



Incident Management (IM) Rebalancing Initiative Phase 1: IM Guidance

ODP Announcement 25-093

AUDIENCE:

Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Intellectual Disability/Autism (ID/A) Providers, Adult Autism Waiver (AAW) Providers, Adult Community Autism Program (ACAP) Providers, Private Intermediate Care Facilities (ICFs), incident reporters and investigators, and all interested stakeholders

PURPOSE:

The purpose of this announcement is to provide updated guidance related to the Office of Developmental Programs' (ODP) IM Rebalancing Initiative. The guidelines are organized into seven separate topics covering the following:

- Finalizing Incident Reports
- Reducing Duplicative and Multiple Incident Reports
- Clarifying the Definition of Serious Injury
- Clarifying the Definition for Discovery Date
- Managing Events Occurring Prior to Enrollment
- Discontinuing the Use of Optionally Reportable Events (OREs)
- Discontinuing the Use of Illness/Other and Illness/COVID Incident Categories

BACKGROUND:

ODP's Incident Management Rebalancing Initiative

In 2024, ODP launched the IM Rebalancing Initiative to identify inefficiencies, generate insights, and develop solutions to transform the IM process to better meet the needs of ODP and the individuals it serves. Through this work, ODP established a vision for the future state of its IM process, clarified the intended purpose of IM, identified key IM challenges currently facing the Department, and developed a set of solutions to address challenges and achieve ODP's desired future state. Ultimately, the solutions set forth through this work are intended to rebalance ODP's IM practices by driving alignment with its intended purpose, thereby expanding capacity to rapidly respond to incidents and reinforcing efforts to prevent and reduce future incidents.

In the first phase of implementation, ODP has refined those solutions that clarify current requirements or provide interim support to ODP's IM goals in advance of forthcoming solutions. **This has resulted in the following set of guidance documents aimed at clarifying and standardizing IM practices.** These documents and the guidance in them are *not* accompanied by and do not require any immediate changes to the incident reporting system, the IM Bulletin, or regulatory requirements. However, some guidance may require changes to how regional offices, AEs, providers, or SCs currently operationalize incident management practices or differ from previous guidance provided by ODP, formally or informally.

During subsequent phases of the IM Rebalancing Initiative, more significant changes to ODP operations and requirements can be expected. This may include changes to the IM Bulletin, changes to ODP's incident reporting system, and changes to the incident management process. In the meantime, ODP will work with and support its AEs, providers, and SCOs to ensure effective application of the guidance.

All solutions developed through this rebalancing effort are grounded in the six intended purposes set forth by ODP during the initial phase of the IM Rebalancing Initiative. Fidelity to these objectives is key not only to effectively operationalize IM practices, but also to create consistency and clarity across all ODP functions. Similarly, regional offices, AEs, providers, and SCs can use the following purpose statements to better understand the following guidance and make informed decisions about how they carry out various IM functions:

- QUALITY & COMPLIANCE
 - Leverage reporting and transparency to encourage ODP and its AE, SC, and Home and Community Based (HCBS) service provider networks to operate in accordance with ODP policy, procedures, and values.
- INCIDENT DETECTION
 - Ensure that when a reportable incident occurs, there is prompt recognition by the appropriate service providers.
- HEALTH & SAFETY RESPONSE
 - Ensure that when a reportable incident occurs, or is suspected or alleged to have occurred, the response to the incident protects and promotes the health, safety, and rights of the individual and meets their unique needs.
- FACT FINDING & CONCLUSIONS
 - Ensure that when a reportable incident occurs, or is suspected, or alleged to have occurred, the necessary steps are taken to document

the facts (reporting) and gain understanding of the causes and circumstances surrounding the incident (investigating) in a timely fashion.

- ACCOUNTABILITY
 - Hold all responsible stakeholders accountable for noncompliance with ODP policy, procedures, and values through corrective actions that mitigate risk.
- DATA INSIGHTS
 - Collect data needed to assess and address the overall strengths and weakness of ODP and its AE, SC, and service provider networks.

Note: The information in the guidance documents will supersede any previous communications by ODP as of its release.

