any time in its deliberations.
5. The membership of the IRC must include no less than the membership required by sections [Part 624.7 (d)(4)]. In the event

the Agency is unable to obtain the members required by sections [Part 624.7 (d)(4)], the Agency shall document its periodic efforts to obtain the specified members:

- a. Members of the governing body.
 - b. At least two professional staff (nurse, licensed clinician, nurse practitioner, social worker).
 - c. At least one licensed health care practitioner.
 - d. At least one direct support professional.
 - e. At least one individual receiving services.
 - f. One representative of an advocacy organization.
 - g. At least one psychologist (or the documentation of the attempt to acquire one for the purposes of this committee.)
6. The Supervisor of a class or classes, or facilities or groups of services, may be designated as a committee member only if the committee is an Agency-wide or multi-program committee. Otherwise, the Supervisor may be consulted only by the committee in its deliberations.
7. There shall be representation by someone from, or with knowledge of, the Agency's own organizational entity where the incident under discussion occurred, or by someone who is familiar with the consumer(s) involved.
8. No committee member may participate in the review or deliberation of an incident in which they were directly involved, their testimony is incorporated, a spouse or domestic partner or another immediate family member was directly involved, provides supervision to the program where the incident took place, supervised the directly involved parties, or which they completed or participated in the investigation.
9. While the IRC is a requirement of the Justice Center, it is the Agency's obligation to provide education and training to all IRC members on a regular schedule to be determined by the IRC Chairperson, including Section 74 of Public Officers' Law.
https://ag.ny.gov/sites/default/files/pdfs/bureaus/public_integrity/public_officers_law_sec_74.pdf

- 10.If any committee member recognizes a potential conflict of interest in his/her assignment, he/she shall report this information to the committee and recuse himself/herself from participating in the committee review of the incident in question.

INCIDENT REVIEW COMMITTEE DUTIES- PART 624

1. Ensure that all Part 624 incidents are reported, managed, investigated, and documented through IRMA to OPWDD, consistent with the provisions of Title 14 NYCRR Part 624.
2. Notify and work directly with the CCO to facilitate all investigatory activities and corrective action planning.
3. Ensure that appropriate notifications are completed in IRMA.
4. Make written recommendations to the appropriate staff member(s) to correct, improve, or eliminate inconsistencies.
5. Ensure that all necessary and appropriate corrective, preventive, remedial and/or disciplinary action has been taken to protect persons receiving services from further harm, neglect, or abuse.
6. Safeguard against the recurrence of similar reportable incidents and notable occurrences.
7. Determine if further investigation or if additional corrective, preventive, remedial and/or disciplinary action is necessary.
8. Recommend appropriate corrective, preventive, remedial, and/or disciplinary action to the Incident Manager and/or CCO to safeguard against recurrence.

INCIDENT REVIEW COMMITTEE MINUTES- PART 624

1. The chairperson of the IRC shall ensure that minutes are kept for all meetings.
2. The minutes must clearly state the filing number, the consumer's full name, a summary of the situation (including date, location and type), committee findings, recommendations, and actions taken on the part of the Agency as a result of such recommendations.

3. Full names of all parties involved are to be recorded (NO INITIALS).
4. For Part 624 incidents, the minutes must be entered in IRMA within three (3) weeks of the meeting. All minutes must be signed and dated by the IRC chairperson.
 - a. The minutes must reflect that the IRC has received and acted upon the Letter of Determination received from the Justice Center or OPWDD and that it was included as part of the Investigative Report.
 - b. All Corrective Action Plans (CAPs) recommended or required by the Justice Center or OPWDD, through the Letter of Determination, will be entered into IRMA and included as part of the Investigative Report.
5. For 30-day updates, please refer to the specific section in IRMA to enter these updates. Do not place them in the "minutes" section.
6. If additional information is presented following a case being closed, the IRC will consult with the CCO regarding the appropriate actions to take regarding IRMA.
7. Close-out the case in IRMA within 30 days.
8. Ensure all documentation is on file with the IRC and the CCO.

INCIDENT REPORT AND MANAGEMENT APPLICATION (IRMA)- PART 624

IRMA (Incident Report and Management Application) is a mandatory application utilized for the recording of OPWDD Part 624 (Form 147) incidents. It is not used for any other type of incident reporting other than the Part 624 at WNYIL. IRMA is used to generate Form 147 and contains all necessary fields required for incident reporting. This application can also serve as notification of incidents to OPWDD from the voluntary providers.

IRMA works in conjunction with 'The Basic Security for the Web' (TBSW) application and different users of IRMA may have different user roles and/or filters. The Incident Manager will have designated an Incident

Liaison to have all user-roles of IRMA in order that appropriate timelines for investigating and closing cases within IRMA is compliant with Part 624 regulations. Additionally, the Incident Liaison may identify staff from the Compliance Department that should have all user-roles of IRMA, as necessary, for investigating incidents. [August 2022]

OPWDD PART 624 DEFINITION

The policy surrounding OPWDD Part 624 is centered around the Agency's ISS and FSS Programs. An OPWDD Part 624 incident is classified as such when it occurs under "the auspices of the Agency". This is when a WNYIL staff member is providing services to the consumer and is present with the consumer when the incident occurs. The incident can occur whether the person is physically at a site owned, leased, or operated by the Agency.

Examples of an OPWDD Part 624 incident include, but are not limited to:

1. When Agency personnel (staff, volunteer, intern) was or should have been physically present and providing services at the time the incident occurred.
2. Any situation involving physical conditions at the site provided by the Agency, even in the absence of Agency personnel.
3. The death of an individual that occurred while the individual was receiving services, having been caused by, or resulted from, a reportable incident.
4. Any event that directly involves, or may have involved, Agency personnel.

REPORTING PROCESS

When a WNYIL staff, volunteer, or intern discovers that an incident has occurred under "the auspices of the Agency", within 24 hours, the staff, volunteer, or intern will:

Contact the Director of Independent Living Services (ILS) if it involves the ISS program. If the Director of ILS is unavailable, the witnessing staff member(s) should contact the Chief Operations Officer (COO). If neither is available, contact the Chief Executive Officer (CEO). [August 2022]

Contact the Director of Independence Express if it involves the FSS transportation program. If the Director of Independence Express is

unavailable, the witnessing staff member(s) should contact the COO. If neither is available, contact the CEO. [August 2022]

1. After the Director/COO/CEO has been contacted, they will complete an Initial Incident Reporting Form and submit it to MIRT at MIRT@wnyil.org. The appropriate MIRT member will notify the local office of OPWDD (WNYDDRO) to inform them of the incident, and then formally open the case in IRMA within 24 hours. The WNYDDRO main phone number is (716) 674-6300.
2. The information that was entered into IRMA will be entered into the Form OPWDD 147 **(ADDENDUM D)**.
3. Once the Form OPWDD 147 is completed, an Incident File within IRMA will be opened with the appropriate documentation concerning the incident.
4. A copy of this information will be provided to the Investigator.
5. After receiving this information, the Investigator will start their investigation.
6. The Investigator will have 30 days to complete the investigation; this includes writing a Final Investigative Report, which includes OPWDD Form 149 **(ADDENDUM F)**.
7. The Final Investigative Report will be given to the Incident Liaison who will sign it and provide the report to the IRC.
8. The IRC will make their recommendations based on the findings of the Investigator, and any recommendations formally received within the Letter of Determination from the Justice Center or OPWDD.
9. The IRC will complete Form 161 **(ADDENDUM G)** whether any Corrective Action Plans (CAPs) were recommended within the Letter of Determination from the Justice Center or OPWDD. It is required.
10. Correction Active Plans and the corresponding documents and materials will be approved by the IRC and the CEO.

11. The Incident Liaison will review the IRC committee's recommendations with the Director of ILS or Director of Independence Express.
12. Minutes from the IRC will be compiled and approved by the Incident Liaison and the IRC Committee members after the investigation's closing.
13. The minutes, Form 161, and all supporting CAP documentation will be approved by the IRC, entered into IRMA, and placed into the incident file by the Recording Secretary.
14. The Incident Liaison will review all parts of the IRMA data entry to ensure information is complete and close the incident in IRMA within 5 days of the final IRC Meeting. *Note: If the incident is to remain open for follow-up, it will be noted in IRMA under the "investigation tab."
15. All files pertaining to the incident will be forwarded to MIRT at MIRT@wnyl.org for filing in the Incident Management Files.
16. For a clearer picture of this process, refer to the OPWDD Part 624 Incident Flowchart (**ADDENDUM I**).

SPECIFIC REQUIREMENTS OF CORRECTIVE ACTION PLANS SUBMITTED TO OPWDD FOR PART 624 INCIDENTS

1. A Corrective Action Plan (CAP) is required for Reportable Incidents of Abuse and Neglect in programs operated or certified by OPWDD.
2. OPWDD requires that the CAP be submitted to OPWDD's Incident Management Unit (IMU) via IRMA.
3. The Agency shall make written response that identifies action taken in response to corrective actions listed in the report and/or recommendations made by the Justice Center or OPWDD. This written response will be submitted to OPWDD no later than 60 days after the Agency receives a report of findings and/or recommendations from the Justice Center or OPWDD.

4. Additionally, all reports/findings/recommendations from the Justice Center or OPWDD will be entered into IRMA within the same timeframe.

CORRECTIVE ACTION PLANS FOR PREVENTION AND REMEDIATION (OWPDD PART 624)

1. Within 10 days of the IRC review of a completed investigation, the Agency shall develop a corrective action plan to be taken to assure the continued health, safety, and welfare of individuals and to provide for the prevention of future acts of abuse and neglect.
2. The Plan shall include written endorsement by the CEO or a designee.
3. The Plan shall identify projected implementation dates and specify by title Agency staff who are responsible for monitoring the implementation of each remedial action, as well as assessing the efficacy of the remedial action.
4. Such Plan will be entered into IRMA by the close of business the 5th working day after the development of the plan.

SUBMISSION OF CORRECTIVE ACTION PLANS FOR OPWDD PART 624 INCIDENTS

1. OPWDD Form 161 Corrective Action Plan Form will be utilized for this process (**ADDENDUM G**). The documentation required by this Form 161 will confirm that each corrective action was completed as required by the Justice Center or OPWDD. Form 161 is to be completed even if there are no recommendations. This will allow OPWDD to confirm that the Agency reviewed the incident and agreed that there are no recommendations that should be implemented.
2. Form 161 needs to be completed in its entirety. There shall be no blanks. All appropriate sections are to be marked.
3. Document accurately the date of "*The Letter of Determination*". This shall only be the actual date on the letter from the Justice

Center or OPWDD received by the Agency, not the date it was received in the office of the Agency.

4. Form 161 requires that the correct Master Incident Number (MIN) and Case Serial Number (CSN) must be used. If the same CAP is used for more than one incident, then Form 161 needs to have the correct MIN and CSN for each case. (*This commonly occurs with incidents of obstruction.)
5. Form 161 and its supporting documentation in PDF format (including but not limited to revised plans, training records and materials, Agency policies and procedures, and copies of memorandums) is to be uploaded using the file upload function in IRMA into the "Corrective Actions" tab. Functionality is available in all incident statuses: Open, Closed with Follow-up, and Closed.
6. Contact information on the Form 161 shall be the person at the Agency that should be contacted if OPWDD has questions about the CAP submitted. *Please note: All Agencies were required to have created a separate e-mail for these purposes.

CORRECTIVE MEASURES FIELDS IN IRMA FOR ALL OPWDD PARTS 624 INCIDENTS

1. All fields in IRMA must be filled out and these fields correspond with Form 161.
2. This tab supplies the Justice Center and OPWDD with data required for their oversight.
3. Indicate in the checkbox that the CEO has identified and approved the CAPS and Form 161.
4. Once all fields in Form 161 have been filled out and all corresponding tabs have been completed, the case can be closed in IRMA.

OPWDD PART 624 REPORTABLE CATEGORIES

OPWDD notification is required for all Part 624 incidents, except for Minor Notable Occurrences. However, those are still entered into IRMA

for purposes of tracking and trending. For the definitions to the below, refer to **ADDENDUM C**, updated September 2018.

Reportable Significant Incidents:

- 1) Physical Abuse
- 2) Sexual Abuse
- 3) Emotional Abuse
- 4) Deliberate Inappropriate Use of Restraints
- 5) Use of Aversive Conditioning
- 6) Obstruction of Reports of Reportable Events or Situations
- 7) Unlawful Use or Administration of a Controlled Substance
- 8) Neglect
- 9) Conduct Between Persons Receiving Services That Would Constitute Abuse
- 10) Seclusion
- 11) Unauthorized Use of Time-out
- 12) Medication Error with Adverse Effect
- 13) Mistreatment
- 14) Inappropriate Use of Restraints
- 15) Missing Person
- 16) Unauthorized Absence
- 17) Choking, With Known Risk
- 18) Choking, With No Known Risk
- 19) Self-abusive Behavior, With Injury
- 20) Injury With Hospital Admission
- 21) Theft
- 22) Financial Exploitation
- 23) Other Significant Incident
- 24) Failure to Report an Incident

Serious Notable Occurrences:

These are occurrences that do not include events and situations that meet the definition of reportable incidents, even if the event or situation otherwise meets the definitions of one of the categories below. One exception: deaths that also meet the definition of a reportable incident shall be reported both as a reportable incident and as a notable occurrence.

- 1) Death
- 2) Sensitive Situation

Minor Notable Occurrences:

- 1) Injury
- 2) Theft and Financial Exploitation

Form OPWDD 147 (ADDENDUM D)

OPWDD Form 147 is intended to be used specifically for the purpose of identifying and recording that an incident has occurred. It is not intended to capture information collected following the identification of the event. (e.g. investigation reports, medical reports or findings, standing committee review documentation, etc.)

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING FORM OPWDD 147

Item 1-AGENCY COMPLETING THIS FORM:

Enter the name of the Agency.

Item 2-FACILITY:

Because WNYIL is a non-certified Agency this will be filled in with a N/A.

Item 3-PROGRAM TYPE:

Specify the type of facility identified in Item 2 by the following classifications (the initials may be used):

- 1) Supervised Individualized Residential Alternative (IRA-Supervised)
- 2) Supportive Individualized Residential Alternative (IRA-Supportive)
- 3) Intermediate Care Facility (other than a DC) (ICF)
- 4) Developmental Center (DC)
- 5) Small Residential Unit (SRU)
- 6) Family Care (FC)
- 7) Supervised Community Residence (CR-Supervised)
- 8) Supportive Community Residence (CR-Supportive)
- 9) Free Standing Respite (FSR)
- 10) Residential School (RS)
- 11) Day Habilitation Site (DH)
- 12) Day Treatment (DTX)
- 13) Day Training (DT)
- 14) Clinic (C)
- 15) If none of the above specify what type it is.

Note: Because WNYIL is non-certified, be as specific as possible explaining the program type.

Item 4-ADDRESS:

Enter the complete address of the Agency.

Item 5-PHONE:

Enter the telephone number, including the area code of the Agency.

Item 6-MASTER INCIDENT NUMBER:

Each incident being reported in IRMA will be assigned a Master Incident Number (MIN). If there is more than one person receiving services involved in the reported incident, the same MIN is to be specified on each report.

Item 7-AGENCY INCIDENT NUMBER:

Each incident being reported may be assigned an Agency incident number in addition to the MIN, if applicable.

Item 8-WAS A FORM OPWDD 147 PREVIOUSLY SUBMITTED?

Indicate if a Form OPWDD 147 was previously submitted regarding the event or situation.

Item 9-NAME OF CONSUMER RECEIVING SERVICES (LAST, FIRST): Enter the full name of the person receiving services by entering the last name and then the first name (carefully check spelling). Do not use nicknames or initials. If more than one person receiving services is involved in the same event, it is permissible to note, "see attached," and to attach a list of names with appropriate information.

Item 10-DATE OF BIRTH:

Enter the date of birth of the person receiving services whose name appears in Item 9.

Item 11-GENDER:

Check "M" for male or "F" for female for the person receiving services whose name appears in item 9.

Item 12-TABS ID:

Enter the TABS ID number used for the person receiving services by the Agency.

Item 13-RECEIVES MEDICATION:

Indicate whether the person receiving services (name in Item 9) is taking any medications. This includes medication taken orally (by mouth), topically (applied to the skin) or any other route. If you do not know whether medication is received, check the box, "unknown by the person completing the form."

**Item 14-DATE AND TIME INCIDENT WAS OBSERVED
/DISCOVERED:**

Indicate whether the date and time entered in this section was that of observation or discovery by making an "x" in the appropriate box. If the report is made at the time the event took place (or immediately following it), mark the "observed" box. If the report is made at another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed and reported immediately, mark the "discovered" box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an "X" in the applicable box to indicate whether the time is between midnight and 11:59 (A.M.) or between noon and 11:59 (P.M.). If the report is made out immediately, based on observation, the dates and times in Items 14 and 15 would be the same.

