

MEDICAID FORM RELEASE MEMO

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FROM: Publications Control
SUBJECT: Nevada DHCFP Serious Occurrence Report Form A

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- NEW FORM/BULLETIN
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- Revised FORMS CONTROL INDEX
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PURPOSE:

The original form NMO-3430-E has been split into two independent forms. One for an individual to report serious occurrences (now known as form NMO-3430A) and one for State case managers to complete when following up on a reported serious occurrence (form NMO-3430B). The purpose of this form, NMO-3430A is to collect objective and factual data regarding identified serious occurrences and must be completed by any individual who becomes aware of a serious occurrence.

Definition:

1. **Serious Occurrence** : any actual or alleged event or situation that relates a significant risk of substantial or serious harm to the safety or well-being of a recipient of any home and community based services programs.

Reportable serious occurrences include:

- ✓ Suspected physical abuse, verbal abuse or sexual harassment;
- ✓ Neglect of the recipient;
- ✓ Isolation of the recipient;
- ✓ Medical or medication errors;
- ✓ Exploitation;
- ✓ Theft;
- ✓ Injuries requiring medical intervention;
- ✓ Medical Emergency;
- ✓ Suicide Attempts;
- ✓ Any event which is reported to Child and Elder Protective Services or law enforcement agencies;
- ✓ Death;
- ✓ Loss of contact with the recipient.

INSTRUCTIONS:

1. Any person who becomes aware of a serious occurrence must report the occurrence by completing

the NMO-3530A Serious Occurrence Report. Service providers, MFP transition coordinators and case managers do not have to report a serious occurrence that has already been reported by the provider, but do have to report serious occurrences not previously reported.

2. The serious occurrence report must be completed within 24 hours of discovery by the individual who discovered the event.
3. The form must list only objective data and facts. Do not include opinions in the report. The form's function is to relay the honest actual facts of the occurrence. A narrative may be attached to the form.
4. Providers who initiate Serious Occurrence Reports must retain a copy in the recipient's chart or a separate serious occurrence folder and send a copy to the appropriate agency as listed below.
5. Any person who fills out the form must choose only one event, not multiple events. The description of the event can include the cause. If there are multiple events, then each event must have a separate form. For example: If an individual dies as a result of a medication error, an assault or a suicide attempt, the correct event is death. The cause is the medication error, assault or suicide attempt. The cause would be captured in the comments field.

ROUTING THE SERIOUS OCCURRENCE REPORT (see below for fax numbers):

- PCS Only Recipient → Care Coordination Unit at the local Division of Health Care Financing and Policy (DHCFP) District Office.
- PD Waiver Recipient → Aging and Disability Services Division (ADSD) Case Manager at the appropriate/local ADSD District Office.
- FE Waiver Recipient → ADSD Case Manager at the appropriate/local ADSD District Office.
- MFP Recipient → MFP transition coordinator at the local DHCFP District Office.
- ID Recipient → ID Service Coordinator at the appropriate/local Developmental Services (DS) Regional Center.
- Personal Assistance Services → Route to the local ADSD District Office.
- State Funded Homemaker (HM) → Route to the local ADSD District Office. Note: this is only the state funded HM through ADSD, not a waiver service.
- Other, Non-Medicaid → Route as required by program.

FAX NUMBERS:

- **Division of Health Care Financing and Policy**
 - Carson City: (775) 684-3663
 - Elko: (775) 753-1101
 - Las Vegas: (702) 668-4280 or (702) 668-4279
 - Reno: (775) 687-1901

➤ **Aging and Disability Services Division**

- Carson City: (775) 687-0574
- Elko: (775) 753-8543
- Las Vegas: (702) 486-3572
- Reno: (775) 688-2969

➤ **Developmental Services**

- Rural Regional Center (RRC)
 - Carson City: (775) 684-1001
 - Elko: (775) 777-7884
 - Gardnerville (775) 782-6639
 - Fallon: (775) 423-0357
 - Fernley (775) 423-0347
 - Winnemucca: (775) 623-6594
- Sierra Regional Center (SRC) (775) 688-1947
- Desert Regional Center (DRC) (702) 486-5698

FORM COMPLETION:

1. Program Origin – Check the appropriate box indicating the recipient’s Medicaid program: PCS, ISO, PAS, HM, ADHC, FE, ID, PD, FFS or Non-Medicaid.
2. Recipient Eligibility – Select the appropriate eligibility for the recipient: FE Waiver, ID Waiver, PD Waiver, FFS, Non-Medicaid.
3. Recipient’s Name – Enter the involved recipient’s last and first name.
4. Medicaid ID # - Enter the correct 11-digit number.
5. Address – Enter the address of the recipient.
6. Phone number – Enter the phone number of the recipient.
7. Recipient’s DOB – Enter the recipient’s date of birth.
8. Date of the Occurrence – Enter the date of the occurrence.
9. Billing Provider NPI or API # – Enter the NPI or API number related to the recipient and the serious occurrence.
10. Servicing Provider NPI or API # - Enter the NPI or API number related to the recipient and the serious occurrence.
11. Place of Occurrence – Enter the place the Serious Occurrence happened (recipient’s residence/provider address/store address/JDT/etc.)
12. Full Name of Person Reporting – Enter the name of the person reporting.
13. Date of Discovery – Enter the date the reporting person was informed of the serious occurrence.

14. Relationship to Recipient – Enter the appropriate relationship of the reporting person in regards to the recipient.
15. Supervisor of Person Reporting – Enter the name of the supervisor or contact person of the person reporting. This should be the person who may be contacted to answer any further questions regarding the incident or follow-up.
16. Provider Location – chose the appropriate region, North, South or Rural.

FACTUAL DESCRIPTION OF INCIDENT: Check ONLY the box(es) that apply.

UNPLANNED HOSPITAL VISIT/ER

1. Name of Facility – Enter the name of the hospital or facility the recipient was taken to.
2. Reason – Check the appropriate box: Injury, illness, pain or psychiatric/behavioral.

MEDICAL INTERVENTION REQUIRED FOR – Check the appropriate box: Injury, Fall, No Visible Signs of Injury/Injury of Unknown Origin

1. Suspected Type of Injury – Check the appropriate box. It may be necessary to check more than one box. If checking “Other,” an entry is required on the narrative line.
 - ✓ Bruise – a bruise is visible.
 - ✓ Abrasion/Cut – an abrasion/cut is visible.
 - ✓ Fracture/dislocation – may not be known until diagnosed at the hospital/doctor.
 - ✓ Sprain/strain – may not be known until diagnosed at the hospital/doctor.
 - ✓ Swelling/edema – swelling/edema is visible.
 - ✓ Skin Tear – a skin tear is visible.
 - ✓ Other – if something occurs that is not listed above, describe the injury.
 - ✓ Pain location – location of the pain.
2. Person(s) involved in Injury – Check the appropriate box. If checking “Other,” an entry identifying relationship of the individual to the recipient is required. Include the individual’s name if possible.
 - ✓ Self-accident – recipient fell down or unintentionally injured themselves.
 - ✓ Self-inflicted – recipient intentionally injured themselves.
 - ✓ Family member – family member injured recipient.
 - ✓ Roommate – roommate injured recipient.
 - ✓ Staff member – staff member injured the recipient.
 - ✓ Peer – peer injured the recipient.
 - ✓ Other – someone not listed above – requires an entry
3. Was provider/staff at the residence at the time of this incident – Yes or No
4. Could the fall or injury have been prevented – Yes or No
 - a. If fall or injury could have been prevented, explain in detail how.
5. Was the fall or injury intentional – Yes or No
 - a. If fall or injury was intentional, explain in detail how.

PHYSICAL, VERBAL, EMOTIONAL, SEXUAL ABUSE OR HARASSMENT (To or from recipient)

1. Type of Incident: Chose the appropriate incident type based on the definitions below: neglect, self-neglect, physical abuse, verbal abuse, sexual harassment, sexual abuse, isolation.

➤ **Neglect** – Per NRS 200.5092 and 433.554:

✓ Defined as the failure of a person who has assumed legal responsibility or a contractual obligation for caring for a person or who has voluntarily assumed responsibility for his care to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person; or a person to provide for his own needs because of inability to do so.

✓ Defined as any omission to act which causes injury to a client or which places the client at risk of injury, including, but not limited to failure to:

- Follow an appropriate plan of treatment to which the client has consented.
- Follow the policies of the facility for the care and treatment of clients.

