Workforce and Talent Management

Training Curriculum Series

PRAISE – Promoting Relationships and Implementing Safe Environments

Participant's Manual

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Table of Contents

Unit 1 – Welcome and Opening…….....01

Unit 2 – PRAISE: Positive Approaches First! …….....…..03

Unit 3 – Employee Responsibilities for Protecting Individuals from Harm..08

Unit 4 – Notification of Incidents and Information Sharing ……..…...……19

Unit 5 – Intermediate Care Facility (ICF) Requirements ….……..20

Unit 6 – Part 625 ……..……...…..……23

Unit 7 – Glossary ……..……..……..……25

Handouts #1-5..…….....…….…….……28

Symbol Legend:

Refer to handout

Fill out a report!

Modified October 2014

Unit 1 – Welcome and Opening

OPWDD serves individuals with developmental disabilities with a set of values which include supporting human dignity, showing compassion, promoting honesty and providing for excellence in all that we do. This training is being provided in order to remind us all about our responsibilities to demonstrate these core values when we support the people we serve. In order to gain the most benefit from this training, it is expected that each employee will participate fully in the discussions and activities in order to gain deeper understanding of the importance and impact of their work to those people we serve.

In December 2012, Governor Andrew Cuomo signed legislation creating the Justice Center for the Protection of People with Special Needs (Justice Center), an initiative that is transforming how the state protects over one million New Yorkers in state operated, certified, or licensed facilities and programs. This law, the 2012 Protection of People with Special Needs Act (PPSNA), established a set of uniform standards to be implemented by the Justice Center for the protection of people receiving services from facilities and programs that are certified and/or operated by a number of state agencies, including OPWDD. The PPSNA requires significant changes to OPWDD's long-standing incident management requirements. New definitions have been added to Part 624 in conformance with NYS Social Services Law. The new definitions for familiar terms such as physical abuse, sexual abuse, and psychological abuse are significantly different from the definitions in previous OPWDD regulations. This session will review these new definitions and reporting requirements.

Course Objectives:

Upon completion of this course the learners will be able to:

- Discuss how putting people first means supporting positive relationships, showing respect and always working to ensure the person's best interest should always drive our approach to supporting every individual served
- Explain why "person-first" language is important while speaking with and about individuals; and identify one example that violates the "person-first" concept
- Describe in their own words the various Reportable Incidents and Notable Occurrences that are discussed in the course.
- Discuss the responsibilities of every employee to protect individuals served from harm

– recognize and stop abuse.

- Demonstrate an awareness of the new regulations, definitions, and reporting requirements in place as a result of the implementation of the Protection of People with Special Needs Act (PPSNA)

"I support ability"

Instructions: Each person has 2 minutes to list things they do to support individuals to live, work and take part in the community.

Things I do to support a person's ability:

1. _____
2. _____
3. _____
4. _____
5. _____

Share some of the abilities on your list with your partner or the group.

The support you provide helps people live the life of their choice. By focusing on abilities, rather than disabilities, we can build and improve positive relationships. We're now going to explore more ways to build positive relationships.

Unit 2 - Promoting Positive Relationships: Concepts & Techniques

OPWDD's guiding principle of putting people with developmental disabilities first centers on positive relationships and interactions, and an organizational culture where abuse is not tolerated. The way in which we communicate with people can also help build and maintain relationships. By avoiding the use of labels and mentioning the person first, we are able to show respect for each other.

Developing genuine, caring relationships:

How do people usually go about developing a new relationship with someone?

Person –first language focuses on the person, not their personal qualities or traits.

Activity:

Brain storm the remarks /statements that are listed below and change them to person centered language:

- Referring to the people we serve as **''tube feeders''**
- Describing a house as "having wheelchairs''
- Referring to the home as an **''8 bed house**"
- Referring to a work assignment with one individual as a **''one-to-one''**
- Referring to the individuals as "**my people"** or "**my folks**"

Can you come up with other examples of person - first language?

Some labels we hear tend to group people by traits rather than identifying them as individuals. In many cases, it's kind of verbal ''shorthand'' however; it can be very disheartening to the people we serve and their family members who love them. Therefore it is important to incorporate person first language into our daily activities.

Code of Conduct

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

June 10, 2013

Introduction

The Protection of People with Special Needs Act ("the Act") establishes the Justice Center for the Protection of People with Special Needs ("Justice Center") and requires that this Code of Conduct be read and signed by anyone who will have regular and substantial contact with any person who is receiving services or supports from facilities or providers covered by the Act.

The Code of Conduct is not intended to provide a detailed list of what to do in every aspect of your work. Instead it represents a framework that will help custodians determine how to help people with special needs live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.

You must abide by the following Code of Conduct provisions:

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 appropriate, 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 appropriate, 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. I will immediately report any situation in which any person receiving services or supports is experiencing, or is at risk of experiencing abuse or neglect.

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 appropriate. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and appropriate.

4. **Self-Determination**
   I will help people receiving supports and services realize their rights and responsibilities, and, as appropriate, 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 appropriate.

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 appropriate. 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.

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, economic condition or disability.

9. **Integrity, Responsibility and Professional Competency**

I will reinforce the values of this organization when it does not compromise the wellbeing 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 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.

Take a few minutes to list the ways that honoring your pledge to abide by this code will support positive relationships and help you to implement a safe environment for the people you support?