Item 15-DATE AND TIME INCIDENT OCCURRED, IF KNOWN:

If the event was witnessed, this would be the same date and time as the previous entry. If the event was "discovered" (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person receiving services or staff can provide information as to the date and time the event was supposed to have happened, it should be entered here.

**Item 16-NUMBER OF PERSONS RECEIVING SERVICES PRESENT
AT THE TIME OF INCIDENT:**

Enter only the number of persons receiving services who were in reasonable proximity to the event, *including the person(s) identified in Item 9*. Include all persons receiving services who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances.

**Item 17-NUMBER OF EMPLOYEES PRESENT AT THE TIME OF
INCIDENT:**

Enter only the number of employees who were in reasonable proximity to the event. Include all employees who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances. For the purposes of this item, include consultants, contractors and volunteers in the number reported.

Item 18-PRELIMINARY CLASSIFICATION:

In addition to other required notifications **reportable incidents must** be reported to the Justice Center via IRMA if the program (ISS or FSS) is operated by OPWDD. Check one box which most closely describes the situation. Do not add a category not listed. Make the decision based on the definitions in Part 624. If the situation could be classified in more than one category, the most serious category should be checked. The Justice Center and/or OPWDD is the ultimate decision maker of classification, therefore, this preliminary classification may be changed at any time. [January 2019]

Item 19-SPECIFIC LOCATION WHERE INCIDENT OCCURRED:

Check only one box. If the location where the event occurred is not listed, check "Other" and specify the location.

Item 20-DESCRIPTION OF THE INCIDENT:

(Note: To the extent possible, this should be completed by the person who observed and/or discovered the event or situation, or it should be a verbatim description provided by a person who observed and/or discovered the event or situation/allegation).

A clear, concise description of those facts known at the time the report is being completed must be provided here without speculation or opinion. The description should cover the "who," "what," "where," "when," and "how" of the event or situation. The full names of all persons receiving services, staff, and others who are involved in the event or situation must be listed. **DO NOT USE INITIALS.** When providing the "who" information, be sure to include the names and title (or another appropriate descriptor) of those involved. Also, list the full names of persons known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

Item 21-IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS:

List all the corrective/protective actions taken to ensure the health or safety of those receiving services is maintained. This should include, but is not limited to, any initial medical/dental treatment (including first aid) or counseling provided. Other examples are increased supervision, correction of hazardous conditions, training provided, etc. Include a brief description of these actions. Attach another sheet of paper, if necessary.

Item 22-NOTIFICATION TO JUSTICE CENTER OR LAW ENFORCEMENT:

Part 624.6(d) requires that an appropriate law enforcement official must be contacted immediately in the event that an emergency response by

law enforcement is needed. Also, agencies shall report to an appropriate law enforcement official anytime a crime may have been committed against an individual by a custodian, unless a report has been made to the Justice Center, via IRMA, concerning the event later than 24 hours after occurrence or discovery. On the Form OPWDD 147, indicate if a referral was made to law enforcement or if the event or situation was reported to the Justice Center via IRMA by checking the appropriate box. Enter the date and time that law enforcement and/or the Justice Center identifier, given to you by the call center staff who takes your call, the name of the party (staff) who made the notification to law enforcement, and the name of the law enforcement Agency that was contacted (i.e. New York State Police-Troop E, Dutchess County Sheriff's Office, Herkimer County DA, Buffalo Police Department, etc.).

Item 23-PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER:

If the report is not initiated at the residence of the person receiving services (identified in Item 9), the name, address, and phone number of the place of residence of the person receiving services must be entered in this Item. If the place of residence is the same as the facility address specified in Item 4, enter "same."

Item 24-TYPE OF RESIDENCE:

Check the appropriate box that applies to the residence of the person receiving services (identified in Item 9):

- 1) SOIRA- State Operated Individualized Residential Alternative
- 2) VOIRA- Voluntary Operated Individualized Residential Alternative
- 3) SOICF- State Operated Intermediate Care Facility
- 4) VOICF- Voluntary Operated Intermediate Care Facility
- 5) FC- Family Care
- 6) DC- Developmental Center
- 7) CR- Community Residence
- 8) Other

Item 25-NAME OF PARTY COMPLETING ITEMS 1-24, TITLE, DATE:

The party completing Items 1-24 of this form is to print his or her name and title, and to enter the date that Items 1-24 were completed.

Item 26-NAME OF PARTY REVIEWING ITEMS 1-25, TITLE, DATE:

The party completing the review of Items 1-25 of the form is to print his or her name and title, to sign in the space designate, and to enter the date of the review. The person signing this section is indicating that the information in Items 1-25 is as accurate and complete as can be

immediately determined. Corrections or additions can be made at a future date in the file.

Item 27-NOTIFICATIONS:

Various notifications are required following an event or situation. Refer to the specific requirement in Part 624 to determine if a particular notification must be made and determine the timeframe required for that notification. If a notification is made to any of the specific entities that are listed, enter the date, time, name of the part notified, name of the party (staff) making the notification, and the method of notification (i.e. phone, fax, etc.) on the Form OPWDD 147. Although not specifically listed, additional notifications may be required for incidents and abuse involving Willowbrook Class Members in certain circumstances. OPWDD recognized that the required timeframes for some notifications exceed the timeframe for completion of the OPWDD 147. Do not delay completion of the OPWDD 147 until after all required notifications have been made. List only the notifications that were made prior to the completion and submission of the OPWDD 147.

Item 28- ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL'S SAFETY:

In addition to the immediate steps taken noted in Item 21, use this space to record any added or modified steps taken to provide protection/safety of persons receiving services and any other additional information. Include a brief description of the additional actions taken. Attach another sheet of paper, if necessary. For example, medical/dental treatment (including first aid), counseling provided, increased supervision, correction of hazardous conditions, training provided, etc.

Item 29-NAME OF PARTY COMPLETING ITEM 28, TITLE, DATE:

The party completing Item 28 of this form is to print his or her name and title, to sign in the space designated, and to enter the date that Item 28 was completed.

**PART 624- INCIDENTS REPORTING TIMEFRAMES FORM
(ADDENDUM E)**

This form is used by the Incident Review Committee to monitor all appropriate actions taken to provide proper safeguards to the consumer and therefore, properly close an OPWDD Part 624 Incident. For the Incident Reporting Timeframes Form to be compliant with Title 14 NYCCR Part 624 rules and regulations, it must be signed by both the CEO and the Committee Chair. All Part 624 Incidents must be closed in

IRMA by within 30 days once the IRC has reviewed all case-notes, follow-ups, and made recommendations.

LINE-BY-LINE INSTRUCTIONS OF COMPLETING INCIDENT TIMEFRAME FORM

HEADING:

CONSUMER NAME: The consumer's full name that was involved in the incident. Do not use nicknames or initials.

DATE INCIDENT OCCURRED: The time and date that the incident was observed by the Agency staff member.

INCIDENT REPORT#: The number that was generated by OPWDD in IRMA when the report was entered.

CLASSIFICATION: The classification of the incident.

ITEM 1: NOTIFICATIONS

PART A-IMMEDIATELY NOTIFIED DOUGLAS USIAK, CHIEF EXECUTIVE OFFICER: Circle if the Chief Executive Officer was notified by e-mail, telephone or in person. The staff that made the notification will initial on the allotted line. This will be followed by the date and time the notification was made.

PART B-IMMEDIATELY NOTIFIED TINA BROWN, INCIDENT LIAISON/DESIGNEE: Circle if the Incident Liaison/or designee was notified by e-mail, telephone or in person. The staff that made the notification will initial on the allotted line. This will be followed by the date and time the notification was made.

PART C-PHONE NOTIFICATION TO THE DDRO: Fill in the initials of the WNYIL staff member that completed this action. This will be followed by the date and time the notification was made.

PART D-INCIDENT INFORMATION ENTERED INTO IRMA: Fill in the initials of the WNYIL staff member who completed this information. This will be followed by the date and time the notification was made.

PART E-CRIMINAL ACT, POLICE NOTIFIED IF APPROPRIATE: The staff that made the notification will initial on the allotted line. This will be followed by the date and time the notification was made. If a non-staff member contacted the police fill in the date and time (if

known) that the police were contacted. In the case of a Sexual Abuse allegation, the police must be called upon discovery before any other contacts are made.

PART F- JONATHAN'S LAW NOTIFICATION OF PARENTS, GUARDIAN OR CORRESPONDENT:

Circle if Jonathan's Law notification of parents, legal guardian or correspondents is applicable. If Jonathan's Law is applicable the staff that made the notification will initial on the allotted line. This will be followed by the date and time the notification was made. If it is not applicable, circle not applicable.

https://opwdd.ny.gov/system/files/documents/2020/02/jonathans_law_requirements_08_27_2017.pdf

ITEM 2: INVESTIGATOR ASSIGNED

Write the initials of the WNYIL staff member who contacted the Investigator and the date and time the Investigator was assigned. This will be followed by the name of the Investigator.

ITEM 3: RECEIVED FINAL INVESTIGATIVE REPORT

Write the initials of the WNYIL staff member that received the Incident Report by the Investigator. This will be followed by the date and time the report was received.

ITEM 4: FINAL INVESTIGATIVE REPORT ENTERED INTO IRMA

Write the initials of the WNYIL staff member who is entering the Final Investigative Report into IRMA. This will be followed by the date and time this was done.

ITEM 5: MEETING MINUTES ENTERED INTO IRMA

Every time the IRC minutes are entered into IRMA, the date that they were entered, and the initials of the WNYIL staff member who is entering them.

ITEM 6: RECOMMEND CLOSING TO INCIDENT REVIEW COMMITTEE

This is that date that the Investigator recommends that the incident should be closed.

ITEM 7: INVESTIGATION COMPLETED AND CLOSED

This is the date that all the follow-up that was recommended by the IRC is completed. The closing date of the investigation should be entered into IRMA. The date that the closing date is entered into IRMA will be marked under this item.

For the Incident Reporting Timeframes to be complete, it must be signed by both the CEO and the Committee Chair.

OPWDD PART 624 INCIDENTS: REPORTING OF DEATHS: FORM 162 (ADDENDUM H)

1. Form 162 must be completed by the designated Supervisor if the incident is a death.
2. It is intended to capture information surrounding the circumstances of the death and the information collected following the identification of the death.
3. It must be completed, entered into IRMA, and given to the Investigator to become part of the IR file.
4. All deaths must be reported immediately upon discovery to OPWDD by telephone or other appropriate methods. Immediate entry of initial information into IRMA is not sufficient to satisfy this requirement.
5. The Agency must submit an initial report about the death in IRMA within 24-hours of discovery of the death, or by close of the next working day, whichever is later, in the form and format specified by OPWDD.
6. The Agency shall submit subsequent information about the death by submission of the Report of Death in IRMA within 5 working days following discovery of the death.
7. If more than one Agency worked with the individual, the Agency responsible for reporting the death in accordance with this paragraph shall be the provider of the services to the individual in the order stated.
 - a. Care Coordination Organization
 - b. ISS Services
 - c. Independence Express
8. OPWDD has the right to investigate or review, or to request a provider Agency to investigate, the death of any individual, even if the death did not occur under the auspices of that Agency.

9. The Agency must provide OPWDD reviewers or investigators with all relevant records, reports, and other information pertaining to the event or situation.
10. Individuals receiving services, staff, and any other relevant parties may be interviewed in pursuit of any such review or investigation.
11. Consult the Directors of the ILC or Independence Express for further assistance in completing any Form 147, 161, or 162.

OPWDD PART 624 INVESTIGATOR REQUIREMENTS

The investigator must meet all Federal and State training requirements. Any party who has been assigned to investigate an incident in which he or she recognizes a potential conflict of interest in the assignment, shall report this information to the Agency. Upon this report, the Incident Review Committee will review the report to determine if there is a conflict of interest in the assignment. **[Part 624.5 (g)(7)(i)]**

No one may conduct an investigation of any incident if he or she was directly involved, or in which a spouse, domestic partner, or immediate family member was directly involved, his or her spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or provides supervision to directly involved parties. **[Part 624.5 (g)(7)(ii) &(iii)]**

No party in the direct line of supervision of staff who are directly involved in the reportable incident or serious notable occurrence may conduct the investigation of such an incident or occurrence, except for the Chief Executive Officer. **[Part 624.5 (h)(7)(b)]**

The Chief Executive Officer may conduct the investigation of a reportable incident or serious notable occurrence unless he or she is the immediate Supervisor of any staff who are directly involved in the reportable incident or serious notable occurrence.
[Part 624.5 (h)(7)(c)]

If it is discovered that WNYIL is the responsible Agency for completing the investigation, a certified Investigator will be notified of the incident. Upon completion of the investigation, an Investigative Report OPWDD

Form 149 will be completed by the Investigator and submitted as part of his/her final report to the Incident Liaison. This form can be found on OPWDD's website under Form 149.

OPWDD PART 624 INVESTIGATIONS: AGENCY PRIORITY ORDER

If an individual is receiving services from more than one provider Agency when a Part 624 Incident occurs, the following is the order in which WNYIL is responsible for intervening and investigating:

1. Residential Facility
2. Respite Facility
3. Certified Day Program
4. Care Coordination Organization
5. HCBS Waiver Services
6. Care at Home Waiver Services
7. Article 16 Clinics
8. FSS, ISS and/or Article 16 clinic services
9. Any other service certified, operated, or funded by OPWDD

If WNYIL is not the responsible Agency, the discovering staff should notify their Supervisor and both should complete the Initial Incident Report Form and forward to MIRT at MIRT@wnyil.org immediately. The appropriate team member will then follow all required protocols and reporting requirements delineated herein for notifying the appropriate, responsible Agency. [August 2022].

XIV. OPWDD Part 625

Incidents involving individuals receiving services from OPWDD from a Care Coordination Agency such as Prime Care or Person-Centered Services, who report to one of our staff an incident of abuse, neglect or harm in the community are to be reported by our staff.

Staff will complete an Initial Incident Reporting Form with their Supervisor. The Supervisor will submit the Form to MIRT at mirt@wnyil.org. The appropriate MIRT member will receive the Form and call the Care Coordination Organization (CCO) to alert the appropriate Care Coordinator to the incident so that they can initiate their own Part 624 investigation.

For WNYIL purposes, the appropriate MIRT member will enter all correlating information onto the Initial Incident Reporting Form, including marking that the CCO has been notified. All files pertaining to the incident will be forwarded to MIRT at MIRT@wnyil.org for filing in the Incident Management Files. At this point, other than assisting with any requests from the CCO, WNYIL's responsibility to the investigation is completed.

XV. NYSDOH HEALTH HOMES: POLICY, BACKGROUND, REPORTABLE INCIDENTS, DEFINITIONS, TYPES OF INCIDENTS, RESPONSIBILITY TO REPORT

WNYIL is a Care Management Agency (CMA) for HHUNY (Health Homes of Upstate New York)- Huther Doyle and Best Self, as well as CINQ Health Home.

For purposes of program and reporting requirements, the term "member" is used within NYSDOH Health Homes in place of "consumer". All WNYIL Health Homes will follow the Reporting Processes as identified per the NYSDOH Health Homes Incident Management Reporting Policy, found on the following website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/incidents.htm

POLICY

It is WNYIL's position to cooperate fully with any and all investigatory activity that the Health Homes or NYSDOH does in the course of the handling of any incident; and to maintain the health and welfare of all members during the provision of Health Home Care Management Services by Health Home Agencies by identifying and investigating all incidents reported to the Lead Health Home (LHH) by the Care Management Agency (CMA), in this case WNYIL, and in turn reporting specified incidents to the New York State Department of Health (NYSDOH). The NYSDOH is charged with an oversight responsibility for the Health Home Program in New York State. The intention of this reporting requirement is to prevent avoidable health and safety events, criminal justice system involvement and to ensure the protection of Protected Health Information (PHI) for the members served by the program. The Health Homes will fully cooperate with all necessary reporting and investigations required by the NYSDOH as our

commitment to the members of Health Home programs and in compliance with NYSDOH regulations.

BACKGROUND

The NYSDOH will utilize an Incident Reporting and Management System (IRAMS) and quarterly incident reporting to monitor compliance with the Health Home Standards outlined in the April 17, 2019 guidance detailing the use of IRAMS and revised quarterly report.

DEFINITION OF A REPORTABLE INCIDENT

An event involving a member, which has, or may have, an adverse effect on the life, health, or welfare of the member.