1. Type of Alleged Incident – Indicate the type of incident based on the above definitions.

2. Alleged Victim – Indicate the alleged victim whether it is the recipient, provider or someone else.

3. Alleged Perpetrator – Indicate the alleged perpetrator whether it is the recipient, provider or someone else.

➤ **Abuse:** Per NRS 200.5092

➤ Defined as willful and unjustified:

- Infliction of pain, injury or mental anguish on an older person or a vulnerable person; or
- Deprivation of food, shelter, clothing or services which are necessary to maintain the physical or mental health of an older person or a vulnerable person.

➤ **Harassment:** Per NRS 200.571:

✓ Defined as a person who without lawful authority, the person knowingly threatens:

- To cause bodily injury in the future to the person threatened or to any other person;
- To cause physical damage to the property of another person;
- To subject the person threatened or any other person to physical confinement or restraint; or
- To do any act which is intended to substantially harm the person threatened or any other person with respect to his or her physical or mental health or safety; and
- The person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out.

➤ **Isolation:** Per NRS 200.5092

✓ Defined as willfully, maliciously and intentionally preventing an older person or a vulnerable person from having contact with another person by:

- Intentionally preventing the older person or vulnerable person from receiving visitors, mail or telephone calls, including, without limitation, communicating to a person who comes to visit the older person or vulnerable person or a person who telephones the older person or vulnerable person that the older person or vulnerable person is not present or does not want to meet with or talk to the visitor or caller knowing that the statement is false, contrary to the express wishes of the older person or vulnerable person and intended to prevent the older person or vulnerable person from having contact with the visitor; or
- Physically restraining the older person or vulnerable person to prevent the older person or vulnerable person from meeting with a person who comes to visit the older person or vulnerable person.
 - The term does not include an act intended to protect the property or physical or mental welfare of the older person or vulnerable person or an act performed pursuant to the instructions of a physician of the older person or vulnerable person.

2. Victim – Check the appropriate box: Recipient, Staff Member, Other (requires an entry)
3. Perpetrator – Check the appropriate box: Family Member, Staff Member, Recipient, Other (requires an entry)

SUICIDE THREAT: Check this box if appropriate.

1. Medical or Policy Contacted: Check Yes or No. If Yes, enter a date of when.

SUICIDE ATTEMPT: Check this box if appropriate.

1. Medical or Police Contacted: Check Yes or No. If yes, put a date of when.

CRIMINAL ACTIVITY: Check this box if appropriate.

1. Resulting in police report or arrest: Check Yes or No. If Yes, include the case number and the type of criminal activity.

LEGAL INVOLVEMENT: Check this box if appropriate.

1. Including possible lawsuits: Use the text field to provide details of the legal involvement.

THEFT OR EXPLOITATION

1. Type: Chose the type based on the definitions below:

✓ **Theft:** Per NRS 205.0832.

- Actions which constitute theft. Except as otherwise provided in Subsection 2, a person commits theft if, without lawful authority, the person knowingly:
 - a) Controls any property of another person with the intent to deprive that person of the property.
 - b) Converts, makes an unauthorized transfer of an interest in, or without authorization controls any property of another person, or

- uses the services or property of another person entrusted to him or her or placed in his or her possession for a limited, authorized period of determined or prescribed duration or for a limited use.
- c) Obtains real, personal or intangible property or the services of another person by a material misrepresentation with intent to deprive that person of the property or services. As used in this paragraph, “material misrepresentation” means the use of any pretense, or the making of any promise, representation or statement of present, past or future fact which is fraudulent and which, when used or made, is instrumental in causing the wrongful control or transfer of property or services. The pretense may be verbal or it may be a physical act.
 - d) Comes into control of lost, mislaid or misdelivered property of another person under circumstances providing means of inquiry as to the true owner and appropriates that property to his or her own use or that of another person without reasonable efforts to notify the true owner.
 - e) Controls property of another person knowing or having reason to know that the property was stolen.
 - f) Obtains services, including, without limitation, audio or visual services, or parts, products or other items related to such services which the person knows or, in the case of audio or visual services, should have known are available only for compensation without paying or agreeing to pay compensation or diverts the services of another person to his or her own benefit or that of another person without lawful authority to do so.
 - g) Takes, destroys, conceals or disposes of property in which another person has a security interest, with intent to defraud that person.
 - h) Commits any act that is declared to be theft by a specific statute.
 - i) Draws or passes a check, and in exchange obtains property or services, if the person knows that the check will not be paid when presented.
 - j) Obtains gasoline or other fuel or automotive products which are available only for compensation without paying or agreeing to pay compensation.