1. _____

2. _____

3. _____

Unit 3 – Employee Responsibilities for Protecting Individuals from Harm

3 major responsibilities in regards to ensuring protections:

- **Responsibility 1 – recognize and stop all forms of abuse and neglect immediately**
- **Responsibility 2 – Protect the individual from further danger and harm, and seek medical attention if necessary**
- **Responsibility 3 – Report incidents and occurrences as they occur or are discovered. Recognize that failure to report may be considered abuse as well**

In this unit we will discuss those incidents and occurrences that must be reported. Part 624 and the new Part 625 of the New York Codes, Rules and Regulations were designed to protect people receiving OPWDD services. This unit will provide an overview of some of the requirements of that Regulation. Part 624 regulates the way in which custodians and mandated reporters respond to an incident, and it provides a framework to ensure administrative staff are made aware of problems and respond to those problems in a manner which will minimize the potential for those problems to occur again. By regulating these processes it is believed that individuals will be protected from harm and physical or mental abuse. In addition, the quality of services provided will remain high because incidents and accidents can be better prevented.

Part 624 specifies that all Reportable Incidents and Notable Occurrences must be thoroughly investigated and non-reportable events (e.g. "occurrence" or agency reportable incidents") must be addressed according to agency policy.

There have recently been major changes to Part 624, and a new Part 625 has been developed. Part 624 is applicable to all facilities that are operated, certified, sponsored, or funded by OPWDD. The requirements of Part 624 apply to incidents that are "under the auspices" of an agency. "Under the auspices" basically means that the incident occurs under circumstances in which the agency or family care provider is providing services to a person. For more details please refer to the Glossary in this packet. Part 625 applies to those events and situations that are not "under the auspices", and will be discussed later.

Reportable Incidents

It is imperative that reportable incidents be reported. The reporter does not need to be concerned with the exact classification of the incident

Please note that the term, "custodian" as used in Part 624 (including the following definitions) includes employees, volunteers, contractors, consultants and family care providers. It does not include individuals receiving services (unless they are also employees). See the glossary at the end for the complete definition.

Reportable Incidents are defined in Section 624.3 as follows:

Reportable incidents are events or situations that meet the definitions below and occur under the auspices of an agency.

(1) ***Physical abuse*** shall mean 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 the individual receiving services, 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.

(2) ***Sexual abuse*** shall mean:

i. 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; and/or

ii. any sexual contact between an individual receiving services and a custodian of the program or facility which provides services to that individual whether or not the sexual contact would constitute a crime (see especially section 130.05(i) of the penal law). However, if the individual receiving services is married to the custodian the sexual contact shall not be considered sexual abuse. Further, for purposes of this

subparagraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of an agency shall not be considered a custodian if he or she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.

(3) ***Psychological abuse*** includes any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services.

i. Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or 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.

ii. In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor.

(4) ***Deliberate inappropriate use of restraints*** shall mean the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g. individualized service plan (ISP) or a habilitation plan), or behavior support 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 party. For purposes of this paragraph, 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.

(5) ***Use of aversive conditioning*** shall mean the application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. 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. The use of aversive conditioning is prohibited by OPWDD.

(6) ***Obstruction of reports of reportable incidents*** shall mean 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 an individual receiving services; actively persuading a custodian or other mandated reporter from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of 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 OPWDD regulations, policies or procedures; or, for a custodian failing to report a reportable incident upon discovery.

(7) ***Unlawful use or administration of a controlled substance,*** which shall mean any administration by a custodian to a service recipient of: a controlled substance as defined by article thirty-three 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*** shall mean 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) through (7) of this subdivision if committed by a custodian;

(ii) failure to provide adequate food, clothing, shelter, medical, dental, optometric or surgical care, consistent with Parts 633, 635, and 686 of this Title (and 42 CFR Part 483, applicable to Intermediate Care Facilities), and provided that the 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 parties; 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.

Reportable Incidents – Abuse/Neglect (#1-8 above) MUST be reported to:

- **Justice Center: EVERY direct witness and the first-line supervisor must report. This report may be completed one of two ways:**
  - **By phone: Call 1-855-373-2122 (*be sure to document the JC Identifier #*), or**
  - **Electronically: https://vpcr.justicecenter.ny.gov/wi**

Refer to Handout #1 (See Handouts in the back of Manual):

- **OPWDD – Incident Management Unit: This report is completed by one designated staff (every witness does not complete this report). The designated staff must call:**
  - **Working hours - Incident Management Unit (IMU) Compliance Officer, or, if unable to reach them, call the Incident Management Unit main number at (518) 473-7032**
  - **Off hours : 1-888-479-6763 off hours (a voice mail may be left unless the situation is egregious or very sensitive)**

(9) ***Significant incident*** shall mean an incident, other than an incident of abuse or neglect, that 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 and shall include but shall not be limited to:

(i) ***conduct between persons receiving services that would constitute abuse*** as described in numbers (1) through (7) above if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity; or

(ii) ***conduct on the part of a custodian, that is inconsistent with the individual's plan of services,*** 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:

(A) ***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 he or she cannot, leave at will. OPWDD prohibits the use of seclusion;

(B) ***unauthorized use of time-out,*** which (for the purposes of this clause only) 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;

(C) except as provided for in paragraph (7) above, 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 clause, "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 person receiving services; and

(D) ***inappropriate use of restraints,*** which shall mean the use of a restraint when the technique that is used, the amount of force that is used or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices and/or applicable federal or state laws, regulations or policies. For the purposes of this subdivision, 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; or

(iii) ***missing person*** which shall mean the unexpected absence of an individual receiving services that is based on the person's history and current condition exposes him or her to risk of injury; or

(iv) ***choking, with known risk*** which shall mean partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk; or

(v) ***self-abusive behavior, with injury,*** which shall mean a self inflicted injury to an individual receiving services that requires medical care beyond first aid.