PURPOSE

Reporting and tracking these incidents will afford the Health Home the opportunity to:

1. Identify, document, report and review individual incidents in a timely manner.
2. Evaluate individual incidents against LHH and CMA policy to confirm quality care coordination activities were provided.
3. Review individual incidents to identify appropriate preventive and corrective action.
4. Identify incident patterns and trends through compilation and analysis of incident data.
5. Review incident patterns and trends to identify appropriate preventative and/or corrective action was enacted/provided.
6. Implement preventive and corrective actions plans.

TYPES OF REPORTABLE INCIDENTS

1. **Abuse:** Any of the following acts committed by an individual service provider:

a. Physical Abuse: any non-accidental physical contact with a member which causes or has the potential to cause physical harm. Examples include, but are not limited to: hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment.

b. Psychological Abuse: includes any verbal or nonverbal conduct that is intended to cause a member emotional distress. Examples include,

but are not limited to: teasing, taunting, name calling, threats, display of a weapon or other object that could reasonably be perceived by the member as a means of infliction of pain or injury, insulting or coarse language or gestures directed toward a member which subjects the member to humiliation or degradation; violation of member rights and misuse of authority.

c. Sexual Abuse/Sexual Contact: includes any sexual contact involving a service provider and a member. Examples include, but are not limited to, rape, sexual assault, inappropriate touching and fondling, indecent exposure, penetration (or attempted) of vagina, anus. For purposes of this Part, sexual abuse shall also include sexual activity involving a member and a custodian; or any sexual activity involving a member that is encouraged by a custodian, including but not limited to, sending sexually explicit materials through electronic means, voyeurism, or sexual exploitation.

d. Neglect: any action, inaction or lack of attention that breaches a service provider's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental or emotional condition of a member.

e. Misappropriation of Member Funds: use, appropriation, or misappropriation by a service provider of a member's resources, including but not limited to: funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the member of those resources. Examples include the deliberate misplacement, theft, or wrongful, temporary, or permanent use of a member's belongings or money.

2. Crime Level 1: An arrest of a member for a crime committed against persons (i.e. murder, rape, assault) or crimes against property (i.e. arson, robbery, burglary) AND is perceived to be a significant danger to to the community or poses a significant concern to the community.

3. Death: The death of a member resulting from an apparent homicide, suicide, or unexplained or accidental cause; the death of a member which is unrelated to the natural course of illness or disease.

4. Missing Person: When a member 18 or older is considered missing beyond 24 hours AND the disappearance is possibly not voluntary; or a Law Enforcement Agency has issued a Missing Person Entry, OR when a child's (under the age of 18) whereabouts are unknown to the child's parent, guardian, or legally authorized representative. (March 2023)

5. Suicide Attempt: An act committed by a member in an effort to cause his or her own death.

6. Violation of Protected Health Information: Any violation of a member's rights to confidentiality pursuant to State and Federal laws including, but not limited to, 42 CFR Part 2 or the Health Insurance Portability and Accountability Act (HIPAA), and Article 27F. The CMA has a responsibility to review to determine whether the incident is a breach of security vs. a breach of privacy.

REPORTING PROCESS

Care Management Agency (CMA): WNYIL

It is the responsibility of the Care Management Agency (CMA) to inform the Lead Health Home (LHH) of a reportable incident within one business day (24-hours) of notification or discovery.

Therefore, upon discovery of an incident, the staff and Director of Health Homes will complete the Initial Incident Reporting Form and forward it to MIRT at MIRT@wnyil.org The appropriate member of MIRT will work with the Director of Health Homes to enter the incident into IRAMS.

The CMA must include the known facts and circumstances of the incident, the member's enrollment date, last date of contact and type of contact and current location (if known). This information needs to be reported through NYSDOH's Incident Reporting and Management System (IRAMS) which is located within the Health Commerce System (HCS).

If a Health Home member is also receiving services in a program under the jurisdiction of another State agency which has its own specific incident, abuse, neglect, or maltreatment reporting requirements, this policy does not relieve the obligation to report in accordance with such regulations. (i.e. CORE).

Finally, for Health Home enrollees receiving Assisted Outpatient Treatment (AOT), the CMA must comply with the AOT Health Home Plus (HH+) requirements which state that the CMA shall comply with all reporting requirements of the AOT Program as established by the Local Government Unit (LGU). This includes reporting significant events. The Lead Health Home will cooperate as necessary with the LGU, as the LGU is responsible for the follow-up of significant events involving the AOT member. (March 2023)

Persons who are Mandated Reporters are required by the Protection of People with Special Needs Act to report abuse, neglect and significant incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs. WNYIL will follow the guidance of NYDOH in regard to any further reporting requirements in this regard.

Health Homes

The Lead Health Home (LHH) will work with the contracted CMA, WNYIL, to gather information and respond timely for the protection and support of members and program operations. This includes the required reporting as directed by the NYSDOH, conducting a quality review and implementing timely quality and performance improvement for each identified incident based on Health Home Standards, if necessary.

The Lead Health Home must inform the NYSDOH Department within one business day (24-hours) of notification from WNYIL any of the reportable incidents and the initial findings. The Lead Health Home will review the incident, submitted within NYSDOH's IRAMS, and report forward to NYSDOH through IRAMS via <https://increp.health.ny.gov/> (March 2023).

The Lead Health Home will immediately review the facts and circumstances of the incident. Additionally, it will provide oversight and direction to WNYIL to ensure member's safety and well-being.

NYSDOH will review the initial report by the Lead Health Home and make recommendations if further action is required.

The Lead Health Home will consistently review the internal log of all incidents reported in IRAMS (March 2023). This data will be used to

track and trend the incidents and work with WNYIL should NYSDOH see a pattern emerging that requires quality improvement efforts and/or remediation.

NYSDOH will be using the IRAMS to pull quarterly reports and review all incidents submitted for each quarter. Some areas they may review; how many incidents were submitted by WNYIL, how many were submitted for each incident category, and of the incidents submitted did the Care Manager have a face-to-face visit with the member within 30 days of the incident.

Once the Lead Health Home and NYSDOH have investigated and resolved the incident, they will inform the CMA, at which point all final documentation is done in IRMA and the case is closed. All files pertaining to the incident will be forwarded to MIRT at MIRT@wnyil.org for filing in the Incident Management Files.

QUALITY ASSURANCE PROCESS

Lead Health Homes will ensure that Care Management Agencies have policies and procedures in place to manage incidents, and maintain supporting documentation (i.e. steps taken toward resolution, etc.)

They will also ensure documentation requirement are followed that include: maintaining records for all member incidents and outcomes, the Lead Health Home will obtain incident reports from IRAMS, and the Lead Health Home Quality and Compliance Committee will analyze incidents for trends and may take corrective action as needed. (March 2023)

POLICY REVIEW

Health Homes will provide training necessary to ensure WNYIL's understanding of requirements set forth in this policy. This policy and its procedures will be reviewed yearly and updated as necessary to ensure that its general purposes are being effectively met.

REFERENCES

NYSDOH Policy: Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/incidents.htm

IRAMS Gatekeeper: If you are unsure of who your IRAMS Gatekeeper is or need access to IRAMS, please contact the Commerce Account Management Unit (CAMU) at 866-529-1890 or at <https://increp.health.ny.gov/#/request-gatekeeper> (No PHI related content) for assistance. (March 2023).

XVI. COMMUNITY ORIENTED RECOVERY AND EMPOWERMENT (CORE) SERVICES: INCIDENT MANAGEMENT INCIDENT REPORTING AND MANAGEMENT GUIDANCE

Community Oriented Recovery and Empowerment (CORE) Services is an unlicensed/uncertified service type and therefore not subject to Title 14 NYCRR Parts 524 or 836. CORE Services designated providers are required to comply with the incident reporting and management requirements as delineated herein.

PURPOSE

The mission and vision of the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) is based on values that promote resiliency, hope, respect, recovery, positive social and emotional development, and an environment free from fear, pain, injury or danger. OMH and OASAS have created safeguards for those served by systems under its jurisdiction, to protect individuals against abuse, neglect, and other dangerous conduct. This includes the ability to review, monitor, and address instances of harm that pose a risk to the health, safety and welfare of an individual receiving services.

This guidance is intended to assist providers in understanding and complying with requirements set forth by the CORE Operations Manual and CORE Services Provider Attestation. It explains definitions for reportable incidents and describes steps for reporting to the designated provider's host agency.

EFFECTIVE DATE & COMPLIANCE

This guidance is effective immediately for all designated and provisionally designated providers of CORE Services. Providers may continue to work under existing policies and procedures regarding incident reporting and management while completing systems and training requirements outlined below.

DEFINITIONS

Definition of key terms as used in this guidance:

Custodian this term refers to those that have a legal obligation to protect individuals receiving services from harm while they are under their care (or the care of the provider they work for). In the OMH/OASAS system, the following would be considered a “custodian” – a director, employee, or volunteer of a provider designated by OMH/OASAS, or a consultant or contractor with an OMH /OASAS designated provider who has regular and substantial contact with persons served by the provider.

Discovery is a term used to identify when a mandated reporter must report an incident. An incident is “discovered” at the time a mandated reporter witnesses a reportable incident, or when another person provides a mandated reporter with information that gives him/her reasonable cause to suspect a reportable incident has occurred.

Individual (receiving services) refers to a HARP member admitted to CORE Services. For the purposes of this guidance, an individual is considered ‘admitted’ to CORE Services upon the initial face-to-face (including telehealth) session with the service provider and until discharge.

First Aid refers to one-time treatment, and any follow up, of minor injuries which do not ordinarily require medical care such as, minor scratches, cuts, burns, or other.

Likely to result in injury or harm means that the injury or harm is probable or the expected result of the particular conduct.

Mandated Reporter means someone who is required to report suspected abuse or neglect of vulnerable persons, as well as “significant incidents”, to OMH immediately upon discovery. All CORE Services staff are mandated reporters.

NIMRS refers to the New York State Incident Management and Reporting System, developed and maintained by OMH.

Physical Injury means any confirmed harm, hurt, or damage resulting in significant worsening or diminution of a vulnerable person’s physical condition.

Reasonable cause to suspect means that, based on a mandated reporter's observations of evidence, professional training, and experience, her or she has a rational or sensible suspicion that a vulnerable person has been harmed or placed in danger of being harmed.

Reasonably foreseeable potential means that a reasonable person would be able to predict or anticipate that his or her conduct would result in harm or injury to a vulnerable person. It does not mean that given the circumstances involved, it is reasonable or realistic to expect that, likely or not, it would.

Restraint means the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.

Serious Injury or Harm means: (1) physical injury or harm that requires more than first aid; (2) psychological harm evidenced by negative change in behavior or change in psychotropic medication or intervention; (3) a risk for life threatening physical injury or psychiatric emergency or trauma.

Serious or protracted impairment of the physical, mental, or emotional condition means a state of substantially diminished physical, psychological, or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggressive or self-destructive impulses, or ability to think or reason.

Patient Advocacy for purposes of this document refers to the OASAS point of contact for the reporting of incidents and ensuring compliance with applicable laws, rules and regulations issued by OASAS.

INCIDENT REPORTING

CORE Services are unlicensed/uncertified and therefore are not subject to the Justice Center's jurisdiction. For OMH-hosted providers, CORE Services incidents must be reported to OMH only. Such reporting is done through the NYS Incident Management Reporting System (NIMRS), a secure, web-based, quality management tool.

INCIDENT CATEGORIES

Reportable Incidents

Allegations of Abuse and Neglect, as defined below, must be reported to the designated provider's Host Agency, *regardless of severity*. For WNYIL, this would be reporting to OMH.

Allegations of Abuse and Neglect: An allegation of abuse or neglect must involve an act (or failure to act) by a custodian that causes or was likely to result in, injury or harm to an individual receiving services. All allegations of abuse or neglect must be reported to OMH. This category includes Physical Abuse, Psychological Abuse, Sexual Abuse, Neglect, Restraint/Seclusion, Obstruction of Reports of Reportable Incidents, Unlawful Use or Administration of a Controlled Substance, and Aversive Conditioning.

Definitions of Abuse and Neglect

Incident Type	Definition
Physical Abuse	Intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental, or emotional condition of an individual receiving services or causing the likelihood of such injury or impairment; such conduct may include, but is not limited to slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment, provided, however, that it shall not include reasonable emergency interventions necessary to protect the safety of any person.
	Intentionally or recklessly causing, by verbal or nonverbal conduct, a substantial diminution of an individual receiving services emotional, social or behavioral development or condition, supported by a

Psychological Abuse	clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker, or licensed mental health counselor, or causing the likelihood of such diminution. Such conduct may include, but shall not be limited to, intimidation, threats, the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury, taunts, derogatory comments, or ridicule.
Sexual Abuse	Conduct that subjects an individual receiving services to any offense defined in Article 130 (sex offenses) or Section 255.25 (incest, 3rd degree), 255.26 (incest, 2nd degree), or 255.27 (incest, 1st degree) of the Penal Law, or any conduct or communication that allows, permits, uses or encourages an individual to engage in any act described in Articles 230 (prostitution offenses) or 263 (sexual performance by a child) of the Penal Law.
Neglect	Any action, inaction or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of an individual receiving services. Neglect shall include, but is not limited to: failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse if committed by a custodian; and failure to provide adequate food, clothing, shelter, medical, dental, optometric or surgical care, provided that

	the custodian has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric or surgical treatment have been sought and obtained from appropriate individuals.
Restraint or Seclusion	Any use of restraint or seclusion.
Obstruction of Reports of Reportable Incidents	Conduct that impedes the discovery, reporting or investigation of treatment of an individual receiving services by falsifying records related to safety, treatment or supervision of an individual, actively persuading a Mandated Reporter from making a report of a reportable incident to the Statewide Vulnerable Persons' Central Register with the intent to suppress the reporting or the investigation of an incident, intentionally making a false statement or intentionally withholding material information during an investigation into such a report in accordance with OMH or OASAS policies and procedures; intentional failure of a Supervisor or manager to act upon such a report, or failure by a Mandated Reporter to report a reportable incident upon discovery
Unlawful Use or Administration of a Controlled Substance	Any administration to a patient of a controlled substance (e.g., codeine, Oxycontin, Ambien, cocaine, etc.), as defined by article 33 of the Public Health Law without a lawful prescription, or other medication not approved for any use by the Federal Food and Drug Administration, and/or unlawful use or distribution of a controlled substance as defined by article 33 of the Public Health Law at the workplace or while on duty.

Aversive Conditioning	The use of unpleasant physical stimulus to modify behavior. Any use of aversive conditioning is prohibited in facilities/agencies/programs under the jurisdiction of OMH.
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Significant Incidents: Significant Incidents are incidents that occur on program premises or when an individual was under the actual or intended supervision of a custodian when the event occurred. These include any incident that, because of the severity or the sensitivity of the situation, results in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of an individual receiving services. Significant incidents do not include those incidents defined as abuse and neglect when committed by a custodian.

In order for a “significant incident” to be reportable, the level of harm must meet the level of “serious injury or harm” unless otherwise indicated in the chart below.

Significant Incidents Reportable to OMH:

Incident Type	Definition
Sexual Assault	A sexual attack including, but not limited to, those that result in vaginal, anal, or oral penetration (i.e., rape or attempted rape and sodomy or attempted sodomy, and/or any sexual conduct between a person who is 18 years old or more and a person who is less than 15 years old, or between a person who is 21 years old or older and a person who is less than 17 years old, or which involves an individual who is deemed incapable of consent).
Severe Adverse Drug Reaction	An unintended, unexpected, or excessive response to a medication given at normal doses, which results in serious harm or injury.

Assault	A violent or forceful physical attack by a person <i>other than a custodian</i> , in which the person is either the victim or aggressor, which results in serious injury or harm.
Crime	An event which is or appears to be a crime under NYS or Federal Law, which occurs on the program premise or when a person is under the actual or intended supervision of a custodian, and which involves an individual receiving services as a victim or aggressor, or which affects or has the potential to affect the health or safety of one or more individuals of the program or has the potential to have a significant adverse impact on the property or operation of the program.
Crimes in the Community*	An event which is, or appears to be, a crime under New York State or Federal law, and which is perceived to be a significant danger to the community, or which involves a person whose behavior poses an imminent concern to the community.
Fight	A physical altercation between two or more people receiving services, in which there is no clear aggressor and no clear victim, resulting in serious injury or harm.
Financial Exploitation	Uses, appropriation, or misappropriation by a custodian of a person's resources (such as, funds, assets, or property) by deception, intimidation, or similar means, with the intent to deprive the individual of those resources.
Injury of Unknown Origin	An injury to a person for which a cause cannot be immediately determined because (1) the source of the injury could not be explained by the person or another person; AND (2) the injury is suspicious because of the extent or location of the injury, or the number of injuries observed at one point in

	time, or the frequency of the incidence of injuries over time.
Medication Error	An error in prescribing, dispensing, or administering a drug which results in serious injury or harm.
Missing subject of AOT order	For OMH-hosted providers only: An individual receiving services who is subject to an assisted outpatient treatment (AOT) order who fails to keep a scheduled appointment and/or who cannot be located within a 24-hour period.
Mistreatment	For OMH-hosted providers only: Any intentional administration to a patient of a prescription drug or over-the-counter medication which is not in substantial compliance with a physician's, dentist's, physician's assistant's, specialist's assistant's, or nurse practitioner's prescription.
Self-Abuse	Self-inflicted injury, not intended to result in death, that results in serious injury or harm.
Suicide Attempt*	An act committed by an individual in an effort to cause their own death.
Suicide Attempt, Off Site*	An act committed by an individual in an effort to cause their own death that occurs off program premises, when the individual receiving services was not under the actual or intended supervision of a custodian.
Verbal Aggression by Individual Receiving Services	A sustained, repetitive action or pattern by an individual or individuals of ridiculing, bullying, demeaning, making derogatory remarks, verbally harassing, or threatening to inflict physical or emotional harm on another individual(s), which causes serious injury or harm.

