STATE OF MARYLAND
DHMH
Office of Health Services
Medical Care Programs
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Living at Home Waiver Transmittal No. 22
Medical Day Care Transmittal No. 74
Model Waiver Transmittal No. 34
Waiver for Older Adults Transmittal No. 33
Psychiatric Residential Treatment Facilities Waiver Transmittal No. 1
Waiver for Children with Autism Spectrum Disorder Transmittal No. 13
March 12, 2010

TO: Autism Waiver Contacts
Living at Home Waiver Providers
Medical Day Care Services Waiver Providers
Model Waiver Providers
Waiver for Older Adults Providers
Psychiatric Residential Treatment Facilities Waiver Providers
Waiver for Children with Autism Spectrum Disorder Providers

FROM: Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Reportable Event Policy and Procedure

DATE: March 12, 2010

The Department of Health and Mental Hygiene (DHMH) launched its initial implementation of the Reportable Events (RE) Policy and Procedure in August 2005. The implementation of the policy resulted from the federal Centers for Medicare and Medicaid Services' requirement that each state operating Home and Community-Based Services waivers have an adequate system for identification and documentation of reportable incidents, events and complaints. The reportable event process was designed to ensure waiver participants are protected from abuse, neglect, financial exploitation, rights violation, and to ensure that waiver services met their needs.

Since the policy's inception, established waiver programs have changed and new waiver programs have been implemented necessitating a revision of the DHMH RE policy. The policy's revisions are specific to:

- Inclusion of participation by the Model, Psychiatric Residential Treatment Facilities, and Medical Day Care Services waivers
- Modification of the definition of Reportable Events
- Amendments to reporting requirements and timeframes
- Addition of definitions for specific incidents and complaints

Attached to this transmittal is the revised RE policy, effective April 1, 2010. **For all events defined by DHMH as reportable an RE form must be completed.** Technical assistance will be provided to anyone needing help to complete the form.

If you have any questions regarding this policy, please call a waiver coordinator at 410-767-5220.

Attachment

cc: Area Agencies on Aging
Maryland Department of Aging
Maryland State Department of Education
Maryland Association for Adult Day Services
LifeSpan Network
The Coordinating Center

MEDICAID HOME AND COMMUNITY- BASED SERVICES WAIVERS

REPORTABLE EVENT

POLICY

Effective: April 1, 2010

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I. PURPOSE

The purpose of this policy is to ensure the health, safety, and welfare of participants in the Home and Community-Based Services (HCBS) waivers by formalizing a process to identify, report, and resolve *Reportable Events* (*i.e.,* incidents or complaints) involving HCBS participants in a timely manner. A *Reportable Event* includes an allegation of or an actual occurrence of an incident that adversely and/or has potential to negatively affect the health, safety, and welfare of an individual, as well as, quality of care or service issue complaints.

Documenting and investigating *Reportable Events* are essential to assure that the appropriate agencies receive information that can be used for system improvements. Analysis of information from *Reportable Events* can enhance coordination of program services and consolidate processes, in addition to expanding choices and options for participants. This policy describes the process, monitoring, reporting, and oversight of *Reportable Events* for the Autism Waiver, Living at Home (LAH) Waiver, Waiver for Medically Fragile Children (Model), Medical Day Care Services Waiver, Psychiatric Residential Treatment Facility (PRTF) Waiver, and Waiver for Older Adults (WOA) programs.

II. GOALS OF THE POLICY

The goals of this policy are to ensure that:

1. Participants and families are involved in identification of *Reportable Events* and interventions that promote maximum health, safety and independence.
2. There are systematic safeguards in place to protect participants from harmful situations.
3. *Reportable Events* are documented and appropriate interventions are implemented timely to prevent reoccurrences.

III. BACKGROUND

Centers for Medicare and Medicaid Services (CMS)

The federal Centers for Medicare and Medicaid Services (CMS) requires each state implementing HCBS waivers to have an adequate system for identification and documentation of *Reportable Events* to ensure waiver participants are protected from abuse, neglect, financial exploitation, rights violation, and to ensure that waiver services meet their needs.