✓ **Exploitation:** Per NRS 200.5092.

- Defined as any act taken by a person who has the trust and confidence of another person or any use of the power of attorney or guardianship of a person to:
 - Obtain control, through deception, intimidation or undue influence, over the other person’s money, assets or property with the intention of permanently depriving the other person of the ownership, use, benefit or possession of his money, assets or property; or
 - Convert money, assets or property of the other person with the intention of permanently depriving the other person of the ownership, use, benefit or possession of his money, assets or property.

MEDICATION ERROR

1. Any incident involving medication.

- ✓ Wrong Medication – the recipient took or was given the wrong medication.
- ✓ Wrong Dose – the recipient took or was given an incorrect amount of medication.
- ✓ Wrong person – the recipient took or was given medication not meant for them.
- ✓ Wrong time of Administration – the recipient took or was given medication at the wrong time.
- ✓ Skipped Dose – the recipient skipped a dose of medication.
- ✓ Other – any other medication error not listed above. Please explain.

LOSS OF CONTACT with recipient

Includes any loss of contact with a recipient that is out of the norm for this recipient and the person providing the Serious Occurrence Report.

1. If checked, include the duration of time the recipient was not in contact with the reporting person.

ELOPEMENT of any recipient residing in a 24-hour setting

Elopement is defined as leaving a facility such as a nursing home, assisted living facility, group home or supported living arrangement without notice or prior arrangement.

RECIPIENT DEATH

1. Date of Death – Enter the date of death.
2. Death was explained/expected or unexplained/unexpected – Check the appropriate box.
3. Where was the recipient when the death occurred? – Enter the place of death.
4. History of services provided to the recipient by provider. Include information about the length of time and frequency of contact with the recipient – Include current services provided and history of known services.
5. What were the circumstances and the cause of death (be specific with as much detail as possible) – Enter the known cause of death.
6. Was death certificate or coroner’s report ordered? – Check yes or no. If yes, enter who it was ordered from (County/Coroner’s Office/etc.).
7. Was death certificate or coroner’s report received? – Check yes or no. If yes, enter the person who received it.
8. (Please attach any documentation received pertaining to the death) – Attach any related documentation (newspaper articles/Coroner's report/death certificate/correspondence).

OTHER CATEGORY

1. Other – Record any other activities that are not addressed prior to this point. Types of incidents include:
 - a. HIPAA violation
 - b. Major property damage
 - c. Auto accident involving recipient
 - d. Staff injury/illness/accident requiring medical attention
 - e. Environmental Incident requiring emergency assistance
 - f. Death of unpaid caregiver
 - g. Other occurrence not identified – Requires an entry if checked

Action Taken to Protect and Reduce Future Risk

1. EPS/CPS Notified? – Circle entity notified, check Yes or No.

- a. If Yes, enter the date notified, name of professional notified and their phone number.
2. Law Enforcement Notified? – Check Yes or No.
 - a. If yes, enter date notified, name of the professional notified and their phone number.
3. Guardian/Responsible Person Notified? – Check Yes or No.
 - a. If Yes, enter the name and phone number of the person notified.
4. State Staff or Waiver Personnel Notified? – Check Yes or No.
 - a. If Yes, enter the date notified, name of the professional notified and their phone number.
5. State-designated Protection and Advocacy Agency notified? (Nevada Disability Advocacy and Law Center for in-state providers) – Check Yes or No
 - a. If Yes, enter the date notified, name of the professional notified and their phone number.
6. Health Care Quality and Compliance Notified – Check Yes or No.
 - a. If Yes, enter the date notified, name of the professional and their phone number.
7. Is there a pending or ongoing investigation? – Check Yes, No or Unknown.
8. Were there any witnesses? – Check Yes, No or Unknown.
 - a. If Yes, complete the witnesses name, employer and their relationship to the recipient.
9. Comments/details – Additional information if necessary.

DISTRIBUTION:

This form will be posted on the intranet and the internet for providers to access.

DHCFP District Office
ADSD
DS
Gainwell Technologies