

Complaints & Reportable Events Policy and Procedure

*Targeted Case Management & 1915(i) State Plan Amendment:
Intensive Behavioral Health Services for Children, Youth, and Families*

Submit the following information within seven days of the Reportable Event or as soon as possible thereafter if warranted. Additional instructions are provided on the last page.

Participant Information:

Participant Name: _____

Address: _____

County: _____ DOB: _____

MA#: _____ Gender: _____

Date time and place of alleged event(s): _____

Participant Service Level:

TCM I

TCM II

TCM III

1915i

Reporter Information:

Name of Person Completing this Report: _____

Title/Agency: _____

County: _____

Phone: _____ Email: _____

Date of Report Submission: _____

Section I- Complaints

Please describe the nature of the complaint in detail. Include the name and contact information of the complainant below.

Name of complainant: _____ **Contact Info:** _____

Section II- Reportable Events

Alleged Incidents of Abuse, Neglect, Exploitation (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Financial Exploitation |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Restraint |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Involuntary Seclusion |
| <input type="checkbox"/> Sexual Exploitation | |

Has the above alleged incident(s) been substantiated? Yes No Unsure

Other Major events

Including but not limited to any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Allegation of serious criminal activity | <input type="checkbox"/> Any unusual event that may attract media attention |
| <input type="checkbox"/> Victimization by serious criminal activity | <input type="checkbox"/> Any unusual event or circumstance that may subsequently involve legal claims or actions against the State |
| <input type="checkbox"/> Serious life threatening injury or illness | <input type="checkbox"/> Any other serious event affecting health or safety (please briefly describe): |
| <input type="checkbox"/> Death | |
| <input type="checkbox"/> Death of an immediate family member | |
| <input type="checkbox"/> Incarceration of an immediate family member | |
| <input type="checkbox"/> Critical missing person's report | |

Narrative Description of the Event

Include immediate actions taken to safeguard participant, if applicable, current status of the situation at time of report submission, any other important information that fully describes the event.

Contact Information sheet

Indicate all agency contact persons notified as a result this event.

AGENCY	Contact Name	Contact Date	Phone	Email	Comments
Child Protective Services					
Law Enforcement					
Parent/legal guardian					
BHA					
CSA/LBHA					
Other					

Section III- Changes in Living Arrangements

Please report all changes in living arrangements

1. Admission to RTC (name of facility & date):
2. Admission to Group Home, Group Residential Facility or Residential School (facility name & date):
3. Admission to juvenile detention or juvenile commitment facility (name of facility & date):
4. Any permanent change of living arrangement (describe new arrangements, reasons for the change & date):
5. Family or Individual Homelessness (any applicable description & date):

Details of Change of Living Arrangement:

Describe findings, actions taken, interventions, follow-up and any corrective action requirements put in place. Care coordinator supervisor should make a determination if the response to the event has been adequate to protect the health and safety of the individual and whether the plan of care needs to change as a result.

To be completed by State and Local Oversight Bodies only:

CSA/LBHA review needed: Yes No CSA/LBHA staff assigned: _____

Assignment date: _____ Review date: _____ Case Closure Date: _____

BHA review needed: Yes No BHA staff assigned _____

Assignment date: _____ Review date: _____ Case Closure Date: _____

Notes:

Instructions and procedures:

1. All CCOs are required to report events covered by this policy within seven days of their occurrence (or as soon as possible thereafter if warranted) to state or local behavioral health authorities, BHA and any agency required by law. In some cases, the CCO may not become aware of an event until after seven days have passed since its occurrence and in these circumstances, it is still required to report the event and take necessary steps promptly after it is found.
2. This reporting requirement does not in any way offset or obviate the requirement of Maryland State law to report all suspected incidents of child abuse and/or neglect to the Child Protective Service agency and/or law enforcement authorities.
3. CCOs shall make all required reporting of events and seek to take immediate action to protect the well-being of the individual if necessary.
4. CCOs shall take such steps to remedy the circumstance that led to the event and to prevent its recurrence and shall document these steps through the use of this form.
5. State or local behavioral health authorities and/or BHA may select certain reported events for further review and follow-up. In cases where further review is required, the review must be completed within 30 days, by which time the case must be closed with written disposition.

Adapted from HCBS 1915(c) waiver RE policy