Medicaid State Agency

The Department of Health and Mental Hygiene (DHMH) is the State-designated Medicaid agency. The DHMH, Office of Health Services (OHS) oversees all Home and Community-Based Services (HCBS) Waivers. DHMH is required by CMS to ensure the health, safety, and welfare of HCBS Waiver participants.

Each HCBS waiver program has a Quality Management Strategy designed to review waiver operations on an on-going basis, discover issues with waiver operations, remediate those issues, and develop quality improvement initiatives to prevent the repeat of operational problems. Additionally, all waivers have procedures to address "*Reportable Events*." OHS oversees a cross-agency quality committee called the "**Waiver Quality Council,**" which includes representatives from the waivers administered by OHS, Office of Health Care Quality, and from the operating state agencies. The Waiver Quality Council meets regularly to address quality issues through data analysis, share program experiences and information, and further refine the waivers' quality management systems.

Operating State Agency

OHS has monitoring and oversight responsibility for those outside agencies, referred to as operating state agencies (OSA), that operate waivers on a day-to-day basis. The Maryland Department of Aging (MDoA) is the OSA for the WOA; the Mental Hygiene Administration (MHA) is the OSA for the PRTF Waiver; and the Maryland State Department of Education (MSDE) is the OSA for the Autism Waiver. OHS administers the LAH, Model, and Medical Day Care Services waivers directly.

IV. PROCEDURE

Reporting Requirements

1. All entities associated with HCBS waivers and supports, including OHS, the OSAs, Case Managers (CM), and waiver providers (*i.e.,* assisted living facilities, personal/attendant care agencies, self-employed providers, and environmental accessible adaptations providers) are required to report all alleged or actual *Reportable Events*. All *Reportable Events* shall be reported in full on the *Reportable Event Form.*

2. Any person who believes that an individual has been subjected to abuse, neglect, or exploitation in the community or an assisted living facility is required to report the alleged abuse, neglect, or exploitation immediately to an Adult Protective Services (APS) or Child Protective Services (CPS) office and, within 24 hours, to the appropriate agency. (See Table 1.)

Reporting Requirements
Table 1.

Program	Who to contact
Waiver for Older Adults In-home participants ALF participants	 Law enforcement, AAA case manager and MDoA Law enforcement, Ombudsman program at the AAA, AAA case manager, Assisted Living Complaint Unit at OHCQ, and the Assisted Living Manager (unless the Assisted Living Manager is believed to be involved in the abuse, neglect or exploitation) and MDoA.
Living at Home Waiver	Law enforcement and OHS
Autism Waiver	Law enforcement, MSDE and, if relevant, the school. The CM must notify the parent(s) or legal guardian about the RE (provided the parent is not the involved party) and all actions taken to address.
Model Waiver	Law enforcement and OHS
Medical Day Care Services Waiver	Law enforcement and OHS
Psychiatric Residential Treatment Facility Waiver	Law Enforcement, Case Manager, and MHA

3. The OHS/OSA will provide all waiver providers with the *Reportable Event* Policy and appropriate forms.

4. The OSA will provide contracted agency staff and the CM with the *Reportable Event* Policy and appropriate forms. The CM will provide this same information to new applicants, participants or family, and authorized representatives.

5. The OSA will provide the CM with contact information of State agencies, providers, support groups, and legal resources. The CM will provide this information to the participants or family members of waiver participants.

6. All *Reportable Events* should be followed-up, reviewed, and closed within 45 days.

7. The OHS, OSAs, the CM, and waiver providers shall cooperate with federal and State designated quality assurance activities by:
   - Facilitating announced or unannounced on-site visits of authorized quality assurance monitors to review compliance with all waiver and regulatory requirements.
   - Facilitating CM quarterly on-site visits to the facility and/or home to review service provision and participants' status and needs.
   - Communicating with a participant's CM concerning the participant's status, needs, and service provision.

8. If the *Reportable Event* is a complaint involving an agency or a CM, the appropriate OHS/OSA supervisor will address the complaint.