Note about Bureau of Supports for Autism and Special Populations (BSASP), Adult Autism Waiver (AAW) and Adult Community Autism Program (ACAP)

The following guidance pertains to all ODP waiver programs. While the same general IM process (IM Bulletin) and IM systems are used, there are differences in how BSASP operates IM. For example, BSASP does not use AEs to conduct IM or IM oversight. Therefore, all information related to AEs in this report can be assumed to apply directly to BSASP for incidents under AAW and ACAP.

ADDITIONAL RESOURCES:

Visit [MyODP.org](https://myodp.org) to access [Incident Management Bulletin 00-21-02](#), ODP announcements, and other ODP IM resources and trainings.

Finalizing Incident Reports

To provide directional guidance relating to the information required to finalize an incident report and criteria needed to justify the use of extensions with the objective of improving timeliness of reports and reducing unnecessary administrative burden.

DISCUSSION:

To finalize an incident report, all available and required information must be provided to ensure:

- The health, safety, and rights of individuals involved have been addressed through a timely and appropriate response.
- Necessary steps are taken to document the facts and gain understanding of the causes and circumstances surrounding the incident in a timely fashion.
- The development of corrective actions that:
 - Effectively address the incident.
 - Hold responsible parties accountable.
 - Mitigate risk.
 - Can be measured by the provider and oversight entities to determine effectiveness.

Information that does not support these stated objectives is optional for inclusion in ODP's incident reporting system and should not delay the finalization of an incident report. Once the point person, certified investigator, administrative reviewers, and management reviewers obtain all information directly relevant to the incident itself, they can complete their respective sections of the IM process. Note that the incident itself does not include

downstream impacts or follow-up activities, but rather the actual occurrence of the incident and its contributing circumstances. The following discussion highlights key areas where a point person is advised *not* to include information if it cannot be obtained prior to the 30-day deadline for incident finalization.

Follow-up information

IM Bulletin 00-21-02 states that reviewers must ensure:

- Discharge and follow-up information related to medical services is included in any incident report involving medical care.

“Follow-up” refers to activities that occur *after* the incident itself and the initial care received. This includes but is not limited to care or consultations, that are a result of or needed because of the initial incident. Follow-up information related to medical services is preferred to ensure a complete medical record. Reporting entities are encouraged to document available follow-up information within the incident report and include appointment dates, including future appointment dates, in the “Follow Up Appointments” section of Enterprise Incident Management (EIM). While this information may not be available prior to the 30-day deadline for finalizing reports, the point person should make all reasonable efforts to obtain follow-up information. However, the absence of this information should not delay finalization of the report *unless*:

- That information is already available, and follow-up has occurred; or
- The information is necessary for an outcome determination; or
- The information is needed to develop corrective actions.

Discharge from one facility to another

If an individual is admitted to a medical facility due to illness or injury, the point person is advised to only include discharge information from the initial facility to which the individual was admitted. For example, if an individual is discharged to a separate facility (E.g., rehabilitation facility) following care at the initial facility, the point person should consider the first discharge information sufficient to finalize the report. The report does not need to remain open to wait for discharge from the rehab facility (second facility) and a second incident report is *not* required for admission to the second facility.

Death incidents

Separate requirements for the finalization of incident reports are applied to incidents involving death. Incident Management Bulletin 00-21-02 Section IV b. states that when an individual is deceased, the point person must ensure the final section of the incident report is supplemented by a copy of the following:

- Lifetime medical history.
- Copy of the Death Certificate.
- Autopsy report, as applicable.
- Discharge summary from the final hospitalization if the individual died while hospitalized.
- Results of the most recent physical examination.
- Most recent health and medical assessments.
- A copy of the entire investigation file completed by the provider or SCO.

While the inclusion of a death certificate in an incident report is preferred, to ensure a complete record, ODP acknowledges the potential burden this request may place on grieving families and loved ones. When it becomes necessary for an incident point person, an assigned certified investigator, a supports coordinator, or any other responsible party to request a death certificate from the family or next of kin, **the request should be made only once**. If the death certificate is not received by the time the responsible party is ready to finalize the incident report, the report should be finalized without the death certificate. No extensions should be requested or applied due to the absence of a death certificate. See [ODP Announcement 24-098 Update](#) for further details.

Extensions

If the point person is still waiting on information that is necessary to effectively carry out incident management functions at the end of the 30-day reporting period, they may request an extension to allow for more time to obtain required information. However, generally, extensions for additional information should only be requested under two conditions:

- The additional information is necessary to make an accurate determination as to whether the incident is Confirmed, Nonconfirmed, or Inconclusive; or
- Additional information is necessary to generate effective and appropriate corrective actions that address the cause of the incident.

