REGULATORY AUTHORITY

The authority behind the submission of incident reports is as follows:

Administrative Rule of South Dakota 40:23.05 01: Critical incident reports – Submission to division. The CSP shall give valid notice of any critical incident involving a participant to the division or any other party within two calendar days of the incident. If the incident occurs at the participant’s home, the CSP must send the notice within two calendar days of the incident. If the incident occurs at an agency, the CSP must send the notice within two calendar days after the incident is made. A report must be submitted for the following:

(1) Death.
(2) Life-threatening illness or injury.
(3) Alleged instance of abuse, neglect, or exploitation against or by any participant.
(4) Change in health or behavior that may jeopardize continued services.
(5) Serious medication errors.
(6) Incident or injury related to death from natural or secondary accidents.
(7) Any illegal activity involving a participant.
(8) Any case of physical, sexual, or chemical intervention, and part of an reported.
(9) Any instance of injury resulting from the use of a physical, mechanical, or chemical intervention.
(10) Any diagnosed case of a reportable communicable disease involving a participant or.
(11) Any other critical incident as required by the division.

The report must contain a description of the incident, including what happened, when it happened, and who is involved. The report shall also include any actions taken by the CSP necessary to assist the participant or family and the efforts of others who have taken preventative measures taken by the CSP to reduce the likelihood of similar incidents, occurring in the future. The division may request further information or follow-up related to the critical incident.

The CSP shall notify the participant’s parent or the participant if the participant is under 18 years of age and the parent or guardian is present. The CSP shall also notify the parent or guardian in the event of a critical incident.

2014 CIRs

2014 Total Number of Incidents

- Total Population
- Total Incident Count
- Participants with CIRs
Quarterly CIR Data

Quarterly data on CIRs is broken down by CSP and sent out to each provider throughout the year.

Ensure incident dates are accurate and align with internal CSP incident reports/GERs.

Written report due 7 calendar days from the date reported to DDD.

CIR Dates

CIR Settings

Residential
Segregated Day
Supported Employment
School
Community
Vehicle
Home
Community Visit
Family Visit
Vehicle
Hospital
Other
Missing person applies when a participant is identified as being a danger to themselves or others.

Risk Factors: Others
Illegal Activity

- Completed only when police involvement has taken place
- Illegal Activity where staff intervened before police involvement occurred does not need to be reported under this category.

Illegal Activity in this section only pertains to the person the CIR is about allegedly committing the action, not a perpetrator committing the allegation against them as a victim.

Highly Restrictive Techniques

Highly Restrictive Procedures

- Physical Restriction: [Duration] [Length of Restriction]
- Chemical Restriction: [Blank] [Blank]
- Mechanical Restriction: [Blank] [Blank]
- Time-out Room: [Blank] [Blank]

Behavior Intervention Plan in place? [Yes/No]
Injury as a direct result of restraint? [Yes/No]

Altercations

Alleged Victim of Altercation

- Type: [Blank]
- Injury? [Yes/No]

Alleged Perpetrator

Alleged Perpetrator of Altercation

- Type of Assault: [Blank]
- Injury to Victim? [Yes/No]

Alleged Victim: [Blank]
Victim of Altercation

Abuse Neglect Exploitation

This section MUST be completed.

Suspected By should be the person to whom the allegation is against. **NOT** the person who discovered/reported it.
All allegations need to be reported to DSS, Law Enforcement or the State’s Attorney within 24 hours regardless of the entities’ working hours.

**2014 Abuse, Neglect and Exploitation Reporting**

<table>
<thead>
<tr>
<th>Year</th>
<th>Suspected Exploitation</th>
<th>Suspected Neglect</th>
<th>Suspected Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>73</td>
<td>139</td>
<td>200</td>
</tr>
</tbody>
</table>

**2014 Abuse Type**

- Psychological: 16
- Sexual: 52
- Verbal: 28
- Physical: 68
The Division is responsible for reporting to MFCU the following types of incidents when received as Critical Incident Reports:

- Allegations of ANE against staff
- Allegations of ANE between people supported as well as altercations between people supported
- All allegations of exploitation involving social media, texting, or photographs of a participant
- All unexplained injuries
- Any injury sustained as a result of physical restraint
- All Mortality reports where the person’s death is not anticipated
1. Does DSS contact law enforcement when an allegation of Abuse, Neglect, or Exploitation (ANE) is made?
2. Does DSS investigate allegations of ANE?
3. Does DSS work with law enforcement to investigate?
4. When can DSS remove a person from their home?
5. Will DSS contact families or CSPs with results of information?
6. Will DSS staff contact DDD staff to make sure that DDD is aware of an allegation?
7. Does DSS have any concerns with mandatory reporting of incidents?