Reportable Incidents – Significant Incidents (#9 above) MUST be reported to:

- **Justice Center: EVERY direct witness and the first-line supervisor must report. This report may be completed one of two ways:**
  - **By phone: Call 1-855-373-2122 (*be sure to document the JC Identifier #*), or**
  - **Electronically: https://vpcr.justicecenter.ny.gov/wi**

Refer to Handout #1 (See Handouts in the back of Manual):

- **OPWDD – Incident Management Unit: This report is completed by one designated staff member (every witness does not complete this report as above). Designated staff may call or complete this notification electronically as identified below:**
  - **Working hours – your assigned Incident Management Unit (IMU) Compliance Officer, or, if unable to reach him/her, call the Incident Management Unit main number at 518-473-7032**
  - **Off hours: report to the OPWDD on-call Compliance Officer at 1-888-479-6763 (a voice mail may be left unless the situation is egregious or very sensitive)**
  - **Electronic notification to: OPWDD.Incident.Notifications@opwdd.ny.gov**

Serious Notable Occurrences

Serious notable occurrences must be reported to OPWDD IMU. Minor notable occurrences do not require immediate notification to OPWDD. Follow your agencies process for reporting minor notable occurrences. Minor and serious notable occurrences are defined and categorized as follows:

1. *Injury*
   i. ***Minor notable occurrence.*** Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, which results in an individual requiring medical or dental treatment by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid.

ii. ***Serious notable occurrence.*** Any injury that results in the admission of a person to a hospital for treatment or observation because of injury.

NOTE: an injury due to self-injurious behavior which requires medical care beyond first aid is a "reportable incident"

2. ***Unauthorized Absence.*** The unexpected or unauthorized absence of a person after formal search procedures has been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc. shall determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of the person or others. Any unauthorized absence event is considered a serious notable occurrence.

3. ***Death.*** The death of any person receiving services, regardless of the cause of death, is a serious notable occurrence. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that occur under the auspices of an agency. Death that also meets the definition of a reportable incident shall be reported both as the reportable incident AND as a notable occurrence.

4. ***Choking, with no known risk.*** For the purposes of this paragraph, partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a *reportable choking, with known risk,* incident. Any choking with no known risk event is considered a serious notable occurrence.

5. ***Theft and Financial Exploitation***

   i. ***Minor notable occurrence.*** Any suspected theft of a service recipient's personal (including personal or belongings) or financial exploitation, involving values of more than $15.00 and less than or equal to $100.00, that does not involve a credit, debit, or public benefit card, and that is an isolated event.

   ii. ***Serious notable occurrence.*** Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than $100.00; theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.

6. ***Sensitive Situations.*** Those situations involving a person receiving services that do not fall into any of the previously defined categories which may be of a delicate nature to the agency, and which are reported to ensure awareness of the circumstances. Sensitive situations shall be defined in agency policies and procedures, and shall include, but not be limited to, possible criminal acts committed by an individual receiving services. Sensitive situations are serious notable occurrences.

7. ***ICF Violations.*** Events and situations concerning residents of Intermediate Care Facilities (ICFs) that are identified as violations in federal regulation applicable to ICFs and do not meet the definitions of reportable incidents or notable occurrences described above.

Serious Notable Occurrences MUST be reported to OPWDD – IMU:

Refer to Handout #1 (See Handouts in the back of Manual):

OPWDD – Incident Management Unit: This report is completed by one designated staff member (every witness does not complete this report as above). Designated staff may call or complete this notification electronically as identified below:

- **Working hours – your assigned Incident Management Unit (IMU) Compliance Officer, or, if unable to reach him/her, call the Incident Management Unit main number at 518-473-7032**
- **Off hours: report to the OPWDD on-call Compliance Officer at 1-888-479-6763 (a voice mail may be left unless the situation is egregious or very sensitive)**
- **Electronic notification to: OPWDD.Incident.Notifications@opwdd.ny.gov**

Notable Occurrences ARE NOT reported to the Justice Center.

Reporting Deaths

Special considerations for reporting deaths:

Deaths of individuals who received services operated or certified by OPWDD at the time of death or within 30 days of the death must be reported to the Justice Center. Reporting is required for both deaths that are under the auspices of the agency and deaths that are not under the auspices of the agency.

The Justice Center requires that deaths be reported to the (VPCR) Death Reporting Line at 1-855-373-2124, which is a distinct reporting line and is separate from the VPCR Hotline to report abuse, neglect, and significant incidents. Only the agency Director, or his or her designee, is authorized to report deaths to the Justice Center.

- All deaths must also be reported to OPWDD as serious notable occurrences.
- An employee who becomes aware of a death should immediately report the death to his/her supervisor.
- **In addition, if the death is related to a reportable incident (examples include but are not limited to allegations of abuse/neglect or choking with known risk), it must be reported to the Justice Center VPCR Hotline** (or the Incident Submittal Web Form must be submitted) following all reporting requirements for the appropriate Reportable Incident category.

REMEMBER

If you witness or discover a reportable incident, possible abuse/neglect, or notable occurrence, <u>you are expected</u> to take the following actions:

- **IMMEDIATELY INTERVENE to stop the abuse (if applicable)**
- **PROTECT the individual from further harm and get medical help if needed**
- **IMMEDIATELY REPORT the incident to your supervisor**
- **If the person you suspect of abuse is your supervisor, you should immediately report the abuse to his/her supervisor, the Executive Office of your agency. After hours, you may report to your Administrator on Duty (AOD) or Executive designee.**

- **If it is a Reportable Incident in a State Operated program or Voluntary certified program, you MUST report to the Justice Center and OPWDD IMU. Voluntary Operated non-certified services must report to OPDD IMU only.**

- **If it is a Serious Notable Occurrence, it must be reported to the OPWDD IMU as described above – this is completed by one designated staff, not all witnesses**

- **Remember that Notable Occurrences are NOT reported to the Justice Center**

- **Reporting must be timely. Events that require immediate notification MUST be completed as soon as practicable. Even if your shift ends, if you are required to notify the Justice Center**

- **Be honest and truthful when reporting**

- **Maintain information confidentiality**

- **Cooperate fully with investigations**

- **Work to repair damaged relationships with individuals following an incident**

- **Remember that failure to take action may in and of itself be considered abuse**

Unit 4 – Notification of Incidents and Information Sharing

Notification requirements have been established to assure that the appropriate people are notified when an incident occurs. Reporting requirements are tied to the level and type of incident or situation. Notification requirements and guidance regarding responsible personnel are available and well documented on the OPWDD website on the Incident Management webpage at the link below:

http://www.opwdd.ny.gov/opwdd_resources/incident_management/justice_center

Information Sharing and Confidentiality

OPWDD takes its responsibility to support staff that follow policies and procedures very seriously. It is expected that staff will be honest and accurate when providing information within the context of an investigation. It is important also, that staff avoid breaching confidentiality by refraining from discussing the incident with co-workers, friends or people outside of work. Even a casual mention in a text message, in the parking lot, at a restaurant, or on Facebook or other social media, must be avoided.