Wrongful Conduct	Actions or inactions on the part of a custodian that are contrary to sound judgment or training, and which are related to the provision of services, the safeguarding of an individual's health, safety, or welfare, or individual rights, but which do not meet the definition of abuse or neglect, including but not limited to: any non-accidental physical contact with an individual receiving services which causes minor injury or has the reasonably foreseeable potential to cause injury, provided however that this shall not include the application of restraint, when such application is necessary and performed in accordance with applicable laws and regulations, or reasonable emergency interventions necessary to protect the safety of any person; intentional verbal or nonverbal conduct that is meant to cause an individual emotional distress, but which does not result in harm, or results in only minor harm, to the patient. Examples include taunting, name calling, issuing threats, using insulting, disrespectful, or coarse language or gestures directed toward an individual; violating an individual's rights or misusing authority; activity of a sexual nature (physical or non-physical) involving an individual receiving services and a custodian; or activity of a sexual nature involving an individual receiving services that is encouraged by a custodian. Examples include inappropriate touching or physical contact, sending sexually explicit materials through electronic means (including mobile phones, electronic mail, etc.), voyeurism, or sexual exploitation; or
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	conduct that falls below the standards of behavior established in guidance or facility policies and procedures for the protection of individuals receiving services against unreasonable risk of harm (e.g., sleeping while on duty).
Death*	For OMH-hosted providers only: The death of an individual receiving Adult CORE Services at the time of death, including any death of an individual receiving services within 30 days after discharge from CORE Services.
Other	An event, other than one identified in this section, which has or creates a risk of, a serious adverse effect on the life, health, or safety of an individual receiving services.

** Incident must be reported regardless of resulting, perceived or actual, injury or harm OR regardless of setting, whether the event occurs while in the care of a custodian or not.*

Please note: Although CORE Services reporting categories follow those outlined by Incident Management Programs Regulation (Title 14 NYCRR Part 524), due to inapplicability of specific categories; the following reportable or significant incident categories have been omitted as required to be reported to OMH:

- Falls by patients in an inpatient or residential setting
- Sexual contact between children

HOW TO REPORT FOR OMH-HOSTED PROVIDERS

NIMRS

NIMRS is a web-based application that is available on the browser 24-hours a day, 7 days a week. Access to NIMRS is granted through the Security Management System (SMS). Each designated provider will assign an SMS Administrator who will grant and remove access to applications such as NIMRS. For more information, please see the [NIMRS FAQ](#). For training on the use of NIMRS, see the [NIMRS Learning Center](#).

REPORTING PROCESS

Upon discovery of an incident, within one business day the staff and Supervisor will complete an Initial Incident Reporting Form and send to MIRT at MIRT@wnyil.org. The appropriate team member will then enter the incident into NIMRS (no later than one business day).

Designated providers are responsible for incident reporting in an effective and timely manner. To ensure proper protocols and procedures are being maintained, the organization must maintain the following responsibilities:

The designated provider is responsible for incident reporting after being made aware of an event within one business day. Individuals receiving services, and their guardian or personal representative when applicable, are made aware of the organization's incident reporting procedures. This includes providing the individual with information on incidents that are as reportable to ensure that they inform the service provider of such incidents, as applicable. If the incident constitutes an emergency, employees must initiate their organization's emergency procedures and report the incident in NIMRS.

Providers must clearly indicate what actions took place on behalf of the organization in response to the incident including, but not limited to, contacting law enforcement, coordinating information with other related service providers, immediate resource/ support provided to the individual receiving services, assessment(s) administered and, the review and subsequent updates made to the ISP, where appropriate.

INCIDENT REPORTING FOLLOW-UP

The designated provider is responsible for investigating incidents at a level commensurate with the seriousness of the incident. The organization should be in contact with the individual receiving services to determine if there is any new information regarding the incident(s) and report this new information in NIMRS along with any action that has been taken since the initial reporting or the last follow-up, until the incident is resolved.

When providing follow-ups/updates in NIMRS, providers must clearly indicate their actions in addressing the incident and any continued actions and/ or plans to ensure the safety of the individual receiving services, where applicable.

This information should be updated in the Investigation Conclusions area on the Investigation Findings & IRC (Investigation Review Committee) Sub Tab (For WNYIL, it is MIRT). For example: if an individual is reported missing, the organization will need to keep in contact with any identified collaterals and report updates in NIMRS until the individual is found. The incident should not just be entered into NIMRS and closed with no follow-up with collaterals on status of the incident.

All files pertaining to the incident will be forwarded to MIRT at MIRT@wnyil.org for filing in the Incident Management Files.

OVERSIGHT FOR ALL DESIGNATED PROVIDERS

Designated Provider Agency

The designated provider agency establishes a Reportable Incident Review Committee to review all Reportable Incidents to determine if incidents are handled properly and to the satisfaction of the individual receiving services and any regulatory body including, OMH.

Care and Safety of an Individual Involved in an Incident:

Provider agency administrators of CORE Services must ensure that their incident management policy requires any staff person who observes or is informed that a Reportable Incident of any type has occurred, is to immediately provide assistance and secure appropriate

care for the involved individual(s). Such administrators must provide OMH with contact information for administrators (director, Supervisor) who can be contacted by OMH, for the purpose of ensuring that such measures have been taken. This information may be included in the incident report narrative.

If an allegation of abuse or assault has been made, appropriate care must include separating the alleged perpetrator from the alleged victim, in circumstances where it appears the allegation is credible and sufficient staff coverage can otherwise be maintained. In all cases, the welfare of the individual receiving services is paramount.

Reasonable actions must be taken to ensure that an individual who has been harmed receives necessary treatment or care. If an individual has been injured, such actions must include a medical examination commensurate with the acuity of the injury. The provider should note the location where medical treatment was sought and if there is an identified course of treatment that must be followed up on. The name of the examiner, the written findings of the examiner, and a copy of any other medical record associated with such examinations must be retained by the organization, if available.

In addition, designated providers must review their activities in response to reportable incidents to ensure corrective actions will be taken, as necessary, to address system and personnel issues that may pose a continued risk to other individuals receiving services.

ORGANIZATION AND MEMBERSHIP OF THE INCIDENT REVIEW COMMITTEE

The committee may be organized on an agency-wide, multi-program or program-specific basis. Agencies may use a current incident review committee if one has been established. It is recommended that the committee contain at least five individuals drawn from a cross-section of staff, including professional, direct care, quality management and administrative. It is recommended that the committee also include a peer advocate who is a former recipient of services.

The committee must meet at least quarterly and within 45 days of a Reportable Incident report involving an individual receiving CORE Services.

For purposes of WNYIL as the provider agency, the Managing Incident Review Team will work in conjunction with the MHPC Director for all reportable incidents and fulfilling all reporting requirements with OMH.

RESPONSIBILITIES OF THE INCIDENT REVIEW COMMITTEE

The MIRT will be responsible for reviewing the inquiry of every Reportable Incident. The committee evaluates the response of the agency and any involved provider for thoroughness. The committee determines whether the final recommendations and actions taken are sufficient, in line with the best clinical practice and in compliance with the CORE Service Standards and other guidance.

In addition, the committee makes certain that the agency's Incident Reporting Policies and Procedures comply with the OMH Incident Reporting Policy, determines if its response and that of any involved provider have been thorough and complete, ascertains that necessary and appropriate corrective, preventive and/or disciplinary action has been taken in accordance with the committee's recommendations and OMH guidelines. If different or additional actions are taken, the committee must document the original recommendations and explain why the recommendations were revised and develop recommendations for changes in provider policies and procedures to prevent or minimize the occurrence of similar situations. These recommendations must be presented to the appropriate staff. Additionally, the committee identifies trends in Reportable Incidents (by type, individual receiving services, site, employee, involvement, time, date, circumstance, etc.) and recommends appropriate corrective and preventive policies and procedures.

DOCUMENTATION

Incident management must include procedures for documenting the occurrence of incidents and the results of all related examinations, investigations, and reviews. Incident-related documents are confidential quality assurance documents which must be maintained separately from the individual's CORE Services case record. However, a description of any clinical impact which an incident may have on an individual must be recorded in the case record.

NOTIFICATIONS In addition to reporting requirements, designated providers must have procedures to assure the following notifications occur:

Notifications to Individual Receiving Services, and Guardian/Personal Representative (as applicable): Individuals receiving services may be notified of the outcome of incidents involving them, if and as clinically appropriate, and in accordance with applicable federal and state laws. Any applicable guardian or personal representative, as identified in the individual's ISP or case record and by consent, must be notified immediately of allegations of abuse or neglect, missing person or incident involving an individual's death or injury.

OMH may track and monitor all aspects of Reportable Incidents and uses the data collected and included in reports to determine if there are systemic issues that need to be addressed and plan a strategy for preventing Reportable Incidents from occurring or recurring. OMH reserves the right to review incidents at any time and may request additional information in NIMRS or through Patient Advocacy and/or the Regional Office, if not updated accordingly.

In the event that any designated provider is found to be non-compliant with these policies and procedures, the State may take appropriate action. This may include requesting corrective action and suspending or terminating the provider's designation to provide CORE Services. OMH works cooperatively with other state agencies that provide services to individuals with disabilities, informing them when shared providers experience significant or numerous Reportable Incidents.

**XVII. OASAS FUNDED PROGRAMS AT WNYIL:
INCIDENT REPORTING IN OASAS FUNDED
SERVICES: TITLE 14 PART 836.7 INCIDENT
REPORTING, NOTICE AND INVESTIGATIONS IN
PROGRAMS FUNDED BUT NOT CERTIFIED OR
LICENSED BY OASAS.**

(1) Prevention programs and other services funded but not certified or licensed by the office shall report to the OASAS Bureau of Patient Advocacy and not the Justice Center.

(2) The OASAS Bureau of Patient Advocacy is available Monday through Friday during business hours and can be reached by phone at 1-800-553-5790.

(3) The Incident Manager designate at least one staff person responsible for reporting incidents to OASAS Bureau of Patient Advocacy. Such staff person shall also be responsible for the follow-up and resolution of the incident as directed by OASAS.

(4) Reporting of incidents shall be completed immediately upon the discovery of the incident, or at the latest, on the next business day, unless otherwise advised by OASAS.

The initial report of such an incident, in such a program, must, at a minimum, contain:

- i. The exact date and time of the incident if known; and
- ii. A description of the incident, including location, and actions taken in response to it; and
- iii. The name(s), address(es), and telephone number(s) of the victim(s), witness(es), and any other persons involved; and
- iv. The presence of injuries, if any, and first aid provided to address such injuries.

REPORTING PROCESS

Any staff needing to report an incident must complete an Initial Incident Reporting Form with their Supervisor. The Supervisor will then send the Form to MIRT. The appropriate member will forward the Form to the Director of Mental Health Peer Connection (MHPC). The Director, in turn, will use the Initial Incident Reporting Form to make the report to the OASAS Bureau of Patient Advocacy. WNYIL will cooperate with any requests and all investigatory procedures as put forth by the Bureau of Patient Advocacy. Upon mitigation and resolution of the incident, the Initial Incident Reporting Form will be completed with any corrective action plans and then re-submitted to MIRT through email at MIRT@wnyil.org for filing.

PART 836.7 INCIDENT CATEGORIES

I. Reportable Incident means an event or happening, accident or injury during the conduct of any program activity which involves a client, a custodian, or damage to the facility in which the program operates and which has, or may have, an adverse or endangering effect on the life, health or welfare of clients or custodians and is required to be reported, investigated and recorded to designated parties according to article 11 of the Social Services Law and procedures approved by the office, reviewed by an incident review committee, and acted upon in an appropriate manner to safeguard the well-being of clients and custodians and to bring the matter to closure. The following is a list and the definitions of the types of "reportable incidents".

(1) Physical Abuse means conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient or causing the likelihood of such injury or impairment. Such conduct may include but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person.

In addition, an Incident Report shall be made immediately when an injury cannot be explained, and investigation is needed because of the:

- (i) extent and/or location of the injury;
- (ii) number of injuries at one time; or
- (iii) frequency of injuries over time.

(2) Sexual Abuse means any conduct by a custodian that subjects a person receiving services to any offense defined in article 130 or section 255.25, 255.26 or 255.27 of the Penal Law; or any conduct or communication by such custodian that allows, permits, uses or encourages a service recipient to engage in any act described in articles 230 or 263 of the Penal Law.

(3) Psychological Abuse means conduct by a custodian intentionally or recklessly causing, by verbal or non-verbal conduct, a substantial diminution of a service recipient's emotional, social or behavioral development or condition, supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor, or causing the likelihood of such diminution. Such conduct may include but shall not be limited to intimidation, threats, the display of a weapon or other object that could reasonably be perceived by a service recipient as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury, taunts, derogatory comments or ridicule. Such conduct shall be reported when a mandated reporter has reasonable cause to suspect that it occurred, even though no clinical assessment has been undertaken to determine its impact on the service recipient.

(4) Deliberate Inappropriate Use of Restraints means the use of a restraint when the technique, the amount of force or the situation in which the restraint is used is deliberately inconsistent with a service recipient's individual treatment/recovery plan, generally accepted treatment practices and/or applicable Federal or State laws, regulations or policies, except when the restraint is used as a

reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other person. For purposes of this Part, a *restraint* shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body. A deliberate inappropriate restraint may include, among other things, a finding that a restraint was used as a punishment or for the convenience of staff.

(5) *Use of Aversive Conditioning* means the application of a physical stimulus intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services in the absence of a person-specific authorization by the office pursuant to law, regulations and clinical guidance. Aversive conditioning may include but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, the withholding of meals and the provision of substitute foods in an unpalatable form and movement limitations used as punishment, including but not limited to helmets and mechanical restraint devices.

(6) *Obstruction of Reports of Reportable Incidents* means conduct by a custodian that impedes the discovery, reporting or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment or supervision of a service recipient, actively persuading a mandated reporter from making a report of a reportable incident to the Vulnerable Persons' Register with the intent to suppress the reporting or the investigation of such incident, intentionally making a false statement or intentionally withholding material information during an investigation into such a report; intentional failure of a Supervisor or manager to act upon such a report in accordance with office regulations, policies or procedures; or, for a mandated reporter who is a custodian as defined in subdivision (d) of this section, failing to report a reportable incident upon discovery.

(7) *Unlawful Use or Administration of a Controlled Substance* means any administration by a custodian to a service

recipient of a controlled substance as defined by article 33 of the Public Health Law, without a prescription; or other medication not approved for any use by the Federal Food and Drug Administration. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article 33 of the Public Health Law, at the workplace or while on duty.

(8) Neglect means any action, inaction or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect shall include, but is not limited to:

- (i) failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described in paragraphs (1)-(7) of this subdivision if committed by a custodian; or

- (ii) failure to provide adequate food, clothing, shelter, medical, dental, optometric, or surgical care, consistent with the rules or regulations promulgated by the office, provided that the facility or provider agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric, or surgical treatment have been sought and obtained from the appropriate individuals; or

- (iii) failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article 65 of the Education Law and/or the individual's individualized education program.