Reportable Event Timeframes
Table 2

Program	Responsible Party	*IJ ** Abuse Neglect Exploitation*	*All Reportable Events*	*CM/OSA Intervention Follow-up action plan*	*Complaint Status Letter*	*Resolved*
WOA	***CM***	**A telephone referral must be made within 24 hours of the event**	**Written report must be completed within 7 calendar days of the event**	**Must be completed within 7 calendar days of receipt of the original Reportable Event**	**Must be sent within 7 calendar days of OSA review**	**Must be resolved within 45 calendar days**
LAH	***CM***					
Autism	***CM***					
Model	***CM/OSA***					
Medical Day	***OSA***					
PRTF	***CM***					

****Immediate Jeopardy (IJ)** is defined as an incident that presents an immediate and serious threat of injury, harm, impairment, or death of an individual. Unless the intake information is sufficient to determine the conditions are not present and ongoing, the intake should be triaged as immediate jeopardy. <u>The CM/OSA must initiate an onsite survey/investigation within 2 working days of the telephone referral, in order to address the emergency.</u>

Waiver Provider (Refer to Table 2)

1. The provider is responsible for completing pages 1-3 of the *Reportable Event* form and then submitting it to the participant's CM/OSA via confidential and secure email, fax, or hand delivery.

2. The provider will gather information and will make sure that appropriate action is taken to protect the waiver participant from harm.

3. After notifying the CM/OSA of the *Reportable Event*, the waiver provider shall address issues, complaints, and concerns, and, if appropriate, make changes to their policies and procedures based on that information

4. The waiver provider must keep a copy of the *Reportable Event* form in the participant's file.

Case Manager (CM) Follow-up and Documentation for the WOA, LAH, Autism, and Model Waivers

1. The CM will gather information and will make sure that appropriate action is taken to protect the waiver participant from harm.

2. In instances of alleged or actual abuse, neglect, or exploitation, the CM must notify APS or CPS and document information. Refer to Appendix C for required documentation. Additional information may be requested by the Department.

3. The CM will review and analyze provider actions, perform all other necessary follow-up, summarize findings, and determine and implement the appropriate action steps. This information will be documented on Page 4 of the *Reportable Event Form* by the CM. Unless the CM is the individual who has witnessed the incident, in which case they must complete the entire form.

4. The CM will contact the participant and/or guardian/representative (unless otherwise specified by the participant) to advise of the interventions taken and follow-up plan unless the guardian/representative is directly involved.

5. The CM shall provide an updated *Reportable Event Form* that specifies what follow-up actions were taken. The form is to be sent to the OSA via confidential and secure email or fax within 7 calendar days of receipt of the original *Reportable Event.*

6. If the OSA requests a follow-up action plan on the *Reportable Event* by the CM, the CM shall communicate that to the participant or guardian/representative (unless otherwise specified by the participant).

7. The CM/OSA is responsible for notifying the OHS Quality Care Review (QCR) team of any reportable event that occurs with any of the participants on the sample list while the QCR team is onsite for a review. The QCR team must be notified prior to the exit conference date.

Operating State Agency (OSA) Review and Documentation for all Waiver Programs

1. The OSA shall log all events into a *Reportable Event* database. The review, follow-up, and action plan shall be completed within 45 calendar days.

2. The OSA reviews the *Reportable Event Form(s)* and all supporting documentation to determine whether further review is needed.

3. If further review is needed, the OSA shall follow up with the appropriate parties; determine and implement appropriate action involving the participant and/or waiver provider, such as, requesting a corrective action plan; and summarize the findings. The summary information is documented on Page 4 of the *Reportable Even form.*

4. For *Reportable Events* that are complaints which require OSA review, the OSA shall send a *Reportable Event Status Letter* to the participant, their authorized representative or family member, and/or provider within 7 calendar days of completion of the review. OSA will also send a copy to the CM.

5. If a *Reportable Event* requires an adverse action (*e.g.*, denial or reduction of services), the OSA will ensure that the provider or participant is provided notice of with their right to appeal.