Jonathan's Law was put into place to govern the way in which information and reports of investigations are shared, and with whom. You may be asked for information by family members or advocates about the investigation progress or your involvement. You should refer the person requesting information to your supervisor so that only the appropriate people share information with those with a right to know.

Notification Process Overview

Once an incident has been reported, the process for notifying the appropriate people who need to know comes into play. Depending on your job responsibilities, you may have a role in making notifications beyond your supervisor**. EVERY WITNESS, as well as the first-line supervisor, to a reportable incident is REQUIRED to report to the Justice Center. This needs to be done AS SOON AS PRACTICABLE.** All calls to the Justice Center are recorded. ONE person (typically a supervisor) must report to the OPWDD Incident Management Unit. Additional persons that may need to be reported include:

- Family/Guardian/Advocate
- DDSOO/DDRO Director/Designee
- Local Law Enforcement
- Medicaid Service Coordinator (MSC)
- Willowbrook Consumer Advisory Board (CAB)
- Willowbrook Litigation Support
- Mental Hygiene Legal Service (MHLS)
- Board of Visitors
- Coroner/Medical Examiner

Unit 5 – Intermediate Care Facility (ICF) Requirements

Intermediate Care Facilities

An ICF is an institution for persons with developmental disabilities that:

1. Is primarily for the diagnosis, treatment, or rehabilitation of the developmentally disabled persons or persons with related conditions; and

2. Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his or her greatest ability.

There are special requirements that must be considered for individuals residing in an ICF. In particular, an ICF must comply with the requirements of Section 1150B of the Social Security Act, and ensure that the requirements found in Part 483 regarding incidents and allegations are adhered to.

Section 1150B of the Social Security Act (Reporting to Law Enforcement of Crimes Occurring in Federally Funded Long-Term Care Facilities):

Section 1150 B of the Social Security Act established by section 6703(b) (3) of the Patient Protection and Affordable Act of 2010 **(Elder Justice Act)** requires reporting of any reasonable suspicion of crimes committed against any resident living in a residential facility. The Centers for Medicare and Medicaid services issued a survey and certification memo on June 17, 2011 and revised on January 20, 2012 entitled "Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility (LTC): section 1150B of the Social Security Act."

Each employee is individually responsible to report the reasonable suspicion of a crime against a resident. Employees who fail to report are subject to a civil penalty and exclusion from participating in any Federal health care program.

Reports of the reasonable suspicion of a crime against a resident of an ICF must be made in accordance with your agency policy.

The agency which operates the ICF may not retaliate against any employee who lawfully reports the reasonable suspicion of a crime against a resident as provided in Section 1150B of the Social Security Act.

The agency may not discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee, in terms and conditions of employment because of lawful acts done by the employee for making a report, causing a report to be made, or for taking steps in furtherance of making a report pursuant to the Act.

The agency may not file a complaint or report against a nurse or other employee with the appropriate state professional disciplinary agency because of lawful acts done by the employee for making a report, causing a report to be made, or for taking steps in furtherance of making a report pursuant to the Act

An employee may file a complaint with the New York State Department of Health against this facility if this facility retaliates against an employee who has lawfully reported the suspicion of a crime against a resident. To file a complaint for programs surveyed by the Department of Health, you may call the New York State Department of Health's Centralized Complaint Intake Hotline at 1-888-201-4563.

Requirements of 42 CFR 483 regarding abuse and incident management:

ICF federal regulations in 42 CFR 483.420 specify that an ICF "must ensure that all allegations of mistreatment, neglect, and abuse, as well as injuries of unknown source, are reported immediately to the administrator or other officials in accordance with State law through established procedures", and that the agency "must have evidence that all alleged violations are thoroughly investigated." The use of the term "violation" in this context refers to allegations of mistreatment, neglect, and abuse, as well as injuries of unknown source.

ICFs must comply with the federal regulations in Part 483 and state regulations in Part 624. ICFs meet the state and federal incident management requirements by complying with Part 624, including provisions in Part 624 that reference additional federal requirements that the ICFs must also comply with.

Incidents of abuse, neglect, and mistreatment that occur under the auspices of an ICF are to be categorized, reported, and managed as reportable abuse, neglect, and significant incidents in accordance with Part 624. Notable occurrences in ICFs must also be reported in accordance with Part 624. An "***ICF Violation***" is a special type of serious notable occurrence that is reported when an event or situation identified in the federal ICF regulations (such as an injury of unknown source) does not meet the definition of a reportable incident or any other type of notable occurrence in Part 624.

Some events and situations (including abuse or neglect) that involve ICF residents, but do not occur under the auspices of the ICF, may be managed in accordance with Part 625; however, these events and situations must be reported and thoroughly investigated in accordance with federal regulations that are more stringent than those in Part 625.

Unit 6 – Part 625

Part 625 – Events and Situations that are not under the auspices of an agency

Say:

OPWDD supports individuals to live the richest, most independent lives possible. This means supporting people to engage in activities of their choosing at work, in the community, with their friends and family, etc.