II. Significant Incident means a reportable incident, other than an incident of abuse or neglect which because of its severity or the sensitivity of the situation, may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety or welfare of a person receiving services. The following is a list of the types and the definitions of “significant incidents” that involve:

- (1) Conduct between persons receiving services that would constitute abuse if committed by a custodian; and
- (2) Conduct on the part of a custodian, inconsistent with a service recipient's individual treatment/recovery plan, generally accepted treatment practices and/or applicable Federal or State laws, regulations, or policies and which impairs or creates a reasonably foreseeable potential to impair the health, safety or welfare of a person receiving services, including but not limited to:
 - i. Unauthorized seclusion, which shall mean the placement of a person receiving services in a room or area from which he or she cannot, or perceives that they cannot, leave at will.
 - ii. Unauthorized use of time-out, which shall mean the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, or as a substitute for programming but shall not include the use of a time-out as an emergency intervention to protect the health or safety of the individual or other persons.
 - iii. Except as provided for in paragraph (c)(7) of this section, the administration of a prescribed or over-the-counter medication, which is inconsistent with a prescription or order issued for a service recipient by a licensed, qualified health care practitioner, and which has an adverse effect on a service recipient. For purposes of this subparagraph, *adverse effect* shall mean the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the well-being of a service recipient.
 - iv. Inappropriate use of restraints, which shall mean the use of a restraint when the technique, the amount of force or the situation in which the restraint is used are inconsistent with a service

recipient's individual treatment/recovery plan, generally accepted treatment practices and/or applicable Federal or State laws, regulations, or policies.

III. Other Significant Incidents, including but not limited to:

- (1) An event that is, or appears to be, a crime under New York State or Federal law involving custodians, clients, or others, including children of service recipients in a residential program, as victims or perpetrators.
- (2) Body cavity search; must be with client consent.
- (3) Any violation of a consumer's rights to confidentiality pursuant to 42 CFR part 2 or the Health Insurance Portability and Accountability Act (HIPAA).
- (4) Missing client as defined in subdivision (u) of this section.
- (5) Suicide attempt whether or not preceded by statements of intent; statement of intent alone is not a suicide attempt; statements of intent should be recorded in a patient's clinical record.
- (6) Death of a custodian or mandated reporter during the course of his/her job duties related to the provider facility; shall also be reported to any other appropriate entity.
- (7) Death of an outpatient client if death occurs on program premises or during program activities.

Other definitions as defined by OASAS for purposes of Incident Management Reporting:

Custodian means a director, operator, employee or volunteer of a facility or provider agency; or a consultant or an employee or volunteer of a corporation, partnership, organization, or governmental entity which provides goods or services to a facility

or provider agency pursuant to contract or other arrangement that permits such person to have regular and substantial contact with individuals who are cared for by the facility or provider agency.

Facility or Provider Agency shall mean a facility or program in which services are provided and which is operated, licensed, or certified by the office. Such facilities and provider agencies are within the jurisdiction of the Justice Center for purposes of reporting reportable incidents to the Justice Center's Vulnerable Persons' Central Register, or to the Bureau of Patient Advocacy.

Mandated Reporter means a custodian or a human services professional but shall not include a service recipient.

Human Services Professional means any physician; registered physician assistant; surgeon; medical examiner; coroner; dentist; dental hygienist; osteopath; optometrist; chiropractor; podiatrist; resident; intern; psychologist; registered nurse; licensed practical nurse; nurse practitioner; social worker; emergency medical technician; licensed creative arts therapist; licensed marriage and family therapist; licensed mental health counselor; licensed psychoanalyst; licensed behavior analyst; certified behavior analyst assistant; licensed speech/language pathologist or audiologist; licensed physical therapist; licensed occupational therapist; hospital personnel engaged in the admission, examination, care or treatment of persons; Christian science practitioner; school official, which includes but is not limited to school teacher, school guidance counselor, school psychologist, school social worker, school nurse, school administrator or other school personnel required to hold a teaching or administrative license or certificate; full or part-time compensated school employee required to hold a temporary coaching license or professional coaching certificate; social services worker; any other child care or foster care worker; mental health professional; person credentialed by the office; peace officer; police officer; district attorney or assistant district attorney; investigator employed in the office of a district attorney; or other law enforcement official.

Physical Injury and **Impairment of Physical Condition** means any confirmed harm, hurt or damage resulting in a significant worsening or diminution of an individual's physical condition.

Delegate Investigatory Entity means a facility or provider agency, or any other entity authorized by regulations of the office or the Justice Center to conduct an investigation of a reportable incident.

Justice Center means the Justice Center for the Protection of People with Special Needs established pursuant to chapter 501 of the Laws of 2012.

Person Receiving Services, or **Service Recipient** means a client who receives or has received services from a facility or provider agency.

Personal Representative means a person authorized under State, tribal, military, or other applicable law to act on behalf of a vulnerable person in making health care decisions, or a service recipient's parent, guardian or other person legally responsible for the service recipient.

Subject of the Report means a custodian who is reported to the Vulnerable Persons' Central Register for the alleged abuse or neglect of a vulnerable person.

Other Persons Named in the Report means and is limited to the following persons who are named in a report to the Vulnerable Persons' Register other than the subject of the report: the service recipient whose care and treatment is the concern of a report to the Vulnerable Persons' Central Register, and the personal representative, if any.

Vulnerable Persons' Central Register means the statewide central register of reportable incidents involving vulnerable persons, which shall operate in accordance with section 492 of article 11 of the Social Services Law.

Vulnerable Person means a person who, due to physical or cognitive disabilities, or the need for services or placement, is receiving services from a facility or provider agency.

Intentionally and Recklessly shall have the same meanings as provided in subdivisions 1 and 3 of section 15.05 of the Penal Law.

Clinical Records means information concerning or related to the examination or treatment of a person receiving services from a provider agency.

Incident Management Program means a plan developed and maintained by service providers pursuant to section 836.5 of this Part including specifications for the identification, investigation, reporting and appropriate response to any incident and review by the provider's incident review committee.

Missing Client means a consumer:

(1) over the age of 18 in a residential facility who has not been accounted for when and where such consumer is expected to be present and, after 24 hours, whose location has not been determined by means of immediate and appropriate diligent efforts (a client is accounted for and not missing if staff has received information regarding the patient's intention to leave treatment against medical advice or to remove himself/herself to a specific location outside of the facility with or without an approved pass); or

(2) under the age of 18 in a residential facility who has not been accounted for when and where such client is expected to be present and, after 24 hours, whose location has not been determined by means of immediate and appropriate diligent efforts. (A consumer is accounted for and not missing if staff has received information regarding the patient's intention to leave treatment against medical advice or to remove himself/herself to a specific location outside of the facility with or without an approved pass or is known to be in the custody of a parent or guardian).

Qualified Person means an individual receiving services or his or her personal representative.

Staff means custodians identified as an administrator, licensed clinician, contractor, employee, consultant, volunteer, intern, peer advocate, agent, or counselor trainee affiliated with a program certified, licensed, funded, or operated by OASAS.

Incident Review Committee means a committee required by a facility incident management program and established pursuant to section 836.5 of this Title.

XVIII. VETERAN DIRECT CARE- The Veteran, Authorized Representative or Direct Care Worker is required to contact the Person-Centered Counselor immediately after the occurrence. The VDC program also requires that the Veteran, Representative, or Direct Care Worker submit a Serious Occurrence Report (SOR) to the Person-Centered Counselor within 5 business days of any alleged incidents that have put the person's life, health, or safety at risk. WNYIL's Initial Incident Report Form will be used for this purpose. The Person-Centered Counselor will forward the report to MIRT@wnyil.org. After reviewing the report, the appropriate member(s) of the MIRT team will direct follow up action including possible follow up with the Veteran, Authorized Representative or DCW to assist with resolving the issue as well as to the VAMC to ensure the appropriate reporting and SOR management occurs. The report will be stored electronically in the MIRT secure SharePoint folder and maintained separately from the Veteran/DCW's file. [August 2024]

Situations that require a Serious Occurrence Report:

- Suspected or known physical or verbal abuse
- Veteran neglect: either self-neglect or neglect by responsible caregivers
- Sexual Harassment by an employee or Veteran
- Injuries requiring medical treatment for an employee or Veteran

- An unsafe working environment that endangers workers
- Any event reported to APS, Child Protective Services (CPS), or law enforcement
- Fraud or exploitation

The VAMC defines the following as Serious Occurrences:

Physical Abuse: the infliction of any physical injury, or the deprivation of food, shelter, clothing or services necessary to maintain the physical or mental health of a minor, an older person, or a person with a disability.

Sexual Abuse: non-consensual sexual contact, of any kind, with an elderly person, a disabled adult, or a minor.

Emotional Abuse: the infliction of anguish, pain, or distress through verbal or nonverbal acts.

Neglect: the failure of a parent of a minor child, a guardian, or an employee responsible for caring for a child, an elderly person, or a person with a disability, to provide, to the extent of legal responsibility, food, shelter, clothing, or services necessary to maintain the physical or mental health of the person needing care.

Self-Neglect: when an elderly or disabled person is unable or unwilling to care for themselves.

Exploitation: the unreasonable use of someone's money or personal property to the advantage of another person by means of duress, menace, fraud, or undue influence. [August 2024]

XIX. INDEPENDENCE EXPRESS- MEDICAID TRANSPORTATION (MAS)

An "accident" is defined as a vehicle colliding with another vehicle, a physical structure, an object, a person or an animal. An "incident" is defined as an occurrence, breakdown, or public disturbance that interrupts the trip causing the driver to stop the vehicle, such as when a passenger or driver becomes unruly or ill.

[September 2026]

Drivers will report the incident to the Director of Independent Express, or the CEO in the Director's Absence. The Director will complete the Initial Incident Report Form and forward to MIRT@wnyil.org. The Director will also complete the Medicaid Non-Emergency Medical Transportation Form (Appendix O). The appropriate member(s) of the MIRT Team, will forward this form to the appropriate MAS transportation manager for review. If any further investigation is needed, the transportation manager will forward this to the Department of Health; WNYIL will comply and assist with all investigations and corrective actions plans to resolve/close the investigation and incident report. All WNYIL files regarding the matter will be kept separately in a secure Sharepoint MIRT file apart from consumer records in the Electronic Consumer Record. [August 2024]

XX. INTERNAL INCIDENTS

Incidents involving staff, volunteers, interns, visitors, and consumers (those consumers not in the aforementioned programs of Part 624, NYSDOH Health Homes, CORE, OASAS, VDC, MA Transportation, SCN) will be assured protective oversight by WNYIL having established its own Internal Incident Management Policies and Procedures. These incidents will be addressed as Internal Incidents and will be reported in accordance with this manual. [September 2026]

REPORTING AN INTERNAL WNYIL INCIDENT

1. When an internal incident occurs to a staff, volunteer, intern, visitor, consumer, an Initial Incident Reporting Form (ADDENDUM L) will be completed.
2. Once this Form is completed, it will be given to the immediate Supervisor of the department or program that oversees the staff, volunteer, intern, visitor, or consumer.
3. The Supervisor will review it and establish a Corrective Action Plan to address the incident.
4. The Supervisor will then sign it and submit it to MIRT@wnyil.org

5. The Recording Secretary of the MIRT will receive the Form and forward the Form to the Incident Manager to review. [September 2026]
6. The Incident Manager will then return the Form to the Recording Secretary of MIRT. [September 2026]
7. The MIRT will meet to review, investigate, and mitigate any incidents.
8. A summary of the incidents will be assembled and presented by the designated staff members at the appropriate Committees' (Personnel, Program, Compliance) regularly scheduled meetings. [September 2026]
9. All paperwork related to the incident will be forwarded to MIRT at MIRT@wnyil.org to be placed into the Incident Management Files.
10. For a clearer picture of this process refer to **ADDENDUM J** for a flow chart. [January 2019]

GENERAL INSTRUCTIONS FOR COMPLETING THE INCIDENT REPORT

- Print legibly, using a blue colored ink that will reproduce when photocopied.
- Enter the complete names of all parties involved. No initials.
- Complete each line or box; if the requested information is not applicable, enter "N/A."

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE INCIDENT REPORT

ITEM 1- NAME OF PERSON COMPLETING THE FORM. Who physically completed the form.

ITEM 2 - NAME OF PERSON(S) IN INCIDENT: NO NICKNAMES.

**Note: If more than one individual is involved, a separate Incident Reporting Form must be completed for each individual. [January 2022]*

ITEM 3- PHONE # OF PERSON IN INCIDENT:

ITEM 4- RELATIONSHIP OF PERSON TO WNYIL:

Check the appropriate box.

ITEM 5 – Oversight Reporting Obligation:

Check the appropriate box.

ITEM 6- INVOLVED PERSON’S SUPERVISOR (if applicable):

If not applicable, write NA. Do not leave blank.

ITEM 7- DATE AND TIME INCIDENT OCCURRED:

Enter the date and time the incident happened. Do not leave blank.

ITEM 8 - DATE AND TIME INCIDENT WAS REPORTED:

Enter the date and time when the incident was reported. Do not leave blank.

ITEM 9 - START AND END OF SHIFT:

Enter the start and end times of the shift, or N/A. Don’t leave blank.

ITEM 10 - NAME(S), ADDRESS(ES), PHONE NUMBER(S) OF WITNESS(ES) OF INCIDENT: NO NICKNAMES

ITEM 11 - TYPE(S) OF INCIDENT:

Checkmark the box/boxes that are appropriate to label the incident.

ITEM 12 - BODY PART(S) AFFECTED:

List the body parts that were affected by the incident. Be specific if possible (i.e. lower left back, left leg, right pinky finger)

ITEM 13 - LOCATION OR ADDRESS OF INCIDENT:

Complete the address, building, location, involved in the incident.

ITEM 14 - DESCRIBE THE INCIDENT IN DETAIL:

A clear, concise description of the incident must be provided here without speculation or opinion. The description should cover the "who", "what", "when", "where", "why", and "how" of the incident. Also, list the full names of person(s) known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

ITEM 15 - WERE EMS CONTACTED:

Check "YES" if Emergency Medical Services (Fire, Ambulance) were called and arrived. Check "NO" if there was none.

ITEM 16 - WAS A POLICE REPORT FILED:

Place an X next to "YES" if the police were contacted. If the police were not contacted, place an X next to "NO".

ITEM 17 - IS THE PERSON IN INCIDENT GOING FOR TREATMENT? IF YES, NAME AND ADDRESS OF CARE PROVIDER:

If yes, enter the name and address of the location that the person involved went to seek treatment.

ITEM 18 - CORRECTIVE ACTION PLAN:

Enter any corrective action that was taken at the time of the incident and the date it was completed. If there was not any corrective action taken at the time of the incident, leave this section blank.

ITEM 19 - DATE OF CORRECTIVE ACTION PLAN:

Enter the date that the Corrective Action Plan (CAP) was developed.

ITEM 20 - INVOLVED PERSON'S SIGNATURE AND DATE SIGNED

ITEMS 21 - SUPERVISOR'S SIGNATURE AND DATE SIGNED

ITEM 22 - PROGRAM NAME AND DEPARTMENT

ITEM 23 - CEO SIGNATURE AND DATE REPORTED

ADDENDUM A



September 21, 2026

To the IRC and MIRT,

I, Stephanie Orlando, Chief Executive Officer of WNY Independent Living, Inc., am delegating my duties as Incident Manager.

Incidents involving consumers who receive OPWDD ISS and/or FSS services under Title 14 NYCRR Part 624 should be directed to the Directors of those programs who will follow the reporting and investigatory processes delineated within the Incident Management Manual. I will also be delegating the duty of entering incidents into the Incident Review Management Application (IRMA) to the Incident Liaison. The Incident Liaison is also delegated to notify the Care Coordination Organization (CCO), when applicable, of a Part 624 or Part 625 Incident and work with the investigation teams and Incident Review Committee (IRC) for the resolution of the incidents.

Incidents involving Health Homes should be directed to the Director of Health Homes and the Compliance Coordinator. I am delegating the entering of incidents into IRAMS to the Compliance Coordinator. The Health Homes Director and Compliance Coordinator will work with any investigatory process led by the Lead Health Home and NYSDOH in the resolution of the incident.

Incidents involving CORE shall be directed to the Managing Incidents Review Team (MIRT) and MHPC Director. They will work with any investigatory process led by OMH in the resolution of the incident. I am delegating the entering of incidents into NIMRS to the Compliance Coordinator.

Incidents involving OASAS shall be directed to the Director of Mental Health Peer Connection who will be responsible for completing an Initial Incident Reporting Form and informing OASAS' Bureau of Patient Advocacy. The

Director will also work with any investigatory process led by OASAS in the resolution of the incident.

Veteran Direct Care incidents will be reported to the Person-Centered Counselor and Director of Taking Control, who will work with Compliance to file the appropriate forms with MIRT and the relevant VAMC.

Medicaid Transportation incidents will be reported to the Director of Independence Express who will work with Compliance to file the appropriate forms with MIRT and the NYS Department of Health.

All other incidents should be directed to the Incident Manager by filing the Initial Incident Reporting Form and working in collaboration with MIRT in the resolution of the incidents.

Should you have any further questions about this matter, please feel free to refer to the Incident Management Manual or contact the delegated staff in the enclosure following this letter.

