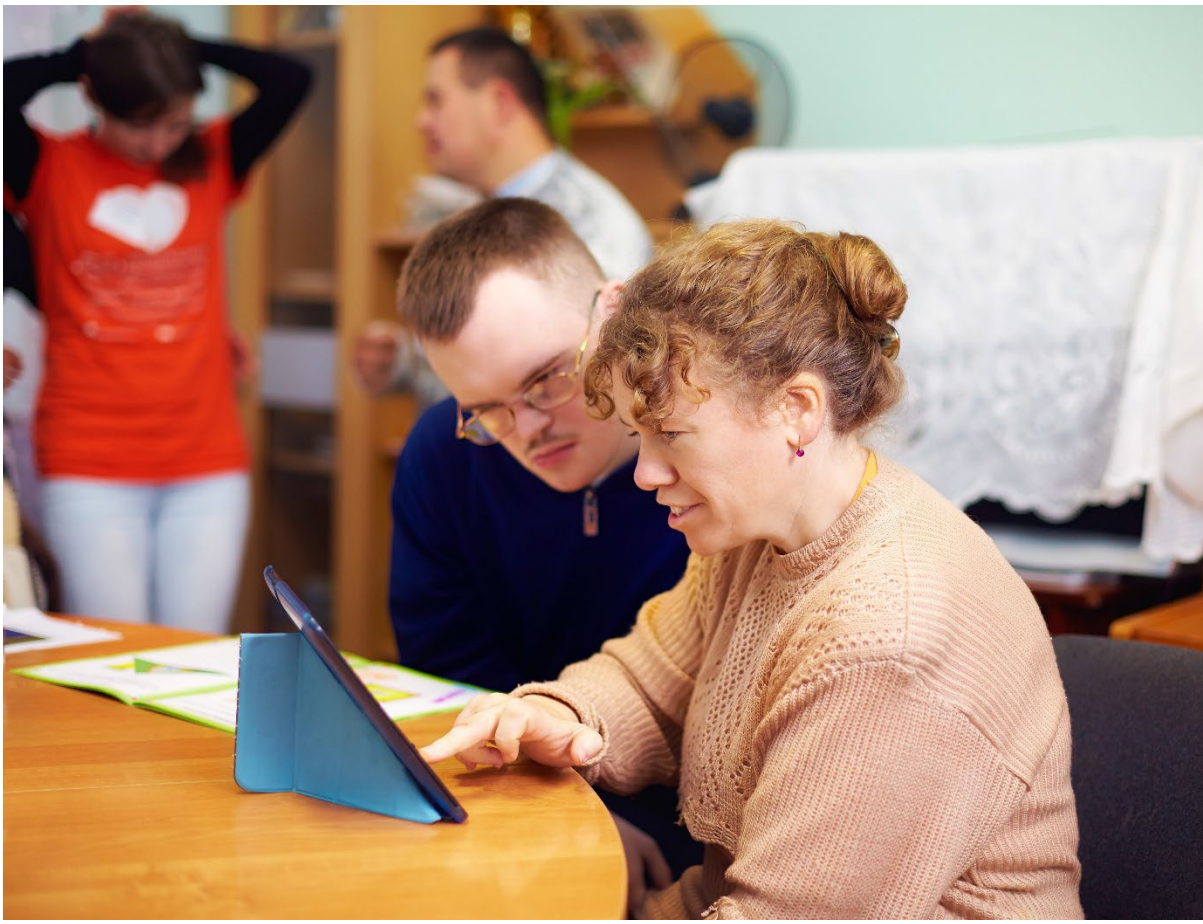
Regional Center Guidelines for Special Incidents Pursuant to Title 17

Summer 2025



Department of Developmental Services

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SECTION 1: INTRODUCTION

Title 17 of the California Code of Regulations requires vendors, long-term health care facilities, and regional centers to report specific adverse events or 'special incidents' to the regional center and the California Department of Developmental Services (Department), respectively.[1] Reporting of these special incidents is an essential risk mitigation tool to proactively address adverse events occurring to an individual served. The occurrence of special incidents may indicate a change in the individual's condition or a need for modification in the services and supports the individual receives. Data analysis of the special incidents over a period of time may identify a trend and prompt implementation of strategies to prevent the recurrence of the trending series of incidents to improve outcomes for the individual.

Special incident data is also analyzed in the aggregate, beyond the experience of the individual served, to identify areas of risk impacting the large population of individuals served. For example, special incident analysis occurs across a vendor organization serving a group of individuals, across regional centers and statewide. These data are used to develop and implement population-wide risk mitigation strategies, and to evaluate the impact of those risk reduction initiatives.