Other Incidents

- Death
- Jeopardizing Services
- Increase in Behavior
- Communicable Disease
- Medication Error
### 2014 Other Incident Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in Behavioral Issues</td>
<td>18%</td>
</tr>
<tr>
<td>Jeopardizing Personal Safety</td>
<td>22%</td>
</tr>
<tr>
<td>Community Complaint</td>
<td>11%</td>
</tr>
<tr>
<td>Jeopardizing Services</td>
<td>8%</td>
</tr>
<tr>
<td>Medical Diagnosis</td>
<td>7%</td>
</tr>
<tr>
<td>Medication Error</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Use of Illegal Substances</td>
<td>2%</td>
</tr>
<tr>
<td>Vehicle Accident</td>
<td>1%</td>
</tr>
<tr>
<td>Victim of Fire</td>
<td>1%</td>
</tr>
<tr>
<td>Victim of Theft</td>
<td>1%</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

### SMART CIR Data

- **Case Factor**
  - Initial report to SCI not truly
  - Initial report to SCI not truly
  - Inadequate report to SCI
  - Inadequate report to SCI

- **Case Status**
  - Case is active
  - Case is active

- **Other Critical Events**
  - No investigation
  - No investigation

---

### SMART Element Overview

<table>
<thead>
<tr>
<th>Element</th>
<th>Total</th>
<th>Number Recalled</th>
<th>Final Predicted</th>
<th>Percent</th>
<th>Number Forecasted</th>
<th>Predicted Forecasted</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSIT/HCIT Certificate</td>
<td>321</td>
<td>12%</td>
<td>0</td>
<td>10.8%</td>
<td>13</td>
<td>0</td>
<td>10.8%</td>
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<td>0</td>
<td>10.8%</td>
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</table>

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**South Dakota SMART**
## ANE Reporting

### Causal Factor Summary: H&W

**From Review Date:** 01/01/2015 | **To:** 12/31/2015

**Selected Criteria**

<table>
<thead>
<tr>
<th>Causal Factor</th>
<th>Factor Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>We report to parent / guardian</td>
<td>6</td>
</tr>
<tr>
<td>Mandatory report - no report</td>
<td>2</td>
</tr>
<tr>
<td>Skin stripping</td>
<td>1</td>
</tr>
<tr>
<td>No verbal report to DMO</td>
<td>1</td>
</tr>
<tr>
<td>Verbal report to DMO not timely</td>
<td>3</td>
</tr>
<tr>
<td>We initiate report to DMO</td>
<td>2</td>
</tr>
<tr>
<td>Online report to DMO not timely</td>
<td>1</td>
</tr>
<tr>
<td>Online report to DMO not timely</td>
<td>1</td>
</tr>
<tr>
<td>Date 226</td>
<td>N/A: 199</td>
</tr>
<tr>
<td>Incorrect: 3</td>
<td>Factors: 6</td>
</tr>
</tbody>
</table>

## ANE Response

### Causal Factor Summary: H&W

**From Review Date:** 01/01/2015 | **To:** 12/31/2015

**Selected Criteria**

<table>
<thead>
<tr>
<th>ANE RESPONSE</th>
<th>Factor Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings - documentation incomplete</td>
<td>1</td>
</tr>
<tr>
<td>Findings - not documented</td>
<td>1</td>
</tr>
<tr>
<td>Proven below analysis not documented</td>
<td>1</td>
</tr>
<tr>
<td>Date 226</td>
<td>N/A: 199</td>
</tr>
<tr>
<td>Incorrect: 3</td>
<td>Factors: 6</td>
</tr>
</tbody>
</table>

## Other Critical Events

### Causal Factor Summary: H&W

**From Review Date:** 01/01/2015 | **To:** 12/31/2015

**Selected Criteria**

<table>
<thead>
<tr>
<th>OTHER CRITICAL EVENTS</th>
<th>Factor Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online report to DMO not timely</td>
<td>1</td>
</tr>
<tr>
<td>No verbal report to DMO</td>
<td>1</td>
</tr>
<tr>
<td>Verbal report to DMO not timely</td>
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</tr>
<tr>
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<td>N/A: 199</td>
</tr>
<tr>
<td>Incorrect: 3</td>
<td>Factors: 6</td>
</tr>
</tbody>
</table>
Ensure that the most appropriate category/categories is/are being selected in the Actions Taken section.

Utilize Other for Actions Taken only when no other category is closely aligned.

Additional Information should include all pertinent information, information on follow up that was completed, and include persons involved.

DDD Fields

CIR Annual Report

http://dhs.sd.gov/dd/Division/publications.aspx
There will be a brief survey sent to provider organizations inquiring about the utilization of the South Dakota CIR Annual Report.
2016 Webinar Series

The list of topics and presenters is still being developed. Topics are projected to include:

- Eligibility/Level of Care
- HCBS Settings Rule Transition Plan and Due Process
- SDDC Transitions and Consult Requests
- ICAP
- Using Data (SMART, NCI, CQL, POM, ICAP)
- Sharing Relationship Resources
- Working with People with Personality Disorders
- Supported Decision Making
- Money Follows the Person
- Medicaid Fraud
- Follow Up to Employment/VR Changes
- Working with People with Personality Disorders
- Supported Decision Making
- Money Follows the Person
- Medicaid Fraud
- Follow Up to Employment/VR Changes

Reminder: Webinars will likely continue to take place the second Tuesday of each month from 2-3p CST.

Please note that the webinar series dates, times, and topics are subject to change.
Please email Ashley with any suggestions for webinar topics.

Contact Information

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