Sincerely,

Stephanie Orlando
Chief Executive Officer

Enclosure

2026 INCIDENT MANAGEMENT STAFF DIRECTORY:

Incident Manager	Stephanie Orlando	Ext. 117
Chief Operations Officer	Aaron Baier	Ext. 172
Incident Liaison/Investigator	Tina Brown	Ext. 102
Human Resources Coordinator	Marissa Morrison	Ext. 157
Compliance Coordinator/Investigator	Robert Leary	Ext. 116
Incident Management Manual	Workforce Dev. Fac.	Ext. 114
Director of MHPC	Kevin Smith	Ext. 147
Director of Health Homes Admin.	Hans Schiffert	Ext. 523
CORE Supervisor	Robert Brandon	Ext. 148
ISS Supervisor	Shane Keyes	Ext. 115
FSS Transportation Supervisor	Cathy Colicchia	Ext. 150
Recording Secretary	Christine Aguglia	Ext. 165
IRC Member	Katrina Jacobi	Ext. 104
IRC Member	Emmett Creahan	Ext. 127
IRC Member	Marcy Johnson, RN	Ext. 291
IRC Member	Paul Beakman	
IRC Member	Sue Ann Sehl	

INCIDENT REVIEW COMMITTEE (IRC):

Paul Beakman, Sue Ann Sehl
Marcy Johnson, RN,
Katrina Jacobi, CAO
Tina Brown, Incident Liaison
Consumer Member
Emmett Creahan, Staff
Psychologist/Psychiatrist *

MANAGING INCIDENT REVIEW TEAM (MIRT):

Aaron Baier- Program Committee Representative
Tina Brown- Incident Liaison
Marissa Morrison- Personnel Committee Representative
Robert Leary- Compliance Committee Representative
Christine Aguglia- Recording Secretary
Kevin Smith- Director of MHPC

ADDENDUM B

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised February 1, 2021

INTRODUCTION

The Agency adopts the New York State Justice Center Code of Conduct as its standard of professional conduct for all employees. Employees assigned to Justice Center-covered programs are additionally subject to all applicable requirements of the Protection of People with Special Needs Act.

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs “live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm,” in addition to the specific guidance provided by the agency’s policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligation provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the Justice Center Act must sign that they have read and understand the Code of Conduct. The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person’s

potential for lifelong learning and growth. I understand that my job will require flexibility, creativity, and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional, and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

6. Advocacy

I will advocate for justice, inclusion, and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness, and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition, disability or any other protected class under the law.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under Social Services Law §491, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

**CODE OF CONDUCT: ACKNOWLEDGMENT FOR CUSTODIANS
OF PEOPLE WITH SPECIAL NEEDS**

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect, or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Print Name: _____

Signature: _____

Date: _____

Program: _____

Department: _____

Facility/Provider Organization:

WNY Independent Living, Inc.

3108 Main St.

Buffalo, NY 14075

ADDENDUM C: TITLE 14 PARTS 624 INCIDENTS



**Office for People With
Developmental Disabilities**

**OPWDD NYCRR Part 624
Types of Incidents
Reportable Significant Incidents 624/625
Serious Notable Occurrences**

Effective June 30, 2013-December 31, 2015		Effective January 1, 2016	
Category	Classification	Category	Classification
Reportable Incidents Abuse/Neglect	Physical Abuse	Reportable Incidents Abuse/Neglect NO CHANGES	Physical Abuse
	Sexual Abuse		Sexual Abuse
	Psychological Abuse		Psychological Abuse
	Deliberate inappropriate use of restraints		Deliberate inappropriate use of restraints
	Aversive conditioning		Aversive conditioning
	Obstruction of reports of reportable incidents		Obstruction of reports of reportable incidents
	Unlawful use or admin. of a controlled substance		Unlawful use or admin. of a controlled substance
	Neglect		Neglect
Reportable Incidents Significant Incidents	Conduct between individuals receiving services	Reportable Incidents Significant Incidents	Conduct between individuals receiving services
	Seclusion		Seclusion
	Unauthorized use of time out		Unauthorized use of time out
	Medication error with adverse effect		Medication error with adverse effect
	Inappropriate Use of Restraints		Inappropriate Use of Restraints
	Other Mistreatment		Mistreatment
	Missing Person		Missing Person
	Choking, with known risk		Unauthorized Absence
	Self-abusive behavior with injury		Choking, with known risk
			Choking with no known risk
Serious Notable Occurrences	Choking, no known risk	Serious Notable Occurrences	Self-abusive behavior with injury
	Death		Injury, with hospital admission
	ICF Violation		Theft/Financial Exploitation
	Injury		Other significant incident
	Sensitive Situation		
	Theft or financial exploitation		
Minor Notable Occurrences	Unauthorized Absence	Minor Notable Occurrences NO CHANGES	
	Injury		Death
	Theft/Financial Exploitation		Sensitive Situation

Please Note: For programs certified or operated by OPWDD, Reportable Incidents of Abuse/Neglect and Reportable Significant Incidents must be reported to the NYS Justice Center

(Rev. 01/01/2016)



Effective June 30, 2013-December 31, 2015		Effective January 1, 2016	
Category	Classification	Category	Classification
Reportable Incidents Abuse/Neglect	Physical Abuse	Reportable Incidents Abuse/Neglect NO CHANGES	Physical Abuse
	Sexual Abuse		Sexual Abuse
	Psychological Abuse		Psychological Abuse
	Deliberate inappropriate use of restraints		Deliberate inappropriate use of restraints
	Aversive conditioning		Aversive conditioning
	Obstruction of reports of reportable incidents		Obstruction of reports of reportable incidents
	Unlawful use or admin. of a controlled substance		Unlawful use or admin. of a controlled substance
	Neglect		Neglect
Reportable Incidents Significant Incidents	Conduct between individuals receiving services	Reportable Incidents Significant Incidents	Conduct between individuals receiving services
	Seclusion		Seclusion
	Unauthorized use of time out		Unauthorized use of time out
	Medication error with adverse effect		Medication error with adverse effect
	Inappropriate Use of Restraints		Inappropriate Use of Restraints
	Other Mistreatment		Mistreatment
	Missing Person		Missing Person
	Choking, with known risk		Unauthorized Absence
	Self-abusive behavior with injury		Choking, with known risk
			Choking with no known risk
			Self-abusive behavior with injury
Serious Notable Occurrences	Choking, no known risk	Serious Notable Occurrences	
	Death		Death
	ICF Violation		Sensitive Situation
	Injury		
	Sensitive Situation		
	Theft or financial exploitation		
	Unauthorized Absence		
Minor Notable Occurrences	Injury	Minor Notable Occurrences NO CHANGES	Theft/Financial Exploitation
	Theft/Financial Exploitation		Injury

(Rev. 01/01/2016)

ADDENDUM D: OPWDD FORM 147

Form OPWDD 147 (Revised 01/01/2016)

For additional guidance in completing this form please see line by line instructions.

NOTE: This form only contains the information available at the time of its completion.

REPORTING FORM: 14 NYCRR Part 624 - Reportable Incidents and Notable Occurrences

1. AGENCY COMPLETING FORM											
2. FACILITY (if applicable)						3. PROGRAM TYPE					
4. ADDRESS						5. PHONE					
6. MASTER INCIDENT NUMBER			7. AGENCY INCIDENT NUMBER			8. WAS A RELATED INCIDENT PREVIOUSLY REPORTED? 1 ☐ YES 2 ☐ NO					

TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

9. NAME OF PERSON(S) RECEIVING SERVICES (Last, First)					10. DATE OF BIRTH			11. GENDER 1 ☐ MALE 2 ☐ FEMALE		12. TABS ID (if applicable)		
13. RECEIVES MEDICATION: 1 ☐ YES 2 ☐ NO 3 ☐ UNKNOWN BY PERSON COMPLETING THIS FORM												
14. DATE & TIME INCIDENT WAS 1 ☐ Observed 2 ☐ Discovered					15. DATE AND TIME INCIDENT OCCURRED (if known)					16. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: _____		
MO.	DAY	YR.	HR.	MIN.	1 ☐ AM 2 ☐ PM	MO.	DAY	YR.	HR.	MIN.	1 ☐ AM 2 ☐ PM	17. NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT: _____

18. PRELIMINARY CLASSIFICATION (X ONE) In addition to other required notifications REPORTABLE INCIDENTS <u>must</u> be reported to the Justice Center if the program is certified or operated by OPWDD												19. SPECIFIC LOCATION WHERE INCIDENT OCCURRED 1 ☐ Living Room 2 ☐ Bedroom 3 ☐ Kitchen 4 ☐ Bathroom 5 ☐ Hallway 6 ☐ Staircase 7 ☐ Dining Room 8 ☐ Program Room 9 ☐ Recreation Area 10 ☐ Off-Facility Property 11 ☐ Unknown 12 ☐ Vehicle 13 ☐ Other (Specify)											
REPORTABLE INCIDENT – Abuse/Neglect 1 ☐ Physical abuse 2 ☐ Sexual abuse 3 ☐ Psychological abuse 4 ☐ Deliberate inappropriate use of restraints 5 ☐ Use of aversive conditioning 6 ☐ Obstruction of reports of reportable incidents 7 ☐ Unlawful use or administration of a controlled substance 8 ☐ Neglect						NOTABLE OCCURRENCES Serious Notable Occurrences 1 ☐ Death 2 ☐ Sensitive Situation Minor Notable Occurrences 1 ☐ Injury 2 ☐ Theft/Financial Exploitation						REPORTABLE INCIDENT - Significant Incidents 1 ☐ Conduct between individuals receiving services 2 ☐ Seclusion 3 ☐ Unauthorized use of time out 4 ☐ Medication error with adverse effect 5 ☐ Inappropriate use of restraints 6 ☐ Mistreatment 7 ☐ Missing Person						8 ☐ Choking, with known risk 9 ☐ Self-abusive behavior with injury 10 ☐ Choking with no known risk 11 ☐ Unauthorized Absence 12 ☐ Injury, with hospital admission 13 ☐ Theft/Financial Exploitation 14 ☐ Other significant incident					

20. BRIEF DESCRIPTION OF THE INCIDENT

(Continue on separate sheet if necessary)

21. LIST ALL THE IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL/DENTAL TREATMENT OR COUNSELING PROVIDED.

(Continue on separate sheet if necessary)

22. AS APPLICABLE, NOTIFICATION TO						
JUSTICE CENTER	1 ☐ YES	2 ☐ N/A	DATE	TIME	JC IDENTIFIER	REPORTED BY
LAW ENFORCEMENT OFFICIALS	1 ☐ YES	2 ☐ N/A	DATE	TIME	LAW ENFORCEMENT AGENCY NAME	
23. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER <i>(of person listed in #9 above, if different than #4 and #5)</i>						
24. TYPE OF RESIDENCE 1 ☐ SOIRA 2 ☐ VOIRA 3 ☐ SOICF 4 ☐ VOICF 5 ☐ FC 6 ☐ DC 7 ☐ CR 8 ☐ Other: <i>(Specify)</i> _____						
25. PRINT NAME OF PARTY COMPLETING ITEMS 1-24			TITLE			DATE
26. PRINT NAME OF PARTY REVIEWING ITEMS 1-25			TITLE			DATE
27. NOTIFICATIONS <i>(as appropriate)</i>						
CONTACT	DATE	TIME	PERSON CONTACTED	REPORTED BY	METHOD	
OPWDD IMU <i>(applies to all providers)</i>						
DDSOO Director/Agency CEO or Designee						
Family/Guardian/Advocate Notification						
Service Coordinator/Case Manager						
QIDP <i>(for ICF Resident)</i>						
Executive Director Consumer Advisory Board						
NYCLU Willowbrook Plaintiff Counsel						
NYPI Willowbrook Attorney (Death Only)						
Statewide OPWDD Willowbrook Liaison						
MHLS (Mental Hygiene Legal Service)						
Board of Visitors <i>(if applicable)</i>						
Coroner/Medical Examiner						
Other						
Other						
Other						
Other						
28. ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL'S SAFETY <i>(Use this section to explain any additions or modifications to immediate protections, item 21, or to add additional information.)</i>						
29. PRINT NAME OF PARTY COMPLETING ITEM 28			TITLE			DATE

ADDENDUM E: (OPWDD Part 624 Incident Reporting Timeframes)

EVENT/SITUATION REPORTING TIME FRAMES

Consumer Name: _____

Date Incident Occurred (if known): _____

Incident Report #: _____

Classification: _____

1. Notifications:

A. Phone and or Web notification to the Justice Center (w/i 24 hours):

a. Staff Initials:_____ Date: _____ Time: _____

B. Phone Notification to the DDRO (w/i 24 hours):

a. Staff Initials:_____ Date: _____ Time: _____

C. Incident Information entered into IRMA (w/i 24 hours):

a. Staff Initials:_____ Date: _____ Time: _____

D. Criminal Act, Police notified if appropriate (immediately):

a. Staff Initials:_____ Date: _____ Time: _____

E. Jonathan's Law notification of parent, guardian or correspondent (w/I 24 hours) if applicable:

a. Staff Initials:_____ Date: _____ Time: _____

F. Immediately notified CEO (716-836-0822, ext. 117) or designee:

a. Staff Initials:_____ Date: _____ Time: _____

b. Circle One: email / telephone / in person

G. Immediately notified Incident Liaison (716-836-0822, ext. 102) or designee:

a. Staff Initials:_____ Date: _____ Time: _____

b. Circle One: email / telephone / in person

2. Investigator Assigned:

a. Initials of Assignor:_____ Date: _____ Time: _____

- b. Investigator Name: _____
3. Received Final Investigator Report:
a. Staff Initials:_____ Date: _____ Time: _____
4. Final Investigative Report Entered in IRMA:
a. Staff Initials:_____ Date: _____ Time: _____
5. Meeting Minutes Entered into IRMA (count as monthly updates)
a. Staff Initials:_____ Date: _____
b. Staff Initials:_____ Date: _____
6. Recommend Closing to Incident Review Committee (Investigator):
Date: _____
7. Investigation Complete and Closed (Incident Review Committee):
Date: _____ Closed Date Entered into IRMA: _____

Signatures:

CEO

Date

IRC Chair

Date

Investigatory Question:

Investigative Process

1.) Testimonial Evidence:

a) The following individuals were interviewed during the course of this investigation:

<u>Name</u>	<u>Title</u>	<u>Date(s) Interviewed</u>	<u>Interviewer</u>
-------------	--------------	----------------------------	--------------------

b) The following individuals were interrogated during the course of this investigation:

Note: Other parties present during interrogations must also be identified below.

<u>Name</u>	<u>Title</u>	<u>Date(s) Interviewed</u>	<u>Interrogator</u>
-------------	--------------	----------------------------	---------------------

2.) Documentary Evidence:

The following documents were reviewed and copies are attached:

3.) Demonstrative Evidence:

4.) Physical Evidence:

5.) **Written Statements:**

Name

Title

Date

Interviewer

Summary of Evidence:

Conclusions:

Recommendations:

Full Name of Investigator (Print)	Agency/Title:	Signature/Date:

ADDENDUM G: (OPWDD Part 624: Form 161 CAP)



NYS Office for People with Developmental Disabilities Corrective Action Plan (CAP) Submission Form

Form OPWDD 161
1/13/2015

Master Incident Number:		JC Case Serial Number: (55#)	
VPCR Incident Serial Number: (101- or 301-)		Date Prepared by Agency:	

*Date of Letter of Determination from the Justice Center

Please Note: CAPS are due to OPWDD within 60 days of this date*

All CAPs must be approved by the Agency Director/CEO or Designee prior to submission.

Agency Contact Information

Agency Name:		Agency Address:	
Name:	Phone Number:	Email Address:	

Was this a category 3/4 substantiated incident?	☐ Yes ☐ No	Is this a State Operated Facility or Program?	☐ Yes ☐ No
---	--	---	--

List All Corrective Actions Recommended This must include the Agency, OPWDD, and Justice Center Recommendations		Agency Response		Date Implemented
Documentation of implementation of each Corrective Action <u>must be attached</u> to this form when submitted to OPWDD and corresponding attachments must be labeled (example: CA-1, CA-2).				
1.		CA-1		
		CA-		

Use Form 161a for additional Corrective Actions

☒ Check all appropriate boxes using the attached definitions of Areas of Concern

- | | | |
|--|--|-------------------------------------|
| ☐ Program/Services/Treatment | ☐ Safety/Basic Needs/Individual Rights | ☐ Documentation |
| ☐ Policies/Procedures | ☐ Physical Plant/Environmental | ☐ Other |
| ☐ Incident Management | ☐ Personnel/Training | |

Please submit this form via IRMA file upload using this naming convention:
MIN_JC Case Serial Number_CAP (2014-123456_55123456_CAP)

Clear Form

Print Form



**NYS Office for People with Developmental Disabilities
Corrective Action Plan (CAP) Submission Form**

Form OPWDD 161
1/13/2015

Areas of Concern Definitions

Area of Concern	Definition
Program/Services/Treatment	Action(s) recommended to establish additional services or treatment and/or to improve services to meet an individual receiving services needs/wishes Action(s) recommended to meet standards set by treatment/service plan, regulations and/or facility policies.
Policies/Procedures	Action(s) recommended to implement or improve policy/procedure in order to meet regulatory requirements.
Incident Management	Actions recommended to improve the agency/ies incident management practices. This may include internal and/or external reporting, investigation procedures or reports and/or incident review activities.
Safety/Basic Needs/Individual Rights	Action(s) recommended to make corrections to meet basic needs such as clothing, food, shelter, protection of individuals rights guaranteed by law/regulation.
Physical Plant/Environmental	Correction of identified physical plant/environmental issue(s) for improvement of sanitation and/or safety issues including (but not limited to) fire safety risks recommended.
Personnel/Training	Action(s) recommended to implement or improve administrative oversight of staff supervision, staffing patterns, and/or staff training to meet regulatory requirements and facility policies, and Awareness Training Feedback Process (state operations only).
Documentation	Action(s) recommended to address missing or incomplete documentation.
Other	To be selected for issues of concern which are not included in other categories.

