

Vermont Office of Economic Opportunity Agency of Human Services

Critical Incident Reporting Requirements for Agencies serving the Permanent Supportive Housing Assistance Medicaid Benefit Program

**Revised Effective Date
January 31, 2025**

Introduction

This publication by the Office of Economic Opportunity (OEO) provides guidelines to assist direct service providers on critical incident reporting. If you have any questions on regarding critical incidents or submitting a Critical Incident Report, please contact:

Permanent Supportive Housing Program Manager:

molly.shriver-blake@vermont.gov

(802) 798 – 6481

What

A critical incident is any actual or alleged incident that can create a significant risk of harm to the health and/or welfare of an individual served/participant, staff, member(s) of the public, or may bring about adverse publicity. It may also have the potential to have a negative impact on the mental and/or physical well-being of all involved. See definitions of reportable critical incidents on page 4.

Why

Critical incident reporting is an essential part of maintaining collaborative communication between state government departments charged with oversight and the entities providing direct service to vulnerable populations.

Documenting, evaluating, and monitoring certain incidents ensures that the necessary people receive the information for review, and any required follow-up action. Such documentation also supports quality assurance and quality improvement projects. Aggregated data is used to inform policies and procedures and may be used in state reporting.

Critical incident reporting is required for all individuals served/patients served by agencies contracted to provide Medicaid PSHA assistance

The Office of Economic Opportunity may ask entities to review significant critical incidents that occur involving any individual served.

Critical Incident Reports can also be subject to public information requests. If a Critical Incident Report is requested and made public, all participants' personal identifying identifiable information shall be redacted prior to release.

How

This manual provides standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. The program providing services shall be responsible for submitting the Critical Incident Report to OEO and ensuring that all

relevant providers have been made aware of the event.

When

If media involvement is expected: The PSHA Program Manager must be notified of a critical incident by email or verbally upon the Agency becoming aware of the incident if media involvement is expected. This report should include any known information regarding the incident.

In the case of untimely or suspicious death or missing person: the PSHA program manager will be notified within one business day of the agency learning of the death (unless media involvement is expected).

For all other incidents: OEO must be notified of a critical incident by secure email or fax including all required components within **two business days**.

These Guidelines are subject to change *with* notice.

Required Information

Critical incident reports must include the following incident information:

Outpatient/Community Requirements
• Individual served name and date of birth • Incident date and time • Service provider organization name • Location of incident • Last date of service • Type of incident • Potential media involvement related to the incident • Persons who witnessed or who were involved in the incident • Description of the incident (identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident) • Immediate action(s) taken because of the incident • Whether any mandated reporting occurred • Any planned follow up in response to the incident • Persons and agencies notified (include when and how notified)

- Date and time of the initial verbal/email report to OEO
- Name and contact information of the person reporting the incident

Complete any Critical Incident Report in its entirety to allow for thorough review and proper data collection. OEO recommends providing a thorough description of the incident to ensure clear understanding.

Reportable Critical Incidents

Following the guidance of the National Quality Forum¹, OEO requires reports for incidents that are considered "unambiguous, largely preventable, and serious, as well as adverse, indicative of a problem in a healthcare setting's safety systems, or important for public credibility or public accountability."

"Serious" describes an event that can result in death, loss of a body part, disability, loss of bodily function, or require major intervention for correction (e.g., higher level of care, surgery).

"Injury" includes physical or mental damage that substantially limits one or more of the major life activities of an individual in the short term, which may become a disability if extended long term.

The following defined critical incidents must be reported to OEO:

Category: Potential Media Involvement

Any incident, marked by seriousness or severity, that is likely to result in attracting media attention, or lead to claims or legal action against the State or the reporting entity.

Category: Death

- Untimely or suspicious death
- Natural death of an individual served

OF an individual served

- All deaths **of an individual served** of an unknown or suspicious causation (including suicide deaths) must be reported
- Natural deaths of all individuals served must be reported

CAUSED BY an individual served/patient

- A death of person allegedly **caused by an individual served/patient** must be reported

¹ National Quality Forum (NQF), *Serious Reportable Events in Healthcare-2011 Update: A Consensus Report*, Washington, DC: NQF; 2011.

Category: Abuse, Neglect, or Exploitation

Any incident perpetrated by a paid staff/provider/intern/volunteer must be reported when the incident is inflicted on an individual served or in the presence of an individual served (this includes any unplanned use of restraint on a patient to mitigate self-harm or harm to others). Some examples of abuse, neglect, or exploitation include:

- Corporal punishment
- Isolation behind locked doors; apart from emergency protocols
- Psychological/verbal abuse by a staff member towards a patient
- Restriction of contact with family or significant others unless clinically indicated or legally prohibited
- Denial of basic physical needs
- Withholding funds as a punitive measure
- Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a patient's belongings or money without the patient's consent
- Economic, sexual, or other forms of exploitation

Category: Serious Criminal Activity/ Incarceration

- Any serious illegal act, alleged or suspected, must be reported, including any alleged act that results in incarceration expected to last over a month of a person enrolled in services
- Any circumstance indicating a Duty to Warn notification in line with [Duty to Warn](#) 18 V.S.A. § 1882

Category: Medical Emergency/Serious Injury

A serious or life-threatening medical event or injury to an individual served that requires immediate emergency evaluation or intervention by medical professional where death, loss of limb, or permanent impairment would likely result without evaluation and treatment.

- Include prescription medication error resulting in need for medical intervention

Category: Missing Person

An individual served who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports, or is enrolled in a residential program and has an unexplained absence

- An individual is considered "missing" if the person's housemate or support staff cannot locate them and there is reason to think that they may be lost or in danger and requests assistance in locating the individual or the individual has been identified as missing by law enforcement

Category: Suicide Attempt

Any suicide attempt, witnessed or reported, that presented a high risk of serious injury or death.

Category: Significant Aggression towards Provider

Participant to provider aggression that did or could have led to injury requiring medical attention.

Mandated Reporting

Filing a Critical Incident Report does NOT replace mandated reporting. Mandated reporting must be documented. Entities must make a report to Adult Protective Services Child Protection Services for incidents that meet the mandated reporting requirement.

How to Report Critical Incidents

For most incidents, OEO must be notified of a critical incident within **two business days using a full written report**, submitted electronically to the PSHA program manager.

When reporting an incident that is known or expected to involve media, the entity must complete the following two reports:

- Email or Verbal Report: Organizations must either call or email the PSHA program manager upon hearing of the incident. If the PSHA program manager is not available that day, the organization will reach out to the OEO Director.
- Written report: Organizations must provide a written report electronically within **two business days** of the incident.

Upon receipt, OEO will review the Critical Incident Report and follow up with the organization if any further information is needed.