Note: When requesting an extension, be sure to clearly explain how the request relates to the required information outlined above.

In summary, while additional information surrounding individuals involved in incidents may be necessary for ODP to ensure ongoing care and support, IM is *not* necessarily the most appropriate process to record and utilize the information. Risk management tools,

including the Health Risk Screening Tool (HRST), Individual Support Plans (ISPs), and SC Individual Monitoring Tools may be better suited to support monitoring, follow-up activities, and continuity of care. Providers, SCs, and AEs should make efforts to include forthcoming documentation, including follow-up activity, discharge information, and death certificates in these systems.

Reducing Duplicative and Multiple Incident Reports

Discussion:

Duplicative incident reports can occur when reports are entered for the same allegation more than once. Multiple incident reports can occur when reports are entered for multiple individuals related to one incident. The purpose of this guidance is to reduce duplication of incident reports *and* to reduce entering multiple reports when not necessary by addressing common misinterpretations and providing clarification and strategies to manage various scenarios.

Identifying if a reportable incident has already been entered into the incident reporting system or if a new incident report must be entered.

- If a reportable incident, as defined by ODP’s IM Bulletin 00-21-02, is discovered and an incident report has already been entered, new or additional incident reports are not required *unless* there is a different “who, what, or when.”
- An allegation is received that meets the definition of a reportable incident. There is an existing report entered into ODP’s incident reporting system that addresses the **same individual, allegation, and timeframe**. ***A new report does not need to be entered.***
- An allegation is received that meets the definition of a reportable incident. There is an existing report entered in ODP’s incident reporting system that appears to be similar however the newly received allegation refers to something that occurred within a **different timeframe** than the existing incident report. ***A new incident report must be entered.***

In general, when an allegation is received that is similar to an existing incident report, consider the following:

- **Who** was the victim/individual directly involved in the incident?
- **What** happened and does it meet the criteria of a reportable incident as defined by ODP's IM Bulletin 00-21-02?
- **When** did this occur?

***** If any of the above questions do not align with the existing report, a new incident report must be entered. *****

Adult Protective Services (APS) Report of Need (RON)

- An APS RON is received that is a reportable incident as defined by ODP's IM Bulletin 00-21-02. Using the logic above, it is determined that an incident report has already been entered into ODP's incident reporting system. ***Do not enter another incident report.***
- An APS RON is received that is a reportable incident as defined by ODP's IM Bulletin 00-21-02. Using the logic above, it is determined that an incident report has not been entered into ODP's incident reporting system. ***A new incident report must be entered.***

The allegation included in the RON must meet the definition of a reportable incident per ODP's IM Bulletin 00-21-02 for an incident report to be entered.

Multiple Individuals Involved or Present When a Reportable Incident Occurs

- Several individuals were present during or witnessed a reportable incident but were *not* directly involved in the incident for which there is an existing report entered into ODP's incident reporting system. The individuals were not victims of the incident and any impact on those individuals did not meet the definition of any reportable incidents as defined by ODP's IM Bulletin 00-21-02. ***Incident***

reports do not need to be entered on behalf of the individuals who were present or witnessed the incident.

- Several individuals were present during or witnessed a reportable incident for which there is an existing report in ODP's incident reporting system. An individual(s) was directly involved or was impacted in a way that meets the definition of one or more reportable incidents as defined by ODP's IM Bulletin 00-21-02. ***An incident report must be filed for the affected individual(s).***

Direct involvement requires that the individual themselves was a victim of the incident being reported as defined by ODP's IM Bulletin 00-21-02.

Reporting and Investigating Exploitation/Room and Board

Room and Board is a secondary category under Exploitation and requires both provider and AE level investigations. While ODP recognizes the implications for all individuals served by a provider that has been alleged or suspected of Exploitation/Room and Board, it is not necessary to enter separate incidents and investigations of Exploitation/Room and Board for *all* individuals served by the provider. This approach leads to significant duplication of effort and unnecessary administrative burden.

To ensure that the incident management process is focused and streamlined, as of the release of this guidance, providers should not file reports for individuals unless those individuals have also experienced or have been alleged or suspected to have experienced Exploitation/Room and Board themselves by that provider.