6. The OSA will make recommendations to OHS, Division of Waiver Programs (DWP) for review, regarding the need for Medicaid Program sanctions against providers.

Operating State Agency (OSA) Aggregate Review and Reporting

1. The OSA will compile Monthly Summary Reports of all events.

2. The OSA will compile and submit to OHS, DWP summary reports based on an agreed format and data elements including recommendations for systemic changes to improve waiver quality on a quarterly basis.

3. The OSAs and OHS will review the quarterly reports in the Waiver Quality Council to:
   - Make specific recommendations for program, policy, or procedure changes
   - Determine the need and provide for technical assistance or training

Office of Health Services (OHS) Review and Reporting

1. The OHS shall review OSA quarterly reports from each waiver program.

2. The OHS will compile a consolidated report based on OSA reports for the Waiver Quality Council. This report will review statewide *Reportable Event* trends, identify potential barriers, and make recommendations for improvement.

3. The OHS will prepare an annual report containing analysis of the data that will review statewide trends, identify potential barriers, and make recommendations for improvement. OHS will provide this report to CMS, the OSAs and other stakeholders.

APPENDIX A

DEFINITIONS

1. **ABANDONMENT** is defined as the desertion of a participant by an individual who has the responsibility for providing care for that participant, or by a person with physical custody of that participant. Abandonment may need to be reported as neglect.

   Signs and symptoms of abandonment may include, but are not limited to:
   - The desertion of a participant at a hospital, school, a nursing facility or other similar institution.
   - The desertion of a participant at any public location.
   - A participant's own report of being deserted.

2. **ABUSE** is defined according to the following categories:

   (a) **Physical Abuse** is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include, but is not limited to such acts of violence as: striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, or burning. Additionally, use of physical restraints, force-feeding, and physical punishment of any kind are examples of physical abuse.

   Signs and symptoms of physical abuse may include, but are not limited to unusual or unexplained injuries of the following nature:
   - Cuts, bruises, burns, black eyes, welts, lacerations, and rope marks
   - Bone fractures
   - Open wounds, cuts, punctures, untreated injuries in various stages of healing
   - Sprains, dislocations, and internal injuries/bleeding
   - Physical signs of being subjected to punishment and signs of being restrained

   (b) **Sexual Abuse** is defined as non-consensual sexual conduct of any kind with a participant. Sexual contact with any participant incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, exposure to unwanted sexually explicit material or verbal harassment of a sexual nature, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

   Signs and symptoms of sexual abuse may include, but are not limited to:
   - Bruises around the breasts or genital area
   - Unexplained venereal disease or genital infections
   - Unexplained vaginal or anal bleeding
   - Torn, stained, or bloody underclothing
   - A participant's report of being sexually assaulted or raped

(c) **Emotional or Psychological Abuse** is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse may include, but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating a participant in a matter not appropriate for their age, isolating participant from his/her family, friends, or regular activities, giving a participant the "silent treatment," and enforcing social isolation are examples of emotional/psychological abuse.

Signs and symptoms of emotional/psychological abuse may include, but are not limited to:

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia (*e.g.*, sucking, biting, rocking)
- A participant's report of being verbally or emotionally mistreated
- Unkempt appearance
- Fear
- Depression

(d) **Verbal abuse** is defined as the use of any oral or gestured language that willfully includes disparaging or derogatory terms to participants, or within their hearing distance, regardless of the participant's age, ability to comprehend, or disability.

3. ACCIDENT OR INJURY is defined as incident resulting in the need for medical services beyond first aid (e.g. fractures, falls, burns, lacerations/wounds, etc.) and/or patterns of injuries that may potentially indicate an immediate or serious risk of participant safety.
* Examples of accidents or injuries may include, but are not limited to: fires and automobile accidents.

4. CASE MANAGER (CM) is defined as any entity to assist waiver applicants with the application process or participants with the coordination of waiver and other community services.