Part 625 is a new regulation which directs how OPWDD will intervene in events or situations which are NOT "under the auspices" of an agency. "Not under the auspices" basically means that the individual receiving services is not directly under the supervision of agency staff at the time of the event.

Definitions for Part 625 are different from those found in Part 624. Additionally, there are different requirements for responding to a Part 625 event.

Part 625 requires that if an agency becomes aware of an event or situation that occurred in a facility or service setting subject to the oversight of another State Agency (e.g., school, hospital, doctor's office) the agency must notify the management of the facility or service setting.

If the event or situation occurred in a facility or program in the OPWDD system, the agency must notify the agency operating the facility or program. **IMPORTANT – if the facility or program is certified or operated by OPWDD, any employee who becomes aware of a reportable incident must also report the incident to the Justice Center.**

Per Part 625, the agency shall intervene in an event or situation that meets the definition of physical, sexual, or emotional abuse; active, passive, or self neglect; or financial exploitation by taking actions to protect the involved individual with developmental disabilities. Such actions, as appropriate, may include but are not limited to the following:

1. notifying an appropriate party that may be in a position to address the event or situation (e.g. Statewide Central Register of Child Abuse and Maltreatment, Adult Protective Services, law enforcement officials, family members, school, hospital, or the Office of Professional Discipline);

2. offering to make referrals to appropriate service providers, clinicians, State agencies, or any other appropriate parties;

3. interviewing the involved individual and/or witnesses;

4. assessing and monitoring the individual;

5. reviewing records and other relevant documentation; and

6. educating the individual about his or her choices and options concerning the matter.

Refer to Handout #3 (See Handouts in the back of Manual):

Part 625 events or situations are reported to OPWDD via IRMA within 24 hours, or by the close of the next business day, of occurrence or discovery of the event or situation. This initial information will include actions taken by the agency, including protections. Updates will be made in IRMA on a monthly basis until the situation is resolved. OPWDD has the right to investigate such events and situations, and make recommendations to the agency.

Unit 7 – Glossary

1. **"Allegation of Abuse or Neglect"** for purposes of Part 624 shall mean the implication that abuse or neglect of a person may have occurred, based upon the report of a witness, upon a person's own account, or upon physical evidence of probable abuse or neglect.

2. **"Auspices, Under the"** for purposes of Part 624 and Part 625, an event or situation in which the agency or family care provider is providing services to a person. The event or situation can occur whether or not the person is physically at a site owned, leased, or operated by the agency or family care provider. Events or situations that are under the auspices of the agency or family care provider include but are not limited to:

    a. An event or situation in which agency personnel (staff, interns, contractors, consultants, and/or volunteers) or a family care provider (or respite/substitute provider) are or should have been, physically present and providing services at that point in time.

    b. Any situation involving physical conditions at the site provided by the agency or family care home, even in the absence of agency personnel or the family care provider.

    c. The death of an individual that occurred while the individual was receiving services or that was caused by or resulted from a reportable incident or notable occurrence defined in sections 624.3 and 624.4 of this Title.

    d. Notwithstanding any other requirement in this subdivision, the death of an individual receiving services who lives in a residential facility operated or certified by OPWDD, including a family care home, is always under the auspices of the agency. The death is also under the auspices of the agency if the death occurred up to 30 days after the discharge of the individual from the residential facility (unless the person was admitted to a different residential facility in the OPWDD system). (NOTE: this does not include free-standing respite facilities.)

    e. Related to reportable incident and notable occurrences as defined in sections 624.3 and 624.4 of this Part, any event that directly involves or may have involved agency personnel or a family care provider (or respite/substitute

provider) or someone who lives in the home of the family care provider.

Events that are NOT under the auspices of an agency include:

(i) Any event or situation that directly involves or may have involved agency personnel or a family care provider (or respite/substitute provider) during the time he or she was acting under the supervision of a State agency other than OPWDD (e.g. an agency employee has a second job at a hospital and an incident occurred while he or she was providing care to an individual receiving services during the individual's hospitalization).

(ii) Any event or situation that exclusively involves the family, friends, employers, or co-workers of an individual receiving services, whether or not in the presence of agency personnel or a family care provider or at a certified site.

(iii) Any event or situation that occurs in the context of the provision of services that are subject to the oversight of a State agency other than OPWDD (e.g. special education, article 28 clinic, hospital, physician's office), whether or not in the presence of agency personnel or a family care provider.

(iv) Any allegation of neglect that is based on conditions in a private home (excluding a family care home).

(v) The death of an individual who received OPWDD operated, certified, or funded services, except deaths that occurred under the auspices of an agency above.

3. **"Custodian"** means a party that meets one of the following criteria:

   a. A director, operator, employee or volunteer of an agency; or

   b. A consultant or an employee or volunteer of a corporation, partnership, organization or governmental entity that provides goods or services to an agency pursuant to contract or other arrangement that permits such party to have regular and substantial contact with individuals receiving services; or

   c. A family care provider; or

   d. A family care respite/substitute provider.

4. **"Intentionally"** shall have the same meaning as provided in subdivision one of section

15.05 of the penal law which states: "A person acts intentionally with respect to a result or to conduct described by a statute defining an offense when his conscious objective is to cause such result or to engage in such conduct."

5. **"Justice Center for the Protection of People with Special Needs (Justice Center)"** shall mean an entity established by Article 20 of the Executive Law for the protection of people who are vulnerable because of their reliance on professional caregivers to help them overcome physical, cognitive and other challenges. The Justice Center contains the Vulnerable Persons' Central Register (VPCR) as established by Article 11 of the Social Services law and receives requests for criminal history record checks pursuant to section 16.33 of the Mental Hygiene Law.

6. "**Physical injury**" **and** "**impairment of physical condition**" shall mean any confirmed harm, hurt or damage resulting in a significant worsening or diminution of an individual's physical condition.