During the investigation of the initial Exploitation/Room and Board incident, certified investigators (CIs) may find it necessary to review contracts held by other individuals served by the provider. **These reviews do not constitute a separate investigation.** If, during that investigation, evidence of additional reportable incidents is found, a new

report should be made on behalf of the individual(s) impacted. Additionally, if a room and board incident is confirmed, corrective actions should include further review of the contracts held by other individuals served by the provider to uncover potential evidence of widespread incidents. This action may also result in new incident reports if additional incidents are found.

Note: ODP recognizes that the examples in this document may not address all scenarios, and there may be instances in which further consideration may be necessary. Under those circumstances, providers and SCs are expected to consult with their Incident Management Representative (IM Rep) to answer these questions and determine how to move forward to best serve the purpose of IM. If necessary, the IM Rep may consult with the AE Incident Manager to gain clarity.

Clarifying the Definition of Serious Injury

The purpose of this guidance is to clarify the definition of “Serious Injury” provided in ODP’s IM Bulletin 00-21-02. Specifically, this guidance clarifies the role of assessments in determining whether a serious injury has occurred.

DISCUSSION:

Per the IM Bulletin 00-21-02, ODP defines serious injury as follows:

“Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc., or that require hospitalization. Assessment by emergency medical services that did not require a visit to one of the locations listed above for treatment is not reportable. Serious injuries that are treated by a medical professional (i.e. doctor, nurse, etc. that are used by the organization) on-site are reportable.”

Historically, instructions have been given to file an incident report whenever an individual receives an assessment for an injury, regardless of whether an actual injury has been sustained. With the release of this guidance, reporting entities are advised to discontinue this practice to better align with the purpose of ODP’s Incident Management policy.

Serious injury incidents should only be reported when a diagnosable injury occurred that required treatment beyond first aid. While assessments may help to determine the presence of a serious injury, the assessment alone is not sufficient to require an incident report. To be considered a serious injury, the injury must require treatment beyond first aid (i.e., treatment administered by a medical professional that goes beyond the scope of traditional first aid). If a medical professional or other person administers *only* first aid, and this is sufficient to address the issue, it is not considered a serious injury.

***Note: Serious Injury/Choking requires an incident report to be entered regardless of whether the individual is diagnosed with a serious injury.**

If an individual visits a medical facility and receives an assessment for an injury and it is not immediately clear if the injury meets the definition of a serious injury, the reporting entity should reference discharge information or the individual's medical portal to determine whether the individual received a diagnosis and if they were provided treatment beyond first aid. If an assessment found that no injury was present or if the injury only required first aid, even if administered by a medical professional, it is not reportable. Note that if further information from an assessment is necessary to determine if a serious injury occurred, the discovery date will align with the time when the serious injury was confirmed. However, if it is reasonably clear that a serious injury was sustained prior to assessment or treatment, the reporting entity should consider the time of discovery to be the moment when they become aware of the injury.

Lastly, injuries that do not require treatment beyond first aid are *not* reportable as a serious injury through incident management regardless of how they were sustained. However, individuals may sustain more minor injuries, including bruises and markings, from unknown origins that may indicate potential abuse or neglect. If a reporting entity becomes aware of these injuries, is unable to determine their source, and is reasonably suspicious that abuse or neglect has occurred, they are required to report the incident as either abuse or neglect.

***Note: Reporting entities are required to enter incident reports and conduct investigations if requested by ODP.**

Managing Events Occurring Prior to Registration with ODP

The purpose of this guidance is to clarify how to manage events that occurred prior to an individual's registration with ODP.

DISCUSSION:

ODP's IM Bulletin 00-21-02 requires that critical incidents occurring outside the provision of services be reported in ODP's IM system by the SC. However, events that occurred prior to the individual's registration with ODP are not required to be reported and should therefore not be reported through IM. Protective services and/or law enforcement should be contacted as per statutes.

However, ODP recognizes that these historical events, while not reportable through the incident management process, are often important to the effective care for individuals in the program and should therefore be addressed appropriately by providers, SCs, and/or AEs. Therefore, to ensure that individuals receive ongoing care and support, providers, SCs, and AEs should make efforts to address and record information about historical events through appropriate ODP procedures and monitoring systems, including individual support plans (ISPs), the health risk screening tool, and the individual monitoring tool.