To facilitate data analysis, it is essential that special incident reporting is consistent across vendors and regional centers. This guidance is offered to harmonize reporting practices by vendors, long-term health care facilities, and regional centers. These guidelines were based upon the 2006 Reporting Alignment Project, developed by ARCA, and updated in accordance with the 2025 revisions to the Title 17 Special Incident reporting regulations.

SECTION 2: DEFINITION OF TERMS

Title 17, Section 54327(a) provides definitions for most of the terms used in the subsequent regulations, most notably those for special incidents that must be reported by vendors, long-term health care facilities, and regional centers. Definitions are provided below in the relevant section where the term is first used.

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[1] Vendors and long-term health care facilities are required to report special incidents to the vendoring regional center within 24 hours of learning of the incident and to file a written report within 48 hours.
Regional centers are required to report special incidents to the Department of Developmental Services within 2 business days.

The following definitions are of general terms used throughout the subsequent sections.

2.1 TITLE 17, SECTION 54327(a)

(a) Definitions: The following definitions apply to sections 54327 through 54327.2.

(14) "Individual Served" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code Section 4512, and of Title 17, Sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility.

2.2 PROTOCOL

1. For purposes of reporting, the following terms are defined in Title 17, Section 54302(a):

   (44) "Long-Term Health Care Facility" means an Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N).

   (74) "Vendor" means an applicant which has been given a vendor-identification number and has completed the vendorization process, and includes those specified in Sections 54310(d), and (e).

2. For purpose of reporting, the following terms are defined in Title 17, Section 56002:

   (15) "Facility" means a licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6); or a licensed residential care facility for the elderly as defined in Health and Safety Code Section 1569.2(k), which has been vendorized as a residential facility by a regional center pursuant to the requirements of Title 17, California Code of Regulations, Division 2, Chapter 3, Subchapter 2.

3. Congregate living health facilities are included within the definition of long-term health care facilities. See Health and Safety Code Section 1250(i)(l).

4. Family Home Agencies are included within the definition of a vendor. Welfare and Institutions Code Section 4689.1(e)(8)(E).

2.3 KEY ISSUES

1. These definitions may not be modified or amended. Compliance with definitions ensures clarity and consistency in the reporting of special incident events across the state. Where possible, these definitions are consistent with the definitions elsewhere in state or federal law.

2. These regulations explicitly require long-term health care facilities and vendors to report special incidents to the regional center having case management responsibility for the individual served. A vendorization contract with a regional center is not required of long-term health care facilities to trigger their reporting obligation.

SECTION 3: REPORTING REQUIREMENTS

3.1 TITLE 17, SECTION 54327.1(a), (b), and (g).

(a) Pursuant to Section 54327, the regional center shall submit an initial report to the Department of any special incident within two working days following receipt of the report.

(b) When a regional center has knowledge of a special incident for which the vendor or long-term health care facility is responsible for reporting but has not submitted a report to the regional center within the required time period, the regional center shall submit an initial report to the Department within two working days of learning of the occurrence.

(g) [A]ll reports of special incidents prepared by the regional center shall be transmitted to the Department utilizing the Department's Electronic Data Reporting System.

3.2 PROTOCOL

1. All regional centers will submit a special incident report to the Department if an individual for whom the regional center is responsible has died, been the victim of a crime, or for whom a mandated report of suspected abuse or neglect has been made to Adult Protective Services (APS), Child Protective Services (CPS), the

long-term care ombudsman or law enforcement[2], regardless of when and where the incident occurred.

2. For all other special incidents, the regional center shall submit a special incident report to the Department if the incident occurred at a time when the individual who experienced the incident was (or was supposed to be) receiving services and supports from any vendor or long-term health care facility.

3. Regional centers shall report all special incidents that they believe to have occurred under vendored care, regardless of the identity of the vendor, i.e. even if the vendor reporting to the regional center is not the vendor under whose care the incident occurred.

4. Regional centers must submit an initial report to the Department within two working days. This includes special incidents that were reported to the regional center and those that the regional center has knowledge of but for which a special incident report has not yet been received.

3.3 KEY ISSUES

1. If a regional center receives information that an incident has occurred but is uncertain: i) whether the incident is of a reportable type, or ii) whether it occurred under vendored care, the regional center should:

    a. Submit an initial report of the incident to the Department within two working days of learning of the incident. The regional center should not delay in reporting while awaiting a report from the vendor.
    b. If the regional center subsequently confirms that the incident was not of a reportable type or did not occur under vendored care, correct or withdraw the initial report.

[2] See the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 *et seq*.) or the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 *et seq.*).

SECTION 4: EXEMPTION TO REPORTING REQUIREMENTS

4.1 TITLE 17, SECTION 54327(b)

(b) Parent vendors, and individuals served who are vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

4.2 PROTOCOL

1. Parent vendors and individuals served who are vendored are not required to comply with these reporting requirements. They are not required by regulation to report special incidents to the regional center having case management responsibility.