7. **"Recklessly"** shall have the same meaning as provided in subdivision three of section 15.05 of the penal law, which states: "A person acts recklessly with respect to a result or to a circumstance described by a statute defining an offense when he is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregard thereof constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation.

Handouts #1-5:

Handout #1: OPWDD 147 (Rev. 6/2013)

Handout #2: OPWDD 147 Completion Instructions (Rev. 6/2013)

Handout #3: OPWDD 150 (8/2013)

Handout #4: OPWDD 150 Completion Instructions (8/2013)

Handout #5: PRAISE Evaluation Form

Form OPWDD 147 (Revised 6/2013)
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.

State of New York
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

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

MO.	DAY	YR.	HR.	MIN.	1☐ AM 2☐ PM

15. DATE AND TIME INCIDENT OCCURRED *(if known)*

MO.	DAY	YR.	HR.	MIN	1☐ AM 2☐ PM

16. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: _____

17. NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT:_____

18. PRELIMINARY CLASSIFICATION (X ONE)

In addition to other required notifications **REPORTABLE INCIDENTS** **must** be reported to the Justice Center if the program is certified or operated by OPWDD

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

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 ☐ Other mistreatment
7 ☐ Missing Person
8 ☐ Choking, with known risk
9 ☐ Self-abusive behavior with injury

NOTABLE OCCURRENCES

Serious Notable Occurrences
1 ☐ Injury
2 ☐ Unauthorized absence
3 ☐ Death
4 ☐ Choking, with no known risk
5 ☐ Theft/Financial Exploitation
6 ☐ Sensitive Situation
7 ☐ ICF violations

Minor Notable Occurrences
1 ☐ Injury
2 ☐ Theft/Financial Exploitation

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)

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 *(of person listed in #9 above, if different than #4 and #5)*

24. TYPE OF RESIDENCE
1 ☐ SOIRA 2 ☐ VOIRA 3 ☐ SOICF 4 ☐ VOICF 5 ☐ FC 6 ☐ DC 7 ☐ CR 8 ☐ Other: (*Specify)* _____

25. PRINT NAME OF PARTY COMPLETING ITEMS 1-24	TITLE	DATE
26. PRINT NAME OF PARTY REVIEWING ITEMS 1-25	TITLE	DATE

27. NOTIFICATIONS *(as appropriate)*

CONTACT	**DATE**	**TIME**	**PERSON CONTACTED**	**REPORTED BY**	**METHOD**
OPWDD IMU *(applies to all providers)*					
DDSOO Director/Agency CEO or Designee					
Family/Guardian/Advocate Notification					
Service Coordinator/Case Manager					
QIDP (*for ICF Resident*)					
Willowbrook CAB (Consumer Adv. Bd.)					
Willowbrook Attorneys (*if applicable*)					
OPWDD Willowbrook Liaison					
MHLS (Mental Hygiene Legal Service)					
Board of Visitors (*if applicable*)					
Coroner/Medical Examiner					
Other					
Other					
Other					
Other					

28. ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL'S SAFETY *(Use this section to explain any additions or modifications to immediate protections, item 21, or to add additional information.)*

29. PRINT NAME OF PARTY COMPLETING ITEM 28	TITLE	DATE

INSTRUCTIONS FOR COMPLETING FORM OPWDD 147
(Revised 08/2013)

Use of Form OPWDD 147: All agencies **may** use Form OPWDD 147 to report reportable incidents, serious notable occurrences and minor notable occurrences classified as theft/financial exploitation as defined in Part 624. Incidents must be entered into the Incident Report and Management Application (IRMA) within 24 hours or by the close of the following business day.

All agencies **must** use Form OPWDD 147 to report minor notable occurrences classified as injury as defined in Part 624 **unless** they are entered into IRMA. In the case of a voluntary provider, this is at the discretion of the agency.

Intent of the Form: Form OPWDD 147 is intended to be used specifically for the purpose of identifying and recording that an event which must be reported in conformance with Part 624 has occurred. However, the OPWDD 147 is only required when the incident is classified as a minor notable injury and is not recorded in IRMA. For reportable incidents, serious notable occurrences and minor notable occurrences classified as theft/financial exploitation, entry into IRMA **must** be completed. It is not intended to capture information collected subsequent to the identification of the event. (e.g. investigation reports, medical reports or findings, standing committee review documentation, etc.).

Obtaining Form OPWDD 147: The form is available on the OPWDD website at www.opwdd.ny.gov. .

General Instructions for Completing Form OPWDD 147:

- Type or print legibly, using a dark colored ink that will reproduce when photocopied.
- Enter the complete names of agencies and facilities, as appropriate.
- The staff who may complete Form OPWDD 147 are to be designated in agency policy.
- Full names of persons receiving services and staff are to be used in completing Form OPWDD 147.
- Complete each line or box; if the requested information is not applicable, enter "N/A."
- It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.

Line-by-Line Instructions for Completing Form OPWDD 147

Item 1 – AGENCY COMPLETING THIS FORM:
Enter the name of the agency that is initiating the report (this is the agency under whose auspices the event occurred.).

Item 2 – FACILITY:
Enter the name of the facility where the event occurred or is alleged to have occurred. For family care homes, the sponsoring agency is to enter the name(s) of the certified provider(s). Enter N/A if the location is a non-certified site.

Item 3 – PROGRAM TYPE:
Specify the type of facility identified in Item 2 by the following classifications (the initials may be used):

- Supervised Individualized Residential Alternative (IRA - Supervised)
- Supportive Individualized Residential Alternative (IRA - Supportive)
- Intermediate Care Facility (other than a DC) (ICF)
- Developmental Center (DC)
- Small Residential Unit (SRU)
- Family Care (FC)
- Supervised Community Residence (CR - Supervised)
- Supportive Community Residence (CR - Supportive)
- Free Standing Respite (FSR)
- Residential School (RS)
- Day Habilitation Site (DH)
- Day Treatment (DTX)
- Day Training (DT)
- Clinic (C)
- If none of the above, specify

If the site is a non-certified location, be as specific as possible.