Clear Form

Print Form

2026-09

ADDENDUM H (OPWDD Parts 624: Form 162)



Office for People With
Developmental Disabilities

Report of Death Form

Form OPWDD 162
(9/29/2015)

Justice Center Incident Report Confirmation #

Justice Center Incident Report Confirmation #

Please fill in all information, do not leave any blanks. Write unknown if applicable.

Name: (Last,First) _____ Date Report Prepared: _____
Date of Birth: _____ Age: _____
Gender: _____ Race: _____ Height _____ Feet: _____ Inches: _____ Weight: _____ lbs.
SSN: _____

Select Primary Contributing Factor To Death:

- | | | |
|---|---|---|
| ☐ Cancer | ☐ Injury: Suicide | ☐ Pending Autopsy Results |
| ☐ Chronic Respiratory Disease | ☐ Injury: Unintentional: Choking | ☐ Pneumonia |
| ☐ Congenital Anomalies | ☐ Injury: Unintentional: Drowning | ☐ Pneumonia: Aspiration |
| ☐ Diabetes | ☐ Injury: Unintentional: Other Injuries/Trauma | ☐ Seizure Disorder |
| ☐ Gastrointestinal: Intestinal Obstruction | ☐ Kidney Disease | ☐ Sepsis/Septicemia |
| ☐ Gastrointestinal: Other (GI Bleed, etc.) | ☐ Liver Disease | ☐ Stroke/Cerebral Hemorrhage |
| ☐ Heart Disease | ☐ Neurological Disease (ALS, MS, etc.) | ☐ Undetermined Following Autopsy |
| ☐ Influenza | ☐ Neurological: Alzheimer's/End Stage Dementia | ☐ Unknown - No Autopsy |
| ☐ Injury: Homicide | ☐ Neurological: Parkinson's Disease | ☐ Other/Explain |

Section 1: Reporting Agency/Facility/Program Data

Name of Reporting Agency : _____
Address: _____
Executive Director/ CEO: _____ Telephone: _____
Name of Person Preparing Report: _____ Telephone: _____
Title of Person Preparing Report: _____
Name of Contact Person for this Report: _____ Telephone: _____
Title of Contact Person: _____
Name and Address of Specific Program/Facility,
Within the Agency, Which Served the Recipient: _____

Section 2: Recipient information

Recipient's Service Relationship to Agency/Facility/Program at time of death: _____ Type of program: _____

- ☐ Resided in an Operated/Certified/Licensed program
☐ Received Only non-residential services

Is the individual receiving service from any other program under the jurisdiction of NYS? Yes ☐ No ☐

If yes, give name and address of
responsible agency(ies):

Mental Disability Diagnosis (including Substance Abuse Diagnosis): Yes ☐ No ☐

1. ICD Code _____ Enter Diagnosis or N/A _____
2. ICD Code _____ Enter Diagnosis or N/A _____
3. ICD Code _____ Enter Diagnosis or N/A _____

Justice Center Incident Report Confirmation #

Section 2: Recipient information Continued

If additional space is needed use the end of the form!

Date of last ER visit for psychiatric or Substance abuse reasons: From: To:

Date of last hospitalization for psychiatric or substance abuse reasons: From: To:

Physical Illness/Conditions Diagnosed Prior to Death-ICD Codes if available: Yes ☐ No ☐

- | | | |
|-----|----------------|------------------------------|
| 1. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 2. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 3. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 4. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 5. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 6. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 7. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 8. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 9. | ICD Code _____ | Enter Diagnosis or N/A _____ |
| 10. | ICD Code _____ | Enter Diagnosis or N/A _____ |

Date of last ER visit for physical reasons: From: To:

Date of last hospitalization for physical reasons: From: To:

Medications at time of death:[illegible]



Justice Center Incident Report Confirmation #

Section 3: Death Data

Date of Death: _____

Pronounced Time of Death: _____ : ☐ AM ☐ PM

Location Where Individual Died: Location Address

Actual Time of Death: _____ : ☐ AM ☐ PM

--

County of Death: _____

Location Classification: ☐ Community ☐ Hospital ☐ Program ☐ Residence ☐ Unknown ☐ Other Explain

Cause of Death: Immediate Cause

--

Due to or as a consequence of: _____

Due to or as a consequence of: _____

Manner of Death: ☐ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Therapeutic Complication ☐ Undetermined/Unexplained

Was an Autopsy Completed: ☐ Unknown ☐ NO ☐ Yes ME/Coroner case number _____

Source of Cause of Death and Manner of Death is:

--

Name and Telephone Number of Source (if applicable):

--

Within 24 hours of death was recipient: ☐ On DNR/DNI status ☐ Given stat/PRN medication for behavioral or psychiatric reasons

Is there any indication that this death may:

- | | |
|--|--|
| ☐ have resulted from an accident | ☐ have resulted from the use of a controlled substance or alcohol |
| ☐ have resulted from a homicide | ☐ have resulted from the attempted use of restraint |
| ☐ have resulted from a suicide | ☐ have resulted from the attempted use of seclusion/time out |
| ☐ have resulted from a medication error | ☐ be an unexplained death |
| ☐ have resulted from a medication/drug overdose | ☐ be an unexpected death |
| | ☐ None |



Justice Center Incident Report Confirmation #

Section 4: Narrative Summary

Describe the recipient's psychiatric, behavioral and medical status within 90 days prior to Death

Enter dates of routine medical follow-up:	Primary care visit : _____	☐ Unknown	☐ None
Routine speciality care visit within	cardiologist _____	☐ Unknown	☐ None
90 days prior to death:	gastroenterologist _____	☐ Unknown	☐ None
	urologist _____	☐ Unknown	☐ None
	gynecologist _____	☐ Unknown	☐ None
	neurologist _____	☐ Unknown	☐ None
	orthopedist _____	☐ Unknown	☐ None
	pulmonologist _____	☐ Unknown	☐ None
	other (specify) _____	☐ Unknown	☐ None



Justice Center Incident Report Confirmation #

Section 4: Narrative Summary continued

Acute medical issue (within 90 days prior to death).

- | | | | | |
|------------------------------|-----------------------------|----------------------------------|--------------------------|------|
| ☐ Yes | ☐ NO | ☐ Unknown | Choking | |
| ☐ Yes | ☐ NO | ☐ Unknown | Fall | |
| ☐ Yes | ☐ NO | ☐ Unknown | Seizure | |
| ☐ Yes | ☐ NO | ☐ Unknown | Weight loss | lbs. |
| ☐ Yes | ☐ NO | ☐ Unknown | Weight gain | lbs. |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in bowel habits | |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in bladder habits | |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in ambulation | |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in food intake | |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in medication | |
| ☐ Yes | ☐ NO | ☐ Unknown | Change in fluid intake | |

☐ Other (specify)

Describe the level of supervision, protective oversight plan and diet, if ordered:

Safeguards

Other (specify)

Diet Ordered for Decedent

Food

- ☐ no altered consistency
- ☐ cut to specific size
- ☐ ground
- ☐ pureed
- ☐ Other (specify) _____

Fluid

- ☐ thin (no altered consistency)
- ☐ nectar thickened
- ☐ honey thickened
- ☐ pudding thickened
- ☐ Other (specify) _____



Justice Center Incident Report Confirmation #

Section 4: Narrative Summary continued

Were all components of the eating plan followed at the time of death? (yes, no unknown, N/A) _____

Indicate significant changes in the 90 day period prior to death that impacted the recipient.

Please check applicable boxes:

* Changes in service providers

☐ residence ☐ program ☐ case manager/MSD ☐ transportation ☐ medical provider ☐ unknown ☐ none

* Changes in treatment regimen

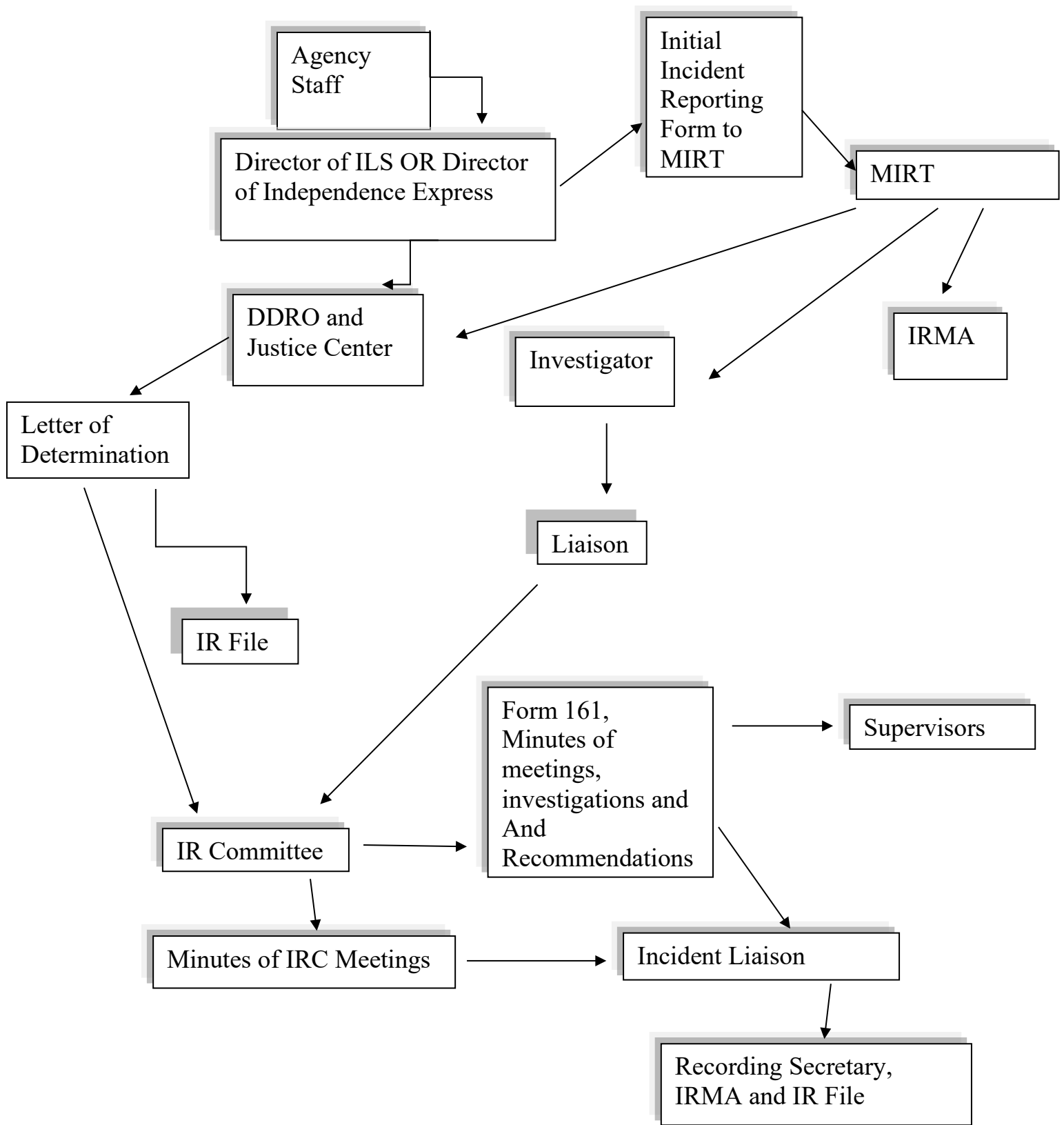
☐ medication ☐ diet ☐ supervision ☐ behavior plan ☐ treatment plan ☐ unknown ☐ none

* Changes in level of functioning

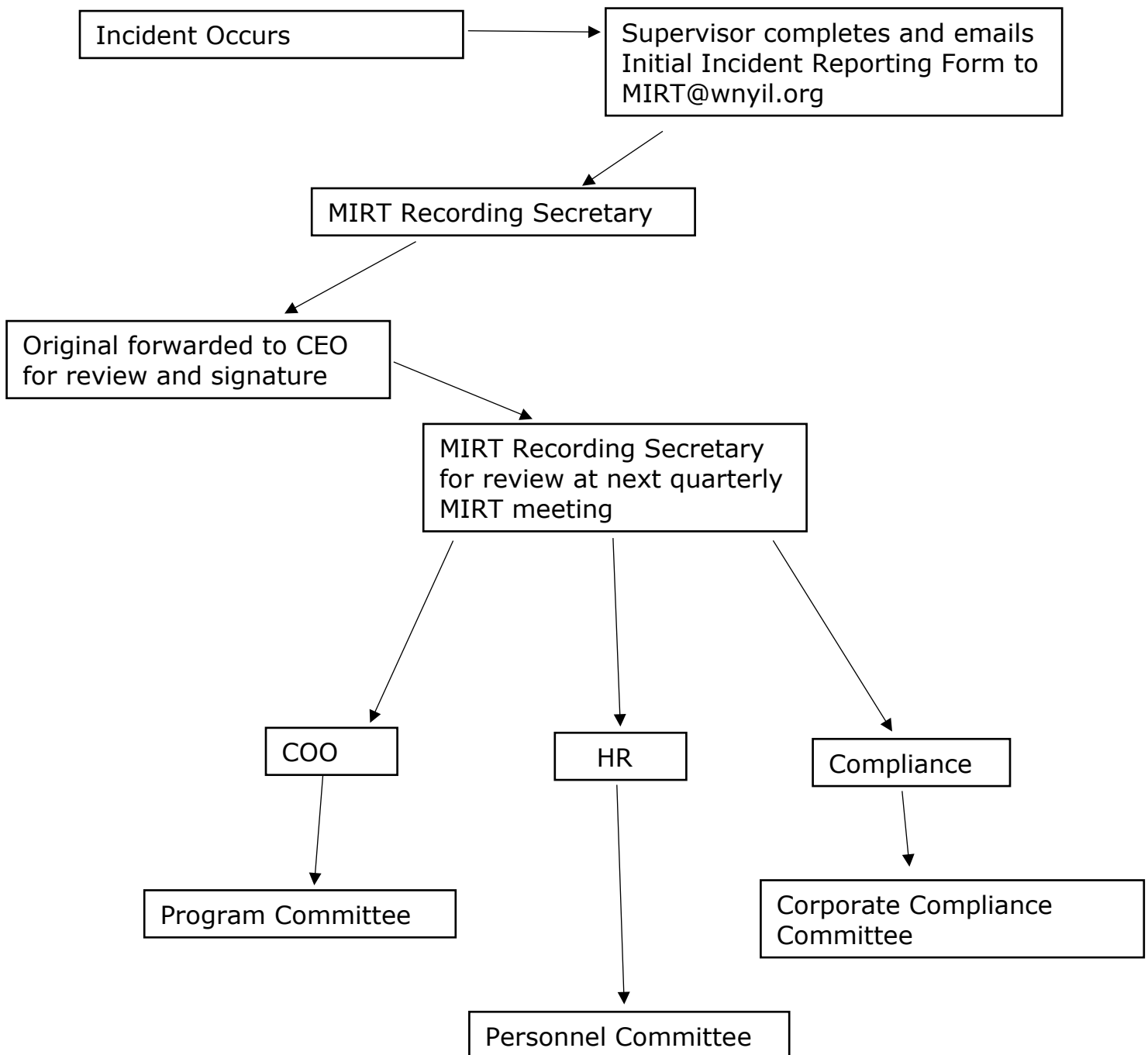
☐ Decline in physical health ☐ Decline in mental health
☐ Required increased assistance with ADLs ☐ Required increased monitoring/supervision
☐ Required higher level of care ☐ Placed on hospice
☐ Unknown ☐ Comfort care ☐ None