4.3 KEY ISSUES

1. In recognition of the privacy rights and autonomy of parent vendors and individuals served who are vendored, these reporting requirements are not applicable to these vendors. While nothing prohibits these vendors from voluntarily reporting special incidents, no special incident reporting is required.

2. Financial Management Service (FMS) providers are required to report special incidents that they learn of. However, participant directed service providers not vendored by a regional center are not subject to these reporting requirements.

SECTION 5: UNIVERSAL SPECIAL INCIDENT REPORTING

5.1 TITLE 17, SECTION 54327(c), (d), (e), and (f)

(c) All vendors and long-term health care facilities shall report to the regional center the following special incidents regardless of when or where they occurred:

(1) The death of an individual served, regardless of the cause.

(2) The individual served is the victim of any crime…

(d) (2)(I) Any incident of alleged abuse reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

(d) (3)(G) Any incident of alleged neglect reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

(e) The report pursuant to subsections (c) and (d) shall be submitted to the regional center having case management responsibility for the individual served.

(f) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsections (b), (c), (d) and (g) to both the regional center having case management responsibility and the vendoring regional center.

5.2 PROCTOCOL: UNIVERSAL SPECIAL INCIDENT REPORTING

1. Except for parent vendors and individuals served who are vendored (see 4.1 above), regional centers shall report to the Department the following special incident events regardless of when and where the incident occurred:
    a. the death of an individual served;
    b. when an individual served is the victim of a crime; and
    c. when incident of suspected abuse or neglect is reported to APS, CPS, the long-term care ombudsman, or law enforcement pursuant to mandated abuse reporting laws.[3]

2. The special incident report shall be submitted to the regional center having case management responsibility for the individual.

3. When the regional center with case management responsibility is not the vendoring regional center, the vendor shall submit the report to both the regional center having case management responsibility and the vendoring regional center.

[3] See the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 *et seq*.) or the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 *et seq.*).

Hereafter, for simplicity, these guidelines will reference reporting only to the regional center having case management responsibility.

5.3 KEY ISSUES

1. This reporting requirement includes all mortality events, all incidents of criminal victimization, and any incident of suspected abuse or neglect reported to APS, CPS, the long-term care ombudsman or law enforcement that a regional center learns about, regardless of when and where the incident occurred.

2. This includes deaths, criminal victimization, and mandated reports of abuse or neglect regardless of when or if the vendor or long-term health care facility was providing services at the time of the incident.

3. If a regional center receives information that an incident has occurred but is uncertain whether the incident is a reportable type and/or has not yet received a report from the vendor, the regional center should submit an initial report of the incident to the Department within two working days of learning of the incident. If regional center subsequently confirms that the incident was not of a reportable type, regional center must correct or withdraw the initial report.

SECTION 6: MORTALITY REPORTING

6.1 TITLE 17, SECTION 54327(c)(1)

(c) All vendors and long-term health care facilities shall report to the regional center the following special incidents regardless of when or where they occurred:
(1) The death of an individual served, regardless of cause.

6.2 PROTOCOL: MORTALITY REPORTING

1. Regional centers must report to the Department all instances in which an individual served has died.

6.3 KEY ISSUES

1. The reporting of deaths includes the death of individual that a vendor or long-term health care facility learns of regardless of when or where the death

occurred. For example, a regional center must report the death of an individual served occurring in a hospital or while the individual was on a home visit.

SECTION 7: VICTIM OF CRIME REPORTING

7.1 TITLE 17, SECTION 54327(c)(2)

(c) All vendors and long-term health care facilities shall report to the regional center the following special incidents regardless of when or where they occurred:
(2) The individual served is the victim of any crime including, but not limited to, the following:
(A) Robbery;
(B) Aggravated assault;
(C) Larceny;
(D) Burglary;
(E) Rape, including attempts to commit rape;
(F) Simple assault;
(G) Battery;
(H) Fraud;
(I) Identity or credit theft;
(J) Attempted or actual homicide or manslaughter;
(K) Human Trafficking;
(L) Stalking; or
(M) Hate Crime.

7.2 DEFINITION OF TERMS

Title 17, Section 54327(a):

(2) "Aggravated Assault" means a willful, intentional attempt to violently injure another person using a firearm, a deadly weapon, or by means of force likely to produce great bodily injury, or that places an individual served in imminent fear of bodily injury, coupled with a present ability to commit the act. Aggravated assault does not necessarily involve any actual contact or injury. Aggravated assault includes assault on a particularly vulnerable victim or an assault that causes serious injury.

(3) "Battery" means as defined in Penal Code Section 242.

(4) "Burglary" means as defined in Penal Code Section 459.