5. COMPLAINT is defined as any communication, oral or written, from a participant, participant's representative, provider, or other interested party to any employee of the OHS or OSAs, a CM, or waiver providers, etc., expressing dissatisfaction with any aspect of the program's operations, activities, or behavior. Complaints may be categorized as Quality of Care Issues/ Service Issues or Other. Waiver providers must have an internal process for addressing general complaints which may include food issues, billing concerns, and dissatisfaction with housekeeping activities. Such general complaints that are not resolved to the complainant's satisfaction must be reported in accordance with the *Reportable Event* policy. All immediate jeopardy, harm situations including but not limited to abuse, neglect, exploitation, and other egregious event complaints must be reported as outlined in this policy.

QUALITY OF CARE is a high priority for the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Mental Hygiene (DHMH). Quality of care issues include, but are not limited to, the following:

- Providing care and services within an efficient and timely manner.

- Receiving care and services in a safe setting, free from any form of harm, abuse, or harassment.
- Participant-centered support and education to meet the participant's needs and preferences.
- Equal access to health care and/or services regardless of personal characteristics, race, religion, gender, ethnicity, disabilities, language/communication barriers, clinical conditions/diagnosis or preferences for care.
- Efficiency in utilizing resources to maximize benefits for clients.
- Effectiveness in providing care and achieving participant-valued outcomes.
- Coordination and proper information sharing across DHMH, OSAs, CMs and providers to guide decisions regarding care and quality improvement efforts.

SERVICE ISSUES involve poor case management by DHMH, OSA, a CM, a waiver provider, a health professional or other service provider. Examples of service issues include, but not limited to, the following:

- Failure to comply with policies and procedures
- Disregard for confidentiality and privacy
- Lack of available service providers
- Insufficient case management services
- Requested information not received by CM or OSA
- Incorrect information
- Inability to reach agencies or responsible parties via phone, email, etc.
- Unresolved issues related to a service needed by the applicant/participant

OTHER - all other complaints not addressed above

6. DEATH means the end of life. All deaths are to be reported. The Reportable Event descriptions surrounding a death shall include, but not be limited to the following:

- medically predicted to occur with or without the provision of routine interventions
- the result of alleged abuse, neglect, an emergency medical condition, or due to a pre-existing medical condition
- the consequence of a specific negative and intentional/unintentional event such as a medical error, motor vehicle accident, airway obstruction by a foreign object or food, or ingestion of a toxic substance
- related to the use or withholding of a medication, or adverse reactions to a medication
- directly related to the use of restraints, seclusion, or isolation

7. EXPLOITATION – FINANCIAL/THEFT is defined as the illegal or improper use of a participant or family member's funds, property, or assets. Examples may include, but are not limited to: alleged fraud, cashing an individual's checks without authorization or permission; forging a participant's signature; misusing or stealing a participant's money or possessions; destruction of a participant's personal property; withholding a participant's funds; coercing or deceiving a participant into signing any document (*e.g.,* contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

8. EMERGENCY ROOM VISIT means an emergency room visit for an assessment or for the management of an unstable health condition or high risk behavior that does not result in a hospital admission.

9. HOSPITALIZATION is defined as being admitted for a non-routine medical condition that was not scheduled or planned to occur.

- Routine hospital visits include lab work or routine treatment of illness.

Inpatient psychiatric hospitalization means an emergency, overnight admission for assessment or management of an unstable mental and physical condition or high-risk behavior that require management by a physician.

10. INCIDENTS are defined as events or situations that pose an immediate and/or serious risk to the physical or mental health, safety, or well being of a waiver participant. It may also involve the misappropriation of a waiver participant's property or a violation of the participant's rights. Incidents that are alleged to have occurred as well as the results of internal investigations are to be reported using the *Reportable Events Form.*

Incidents may include an allegation of, or an actual occurrence of one or more of the following:

- Abandonment
- Abuse: physical, sexual, verbal, or emotional
- Accidents or injuries requiring treatment beyond first aid and/or patterns of accidents or injuries that potentially indicate a problem (e.g. falls, fractures, burns, and laceration/wounds).
- Death
- Emergency Room visit
- Exploitation: Theft/Financial
- Hospitalization/Inpatient Psychiatric Hospitalization
- Missing Person/Elopement
- Neglect and self-neglect: nutritional, medical, self, or environmental
- Treatment error: medication or other
- Rights violation
- Use of restraints: physical, chemical, or involuntary seclusion
- Suicide/Suicide attempt

OTHER INCIDENT TYPE may include, but not limited to:

- Infectious diseases
- Any unusual or *Reportable Event,* which may attract media attention
- Any unusual or *Reportable Event,* which involves law enforcement
- Emergency closure of a home or program facility for one or more days
- Any incident or circumstance that may subsequently involve claims or legal action against the State
- Any other event not listed in these definitions

11. MISSING PERSON/ELOPEMENT is defined as a participant whose whereabouts are unknown and he/she is considered missing. A missing person report is not needed for a participant who lives with unpaid caregivers or housemates (such as natural family) unless the families have requested assistance locating the missing person or while the participant was a receiving waiver service. Even if the participant has been located, a completed *Reportable Event Form* is required.

12. NEGLECT is typically defined as the refusal or failure to provide a participant with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, medical care, personal care, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to a participant.

Neglect may be defined in the following categories:

(a) **Nutritional** -- failure to provide adequate and appropriate food, water or other dietary services to meet the needs of the participant. This may include the implementation of specialized mealtime protocols for people at risk of choking.

(b) **Environmental** -- failure to maintain a building, furniture and associated spaces in a clean, well-ventilated, healthy and safe condition; failure to provide adequate sensory and mental stimulation appropriate to the participant's needs.

(c) **Medical** -- failure to provide medication as ordered, prompt and adequate physical care, seek appropriate medical treatment or report change in a participant's condition in a timely manner.

(d) **Self Neglect** -- characterized as the behavior of a participant that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

"Self Neglect" is not a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

13. RESTRAINT/SECLUSIONS are defined as any of the following:

(a) **Physical restraint** means any manual method, physical device, material, or equipment, attached or adjacent to a participant's body which a participant cannot remove easily; which restricts freedom of movement or access to the participant's body; which is used for discipline or convenience.

Examples of physical restraint may include, but are not limited to:

- A locked room
- A device or garment that interferes with freedom of movement
- Restraint by a facility staff member, caregiver, family member, etc. of a participant by use of physical force
- Disabling or interfering with a participant's mobility device

- Withholding assistance to a dependent participant for the purpose of interfering with the participant's free movement

(b) Chemical restraint means a drug that is used for discipline or convenience.

Examples of chemical restraint may include usage of a drug in one or more of the following ways:

- In excessive dose, including duplicate drug therapy
- For excessive duration, without adequate monitoring
- Without adequate indications for its use
- In the presence of adverse consequences that indicate the dose should be reduced or discontinued

(c) Involuntary seclusion means the separation of a participant from others or from the participant's room or home against the participant's will or the will of the participant's guardian/representative.

"Involuntary seclusion" does not mean separating the participant from other individuals on a temporary and monitored basis.

14. RIGHTS VIOLATION is defined as an infringement on the rights of the participant.

15. SUICIDE is the act of taking one's own life voluntarily and intentionally.

16. SUICIDE ATTEMPT is the act of deliberately harming one's self with the intention of causing death.

17. TREATMENT ERROR is defined according to the following categories:

(a) MEDICATION ERROR is defined as any event that requires medical services beyond first aid. This would include any preventable event that may cause or lead to inappropriate medication use or harm, while the medication is in the control of the health care professional, family member, or participant. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product labeling, packaging, nomenclature; compounding; dispensing; distribution; administration; education; and monitoring.

(b) OTHER TREATMENT ERRORS may include, but are not be limited to the following:

- The improper delegation of a task.
- The inadequate or poorly performed actions of a delegating nurse or attendant/personal care aide.

APPENDIX B

Reportable Event – Flow Chart Process

Part 1: Initial Reporting and CM Review