Item 4 –ADDRESS:
Enter the complete address of the facility or non-certified location identified in Item 2.

Item 5 – PHONE:
Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

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. It would be beneficial if the numbering system enabled the agency to distinguish between those incidents that occur in a facility and those that occur at a non-certified location. If there is more than one person receiving services involved in the reported event requiring the filing of more than one report (when there are different classifications), the same incident number is to be specified on each report.

Item 8 – WAS AN OPWDD 147 PREVIOUSLY SUBMITTED? Indicate if an OPWDD 147 was previously submitted regarding the incident.

Item 9 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST): Enter the full name of the person receiving services to which the incident occurred 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 medications 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 subsequent to 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.). The next item records the date and time the event occurred. 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 would be entered here.

Item 16 – NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT:
The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. 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 TIME OF INCIDENT:
The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. 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 if the program is certified or 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.

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 incident or it should be a verbatim description provided by a person who observed and/or discovered the incident/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 incident. The full names of all persons receiving services, staff, and others who are involved in the incident must be listed. *DO NOT USE INITIALS.* When providing the "who" information, be sure to include the names and title (or other 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 concerning the event or situation. The report shall be made as soon as practicable, but in no 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 incident

was reported to the Justice Center by checking the appropriate box. Enter the date and time that law enforcement and/or the Justice Center was notified, the name of the law enforcement official who was contacted 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 (e.g. 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. For people in family care, the family care provider's name must be included. 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 designated, 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. However, distribution of this form is not to be delayed pending this entry.

Item 27 – NOTIFICATIONS:
Various notifications are required following an incident. 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 party notified, name of the party (staff) making the notification, and the method of notification (e.g. phone, fax, etc.) on the OPWDD 147 form. Although not specifically listed, additional notifications may be required for incidents and abuse involving Willowbrook Class Members in certain circumstances. OPWDD recognizes 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, title, and to enter the date that Item 28 was completed.

Form OPWDD 150 (rev. 8/2013)
For additional guidance in completing this form please see line by line instructions

State of New York
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. REPORTING AGENCY		**REPORTING FORM:** **14 NYCRR Part 625**
2. PROGRAM TYPE	3. PROGRAM ADDRESS	
4. ADDRESS WHEN EVENT/SITUATION OCCURRED		
5. PHONE ( )	6. EVENT/SITUATION REFERENCE NUMBER	7. PERSON COMPLETING REPORT

TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

8. NAME OF INVOLVED INDIVIDUAL (Last, First)	9. DATE OF BIRTH	10. GENDER 1 ☐ MALE 2 ☐ FEMALE	11. TABS I.D. *(if applicable)*

12. DATE & TIME EVENT/SITUATION WAS: 1 ☐ Observed 2 ☐ Discovered						13. DATE AND TIME EVENT/SITUATION OCCURRED (IF KNOWN):					
MO.	DAY	YR.	HR.	MIN.	1 ☐ AM 2 ☐ PM	MO.	DAY	YR.	HR.	MIN	1 ☐ AM 2 ☐ PM

14. PRELIMINARY CLASSIFICATION (X ONE)	15. REFERRALS *(as applicable)*	16. ACTION TAKEN
1 ☐ Active Neglect 2 ☐ Death 3 ☐ Emotional Abuse 4 ☐ Financial Exploitation 5 ☐ Passive Neglect 6 ☐ Physical Abuse 7 ☐ Self Neglect 8 ☐ Sexual Abuse 9 ☐ Other	1 ☐ Adult Protective Services 2 ☐ Family Members 3 ☐ Hospital 4 ☐ Law Enforcement 5 ☐ Office of Professional Discipline 6 ☐ School 7 ☐ Statewide Central Register of Child Abuse and Maltreatment	1 ☐ Assessing and monitoring the individual 2 ☐ Educating the individual about choices/options 3 ☐ Interview involved individuals and/or witnesses 4 ☐ Offering to make referral to appropriate service provider 5 ☐ Review records and other relevant documentation 6 ☐ Other

17. DESCRIPTION OF EVENT/SITUATION (Initial Findings in IRMA):

18. SUMMARY OF RESOLUTION OF EVENT/SITUATION (Conclusions in IRMA):

19. NOTIFICATIONS *Please list notifications made to address the event/situation (e.g. SCR, APS, law enforcement, family member).*
Note: the notifications are not required by Part 625 except as necessary to address the event/situation.

CONTACT	DATE	TIME	PERSON CONTACTED	REPORTED BY	METHOD

20. PRINT NAME OF PARTY COMPLETING FORM	TITLE	DATE

INSTRUCTIONS FOR COMPLETING FORM OPWDD 150 (08/2013)

Use of Form OPWDD 150: Agencies must enter Events/Situations as defined in Part 625 into the Incident Report and Management Application (IRMA). Agencies may choose to use the Form OPWDD 150 to record these Events/Situations internally.

Intent of the Form: Form OPWDD 150 is intended to be used specifically for the purpose of recording that an event which must be reported in conformance with Part 625 has occurred. It may be the first documentation of that event. For Events/Situations as defined in Part 625, the Event/Situation must be entered into IRMA.

Obtaining Form OPWDD 150: The form is available on the OPWDD website at www.opwdd.ny.gov.