Clarifying the Definition for Discovery Date

The purpose of this guidance is to clarify the definition of the discovery date as it relates to the required timeframe for reporting.

DISCUSSION:

ODP's IM Bulletin 00-21-02 states:

“Providers, including those under the Agency with Choice model, must report within 24 or 72 hours of discovery or recognition of all categories of incidents, alleged incidents, and suspected incidents in the Department’s information management system.”

The discovery date is the date and time when a person, required by regulation, policy and/or law to report, first becomes aware of an actual, suspected, or alleged reportable incident involving an individual receiving services. This includes employees, contracted employees, and volunteers of a qualified ODP provider, SCO, as well as those paid to provide Home and Community-Based Services (HCBS) through an ODP service model such as Participant-Directed Services (PDS) (Agency With Choice [AWC] and Vendor Fiscal/Employer Agent [VF/EA]). The discovery date also applies when the responsible organization, informed by another organization, becomes aware of the incident. Additionally, when an event that initially is not reportable evolves and later meets the criteria of a reportable incident, the discovery date and time is the point in time when the event met the criteria of a reportable incident.

Discontinuing the Use of Optionally Reportable Events (OREs)

The purpose of this guidance is to direct AEs, SCs, and providers to discontinue the use of optionally reportable events (OREs) for IM. Note that this announcement does not apply to state operated facilities currently.

DISCUSSION:

To better align with the intended purpose of IM and ODP reporting requirements and to improve reporting accuracy, ODP will discontinue the use of OREs within its incident reporting system. While system changes will not take effect at this time, AEs, providers, and SCs are advised to stop reporting OREs as of the release of this guidance.

Note that providers and SCs should continue to report any and all events that meet the definition and criteria for reportable incidents as required by ODP's IM Bulletin 00-21-02. However, these incidents should be categorized as one of the reportable incident categories within the incident reporting system.

Events that do not meet the definition or criteria of a reportable incident should not be reported. However, ODP recognizes that such events, while not reportable through the IM process, are often important to the continuity of care for individuals in the program and should therefore be addressed and monitored appropriately by providers, SCs, and/or AEs. Therefore, to ensure that individuals receive ongoing care and support, providers, SCs, and AEs should make efforts to address and record information about such events through appropriate ODP procedures and monitoring systems, including ISPs, the HRST, and the individual monitoring tool.

Discontinuing the Use of Illness/Other and Illness/COVID Incident Categories

The purpose of this guidance is to direct providers and SCs to stop filing incidents under the “Illness – Other” and “Illness – COVID” reporting categories.

DISCUSSION:

To better align with the intended purpose of incident management and ODP reporting requirements and to improve reporting accuracy, ODP will discontinue the use of the “Illness – Other” reporting category within its incident reporting system. Additionally, in recognition of the diminishing threat of the COVID-19 virus, ODP will also discontinue the use of the “Illness – COVID” reporting category. While system changes will not take effect at this time, AEs, providers, and SCs are advised to stop filing incidents under “Illness/Other” or “Illness/COVID” as of the release of this guidance. If an incident of “Illness/Other” or “Illness/COVID” is entered, deletion will be requested by the reviewer. Recategorization will be requested if the information meets the definition of a reportable incident.

Note that providers and SCs should continue to report any and all events that meet the definition and criteria for “Serious Illness” incidents as defined by ODP’s IM Bulletin 00-21-02. This category applies to situations in which the individual receives inpatient admission to a medical facility because of the illness, COVID-19 or otherwise.

If an individual experiencing illness does not require inpatient admission, the illness should not be reported through the incident management system. However, ODP recognizes that information about non-reportable illnesses, including COVID, is often necessary to ensure effective care for individuals in the program and should therefore be addressed and monitored appropriately by providers, SCs, and/or AEs. Therefore, to ensure that individuals receive ongoing care and support, providers, SCs, and AEs should

make efforts to address and record information about such illnesses through appropriate ODP procedures and monitoring systems, including individual support plans (ISPs), the health risk screening tool, and the individual monitoring tool.

Note that the “Serious Illness” category allows reporters to indicate that the individual was hospitalized because of the COVID virus. Providers and SCs should continue to select this option when appropriate.

For questions related to IM Policy (IM Bulletin) email RA-impolicy@pa.gov

For questions related to Enterprise Incident Management (EIM) email RA-PWODPEIMASSIST@pa.gov.