DESCRIBE CIRCUMSTANCES LEADING UP TO AND INCLUDING DEATH. (Maximum - 4,000 Characters)

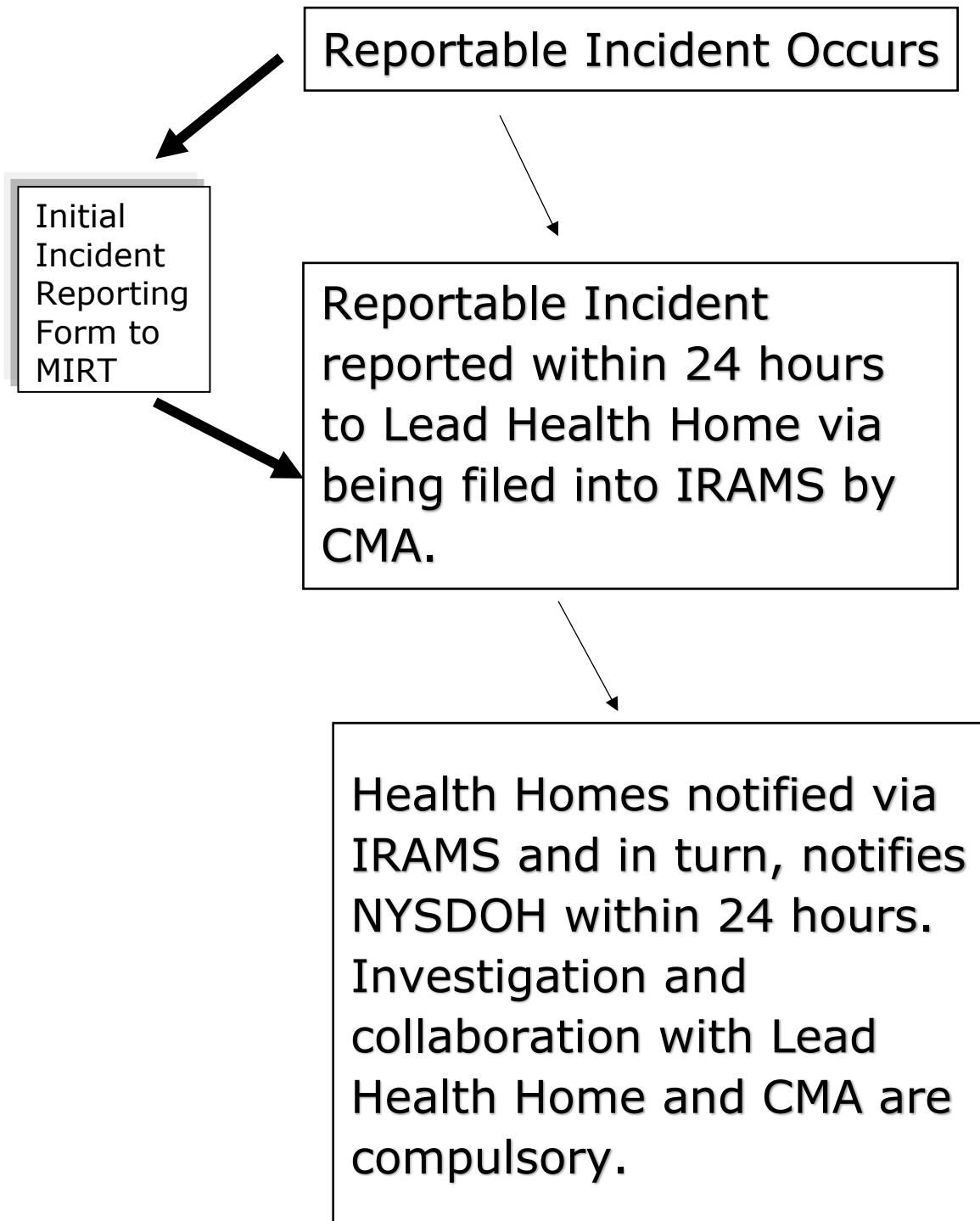
ADDENDUM I- PART 624 PROCESS FLOWCHART



ADDENDUM J – INTERNAL INCIDENT REPORTING PROCESS



ADDENDUM K- NYSDOH HEALTH HOMES REPORTING FLOWCHART



ADDENDUM L- INITIAL INCIDENT REPORT FORM

REFERENCE # _____

WNYIL, INC. INITIAL INCIDENT REPORT FORM

This Incident Report Form must be filled out within 24 hours of an Incident by a person involved in, who witnessed, or who was told of an Incident. If more than one person is involved, a separate Initial Incident Report Form should be completed for each person involved. The completed Initial Incident Report Forms(s) should be immediately turned into the staff person's Supervisor who will then forward it/them to the MIRT Team at mirt@wnyil.org.

1. Name of Person Completing the Form: _____
2. Name of Person(s) in Incident: _____
3. Phone # of Person in Incident: _____
4. Relationship of Person to WNYIL:
☐ Staff ☐ Volunteer/Intern ☐ Consumer ☐ Visitor
5. Oversight Reporting Obligation:
☐ EISEP ☐ OPWDD ☐ Health Homes ☐ OASAS
☐ HCBS/CORE ☐ VDC ☐ MAS ☐ N/A ☐ Other
6. Involved Person's Supervisor (if applicable): _____
7. Date Incident Occurred: _____
Time Incident Occurred: _____ ☐ AM ☐ PM
8. Date Incident Reported: _____
Time Incident Reported: _____ ☐ AM ☐ PM
9. Start of Shift: _____ ☐ AM ☐ PM
End of Shift: _____ ☐ AM ☐ PM
10. Name(s), Address(es) & Phone Number(s) of Witness (es) (if any):

11. Type of Incident:
☐ Abuse/Neglect/Harm/Death ☐ Assault/Fight ☐ Bending ☐ Fall/Slip
☐ Illness ☐ Lifting ☐ Car Accident ☐ Theft ☐ Other
12. List Body Part(s) Affected: _____

13. Location or Address of Incident:

14. Describe Incident in Detail (including any tools, equipment, materials, etc. that were involved in the Incident). Include additional paper if necessary.

15. Were EMS Contacted? ☐ Yes ☐ No ☐ N/A

16. Was a Police Report Filed? ☐ Yes ☐ No ☐ N/A

17. Is the Person in Incident Going for Treatment? ☐ Yes ☐ No ☐ Unknown

If YES, Name/Address of Care Provider:

18. Corrective Action Plan:

19. Date of Corrective Action Plan:

20. Involved Person's Signature:

 Date:

21. Supervisor's Signature:

 Date:

22. Program:

 Department:

23. CEO Signature:

 Date:

Office Notes:

OFFICE USE ONLY

24. Social Security Number: _____

25. Average Weekly Wage: _____

26. Job Title: _____

27. Job Duties: _____

28. Date of Hire: _____

29. Typical Workdays: _____

30. Lost Time From Work: ☐ Yes ☐ No ☐ N/A

If Yes, Last Day Worked: _____

First Scheduled Day Out of Work: _____

If Applicable, Return to Work Date: _____

ADDENDUM M- Protection of People with Special Needs Act



**Justice Center for the
Protection of People
with Special Needs**

Protection of People with Special Needs Act

The Justice Center was established by the “Protection of People with Special Needs Act”, enacted as Chapter 501 of the Laws of 2012. The intent of the act was to create a durable set of consistent safeguards for all vulnerable persons that will protect them against abuse, neglect and other conduct that may jeopardize their health, safety and welfare, and to provide fair treatment to the employees upon whom they depend.

In addition to establishing the Justice Center, the Protection of People with Special Needs Act mandates that the Justice Center operate a statewide hotline, referred to as the Vulnerable Persons’ Central Register or the VPCR, to ensure that reportable incidents are promptly reported and fully investigated, that responsible individuals are held accountable and that providers implement corrective action plans to prevent future incidents.

Further, the Protection of People with Special Needs Act identifies certain people who are defined as mandated reporters and requires these people to report reportable incidents involving vulnerable persons to the Justice Center’s Vulnerable Person’s Central Register.

Who is a Mandated Reporter?

Mandated reporters are required to report reportable incidents involving vulnerable persons.

Custodians | Custodians are individuals who are employed by, or volunteer at, state operated, licensed or certified facilities or agencies under the Justice Center’s jurisdiction. Consultants, volunteers or contractors of organizations or companies that contract with facilities and agencies under the Justice Center’s jurisdiction are also considered to be custodians if they have regular and substantial contact with a service recipient.

**Social Services Law, §488(2)*

Human Services Professionals | Human services professionals are those who may not see a service recipient on a daily basis, but who interact with the individual during the course of providing professional services. They are required to report when, while acting in their official or professional capacity, they are presented with information which gives them reasonable cause to suspect a reportable incident has occurred.

**Social Services Law, §488(5)(a)*

Medical/ Clinical Professionals

Physician	Medical Examiner	Emergency Medical Technician
Resident	Coroner	Person Credentialed by OASAS
Intern	Dentist	Hospital Personnel Engaged in the Admission,
Reg. Physician Asst.	Dental Hygienist	Examination, Care or Treatment
Surgeon	Registered Nurse	Licensed Creative Arts Therapist
Podiatrist	Licensed Practical Nurse	Licensed Marriage and Family Therapist
Chiropractor	Nurse Practitioner	Licensed Mental Health Counselor
Osteopath	Mental Health Prof.	Licensed Behavior Analyst & Certified Behavior Analyst Assistant
Optometrist	Licensed Psychoanalyst	Licensed Speech/Language Pathologist or Audiologist
Social Worker	Christian Science Prof.	Licensed Physical Therapist
		Licensed Occupational Therapist

Education Professionals

School Social Worker	School Teacher
School Nurse	School Guidance Counselor
Social Services Worker	School Psychologist
School Administrator	

- Other School Personnel required to hold a teaching or administrative license or certificate
- Full or part-time compensated school employee required to hold a temporary coaching license or prof. coaching certificate
- Any other Child Care or Foster Care Worker

Law Enforcement Personnel

Peace Officer
Police Officer
District Attorney or Assistant District Attorney
Investigator employed in the office of a District Attorney
Any other Law Enforcement Official

What is a Reportable Incident?

There are three general types of reportable incidents:

Abuse
Neglect
Significant Incident

Who is a Vulnerable Person?

Individuals who may be vulnerable to abuse and neglect because of their reliance on professional caregivers in state operated, licensed or certified facilities, programs or agencies.

Vulnerable persons are not necessarily individuals with disabilities, although many are.

State Oversight Agencies

Certain facilities and provider agencies licensed, operated or certified by the following State Oversight Agencies are within the Justice Center's jurisdiction.

Office for People With Developmental Disabilities (OPWDD)

Some examples include but are not limited to:

Community Residences (CR)
Individualized Residential Alternatives (IRA)
Certified Day Habilitation Programs
Article 16 Clinics

Office of Mental Health (OMH)

Some examples include but are not limited to:

Licensed Mental Health Clinics
Community Residences
Residential Treatment Facilities for Children & Youth
Inpatient Psychiatric Units at a general hospital

Office of Children and Family Services (OCFS)

Some examples include but are not limited to:

Youth Detention Centers
Residential Treatment Centers (RTC)
Homeless Youth and Runaway Programs
Family Type Homes for Adults

Office of Alcoholism and Substance Abuse Services (OASAS)

Some examples include but are not limited to:

Addiction Treatment Centers
Intensive Residential Rehabilitation Programs
Outpatient Services
Hospital-based Inpatient Detox Programs

Department of Health (DOH)

Some examples include but are not limited to:

Adult Homes or Enriched Housing Programs that have a licensed capacity of 80 or more beds, in which at least 25% of the residents are persons with a serious mental illness.
Summer Day Camps
Overnight Camps
Traveling Summer Day Camps

** Nursing Homes and Hospitals are NOT covered*

State Education Department (SED)

The Justice Center has jurisdiction over residential schools that provide education to students with disabilities.

Some examples include but are not limited to:

NYS School for the Blind
NYS School for the Deaf
State Supported (4201) Schools
Approved Residential Schools (In-State and Out-of-State)

** Public schools are NOT covered*

WNYIL, Inc. Incident Management Manual

BH	Behavioral Health
CAP	Corrective Action Plan
CC	Compliance Coordinator
CC	Care Coordinator
CCO	Care Coordination Organization
CEO	Chief Executive Officer
CFS	Child and Family Services
CHRCO	Chief Human Resource and Compliance Officer
CIN#	Medicaid #
CM	Care Manager
CMA	Care Management Agency
CMS	Centers for Medicaid and Medicare
CPS	Child Protective Services
COO	Chief Operations Officer
CORE	Community Oriented Recovery and Empowerment Services
CSN	Case Serial Number
DC	Developmental Care Facility
DDRO	Developmental Disabilities Regional Office
DH	Day Habilitation Site
DTX	Day Treatment
FC	Family Care
FSR	Free Standing Respite
FSS	Family Support Services
GBUAHN	Greater Buffalo United Accountable Healthcare Network
HCBS	Home and Community Based Services
HH	Health Homes
HHD	Health Homes Director
HIPAA	Health Insurance Portability and Accountability Act

HHUNY	Health Homes of Upstate New York
ICF	Intermediate Care Facility
IE	Independence Express
IL	Incident Liaison
ILC	Independent Living Center
IMU	Incident Management Unit
IRAMS	Incident Reporting and Management System
IRC	Incident Review Committee
IRMA	Incident Report and Management Application
ISS	Individual Support Services
JC	Justice Center
LHH	Lead Health Home
MCP	Managed Care Plan
MHPC	Mental Health Peer Connection
MIN	Management Incident Number
MIN	Master Incident Number
MIRT	Managing Incidents Review Team
	Non-Emergency Medical
NEMT	Transportation
	New York State Incident Management and Reporting
NIMRS	System
NYCRR	New York State Codes of Rules and Regulations
NYSDOH	New York State Department of Health
NYSED	New York State Education Department
	Office of Addictions
OASAS	Services and Supports
OMH	Office of Mental Health
OPWDD	Office for People with Developmental Disabilities
PCC	Person Centered Counselor
PCSS	Plan of Care Support Services
PHI	Protected Health Information
PPSNA	Protection of People with Special Needs Act
QA	Quality Assurance
QCC	Quality of Care Checklist

RS	Residential School
SOICF	State Operated Intermediate Care Facility
SOIRA	State Operated Individualized Residential Alternative
SRU	Small Residential Unit
TABS	Tracking and Billing System
TBSW	The Basic Security for the Web
TC	Taking Control
	Veterans Affairs Medical
VAMC	Center
VDC	Veteran Direct Care
VOICF	Voluntary Operated Intermediate Care Facility
	Voluntary Operated Individualized Residential
VOIRA	Alternative
VPR	Vulnerable Persons Register
WNYIL	WNY Independent Living, Inc.

ADDENDUM O- NEMT Incident Form (Medicaid Transportation)

Department of Health NEMT Accident and Incident Report

DIRECTIONS

Complete this form for every accident and incident that occurs related to a New York State Medicaid non-emergency medical transportation (NEMT) trip.

An "accident" is defined as a vehicle colliding with another vehicle, a physical structure, an object, a person, or an animal.

An "incident" is defined as an occurrence, breakdown, or public disturbance that interrupts the trip, such as when a passenger or driver becomes unruly or ill.

This form is also used to disclose traffic violations and state drug law violations which occur during transport of a Medicaid member.

Please refer to the Accident and Incident Reporting Requirements on the transportation manager's website for detail on reportable events. This form must be electronically submitted to the transportation manager with 2 business days of the event.

The Department and transportation manager have the right to request additional information at any time.

Ambulance providers may submit the BEMS Reportable Incident Form (DOH-4461) in lieu of this form. This form does NOT replace any incident reporting forms required by federal, state, or municipal entities and/or insurance policies.

TRANSPORTATION PROVIDER INFORMATION

Company:

Contact Person:

Phone Number: Medicaid Provider ID:

Level of Service (if your company provides multiple levels of service, select the level in use during the event):

DESCRIPTION OF ACCIDENT/INCIDENT

County: Location Type:

Address:

If other, describe:

Date: Time:

Driver Name: Driver's License Number:

License Plate:

Trip Invoice Number:

Type of Accident/Incident:

Were any emergency services called? ☐ Yes ☒ No

If yes, check all that apply:

☐ Police ☐ Ambulance ☐ Fire ☐ Tow truck

Was a police report or MV-104A filed? ☒ Yes ☐ No

If yes, a copy must be provided to the transportation manager as soon as possible.

Report Number:

List the names of all vehicle occupants:

Was there an injury to any party? ☐ Yes ☒ No

If yes, please indicate the party and describe the injury:

Please describe the event in detail:

CERTIFICATION

I attest that this information is true to the best of my knowledge.

Reported by:

Date:

Department of Health NEMT Accident and Incident Form

February 2022

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