General Instructions for Completing Form OPWDD 150:

- Type or print legibly, using a dark colored ink that will reproduce when photocopied.
- Enter the complete names of agencies and facilities, as appropriate.
- The staff who may complete Form OPWDD 150 are to be designated in agency policy.
- Full names of persons receiving services and others involved are to be used in completing Form OPWDD 150.
- Complete each line or box; if the requested information is not applicable, enter "N/A."
- It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.
- If an event or situation involves more than one person receiving services, and the description of the event/situation is the same concerning all persons, a single OPWDD 150 should be completed for the event or situation, and an Event/Situation created in IRMA. For statistical purposes, this is considered one event.

Line-by-Line Instructions for Completing Form OPWDD 150

Form OPWDD 150 may be completed by agencies for Events/Situations that happen to or involve people with developmental disabilities.

Item 1 – AGENCY COMPLETING THIS FORM:
Enter the name of the agency that is initiating the report (this is the agency which is responsible for taking appropriate steps).

Item 2 – PROGRAM TYPE:

- Non-certified Day Habilitation
- MSC
- PCSS
- SEMP
- Prevocational services
- HCBS waiver respite (except for free-standing respite)
- Hourly community habilitation
- Family support services

If the facility identified in Item 2 is State operated, also enter "SO." If the facility identified in Item 2 is voluntary operated, also enter "VO." For family care homes sponsored by a DDSO, use "SO." For family care homes sponsored by a voluntary agency, use "VO."

Item 3 – PROGRAM ADDRESS:
Enter the complete address of the non-certified location identified in Item 2

Item 4 – ADDRESS WHERE EVENT/SITUATION OCCURRED:
When entering into IRMA, this must be included in the DESCRIPTION OF EVENT/SITUATION

Item 5 – PHONE:
Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

Item 6 – EVENT/SITUATION REFERENCE NUMBER:
Each event/situation being reported will be assigned a reference number in IRMA.

Item 7-- PERSON COMPLETING REPORT:
Enter the name of the person completing the OPWDD 150

Item 8 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST):
Enter the full name of the person receiving to which the Event/Situation occurred by entering the last name and then the first name. Do not use nicknames.

Item 9 – DATE OF BIRTH:
Enter the date of birth of the person receiving services whose name appears in Item 8.

Item 10 – GENDER:
Check "M" for male or "F" for female for the person receiving services whose name appears in Item 8.

Item 11 – TABS ID:
Enter the TABS ID number.

Item 12 – DATE AND TIME EVENT/SITUATION 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 subsequent to 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.). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 12 and 13 would be the same.

Item 13 – DATE AND TIME EVENT/SITUATION 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 or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here.

Item 14 – PRELIMINARY CLASSIFICATION: Check one box which most closely describes the Event/Situation. Do not add a category not listed. Make the decision based on the definitions in Part 625. If the situation could be classified in more than one category the most serious category should be checked.

Item 15 – REFERRALS: Use this space to record any referrals made in response to the Event/Situation for the benefit of the person.

Item 16 – ACTION TAKEN Use this space to select actions taken to provide protection/safety of persons receiving services and any other additional information.

Item 17- DESCRIPTION OF THE EVENT/SITUATION: (*Note: To the extent possible, item 17 should be completed by the person who observed and/or discovered the incident/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/Situation. The full names of all persons with developmental disabilities and others who are involved in the Event/Situation must be listed, if known. *DO NOT USE INITIALS.* When providing the "who" information, be sure to include the names (or other 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 18 – SUMMARY OF RESOLUTION OF EVENT/SITUATION: (conclusions from IRMA)

Item 19 - NOTIFICATIONS: These fields should be used if notifications are made to address an event or situation. Notifications are required in some specific circumstances (e.g. mandated reporters are required to report suspected child abuse to the Statewide Central Register of Child Abuse and Maltreatment; incidents occurring under the auspices of a school or hospital are required by Part 625 to be reported to management of the school or hospital; deaths must be reported to the Justice Center Death Reporting Line). In other cases, notifications may be made as an element of the intervention (e.g. to family members, law enforcement, Adult Protective Services). Note that the requirements for notifications in Part

624 do NOT apply to events/situations reported in Part 625 (e.g. “Jonathan’s Law” notifications, MHLS notifications). See Sections 625.3 and 625.5 for more specifics.

Item 20 – PRINT NAME OF PARTY COMPLETING FORM: Print the name of the party completing the form and with their Title and Date the form.

EVALUATION FORM

Promoting Relationships and Implementing Safe Environments (PRAISE)

(* Please note: Upon completion of the session, please send this form on to your local training office for record keeping purposes.)

PRAISE Presenter: _____ **Date:** _____

Location: _____

Please check a rating for each statement using the following rating scale: **5** = Strongly Agree **4** = Agree **3** = Neutral **2** = Disagree **1**= Strongly Disagree	**5**	**4**	**3**	**2**	**1**
The PRAISE session objectives were clearly explained.					
The session effectively met its stated objective.					
The materials helped me to understand the PRAISE subject matter.					
The session content increased my understanding of PRAISE.					
The subject matter will be useful to me in my job.					
The presenters were knowledgeable about the subject matter.					
The presentation style contributed positively to the PRAISE program.					
The training environment contributed positively to the program.					
The length of the session was appropriate.					

1. In your face-to-face group session, about how many were in attendance? _____ Less than 10
   ____ More than 10

2. Were you engaged in the dialogue around situations and scenarios discussed in the session?
   _____Yes
   _____ No

3. Did the presentation make room for comments and questions from the participants?
   _____Yes
   _____ No

(PRAISE, cont)

Location: _____
Date: _____

4. What were some positive points of this presentation?

_____

_____

5. What improvements could be made to this presentation?

_____

_____

6. What suggestion(s) do you have for future discussions and/or content that would be relevant to your work location and responsibilities?

_____

_____

Name: (Optional) _____

Thank you for your participation!

NYS Office For People With Developmental Disabilities
Putting People First

For further information, please check the OPWDD Website:
www.opwdd.ny.gov

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