(9) "Fraud" means intentional deception or misrepresentation made by an individual with the knowledge that the deception could result in some unauthorized benefit to themself or some other person.

(10)"Hate Crime" means as defined in Penal Code Section 422.55.

(12)"Human Trafficking" means as defined in Penal Code Section 236.1.

(13)"Identity Theft" means as defined in Penal Code Section 530.5.

(17)"Larceny" means as defined in Penal Code Section 484.

(24)"Rape" means as defined in Penal Code Section 261.

(25)"Robbery" means as defined in Penal Code Section 211.

(27)"Simple Assault" means a willful, intentional attempt to injure another person or place them in imminent fear of bodily harm, coupled with a present ability to commit the act and that does not involve the use of a firearm, a deadly weapon, or by means of force likely to produce great bodily harm. Simple assault does not necessarily involve any actual contact or injury.

(28)"Stalking" means as defined in Penal Code Section 646.9.

7.3 PROTOCOL OF VICTIM OF CRIME REPORTING

1. A regional center shall report to the Department all instances in which an individual served has been the victim of **any** crime.

2. Examples of reportable crimes include, *but are not limited to*, those listed in 7.1 above.

3. It is considered a reportable special incident if a regional center possesses information corroborating that an individual served has:
    a. Reported the crime to law enforcement, or
    b. Filed a formal complaint, petition, order, report or other official document with a law enforcement agency indicating that the individual was the victim against whom the crime has been committed.

    Corroborating information includes but is not limited to:
    i. Records of a 911 telephone call to police,
    ii. An incident report number and date,

iii. A case number and date,
iv. Confirmation from law enforcement that someone reported the crime,
v. Confirmation from the individual that they reported the crime, or
vi. Witness to any of the above.

4. For special incidents where an individual is the suspected victim of a crime, regional centers will submit a special incident report to the Department regardless of whether the individual was under vendored care at the time of the incident.

7.4 KEY ISSUES

1. This regulation requires reporting **any crime** committed against an individual served. It is not limited to the crimes listed. All crimes against an individual must be reported.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

2. Regional centers shall report incidents where an individual was likely the victim of a crime, even if the regional center is uncertain if facts or circumstances meet the legal definition of a crime.
    a. This includes incidents where a crime is believed, by the regional center, to have occurred.
    b. Reporting should not wait for formal criminal charges to be brought by law enforcement before an incident is reported.

3. If a regional center subsequently confirms that the incident was not a reportable event, the regional center must correct or withdraw the initial report.

SECTION 8: REPORTING OF INCIDENTS OCCURRING WHILE UNDER VENDORED CARE

8.1 TITLE 17, SECTION 54327(d)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility.

8.2 PROTOCOL FOR UNDER VENDORED CARE SPECIAL INCIDENT REPORTING

1. All regional centers will submit a special incident report to the Department if:
    a. The individual served, for whom the regional center is responsible, experienced one of the reportable incident types listed in these regulations, and
    b. The incident occurred at a time when the individual served was receiving, or was supposed to be receiving, services and supports from **any** vendor or long-term health care facility.

2. Any of the following situations qualify for an individual served to be as considered as receiving services and supports from a vendor or long-term health care facility if, at the time when an incident occurred, the vendor or long-term health care facility:
    a. Was providing services and supports to the individual; or
    b. Was designated in that individual's IPP to be responsible for providing services and supports to the individual; or
    c. Was designated in the individual's IPP to be responsible for providing services and supports to the individual 24 hours per day, 7 days per week; or
    d. Was responsible for providing services and supports to the individual 24 hours per day 7 days per week under provisions of the California Code of Regulations.

8.3 KEY ISSUES

1. Regional centers shall report all special incidents that they believe to have occurred under vendored care, regardless of the identity of the vendor, i.e. even if the vendor reporting to the regional center is not the vendor under whose care the incident occurred.

2. The individual served is under vendored care if a vendor was responsible for providing care at the time of the incident, regardless of whether the vendor was actually providing services at the time.

3. In instances when the IPP does not specify when a vendor is responsible for providing services, and services are arranged on a schedule negotiated by the individual (for example, as is the case with ILS services), a regional center should take the following actions to determine whether the individual was under vendored care at the time an incident occurred.
    a. Regional center should confirm the most current schedule of services negotiated between the individual and vendor.
    b. If the regional center cannot confirm the schedule of services, the regional center should use the best information available to determine whether the vendor was or should have been providing services at the time the incident occurred.
    c. If the best available information indicates that the individual was under vendored care, the regional center should proceed by determining whether the incident is reportable to the Department by applying these incident reporting protocols.

4. If any vendor has a responsibility for providing care 24 hours per day, 7 days per week, then the individual served is always under vendored care even if vendor staff were not present at the time of the incident. All incidents that the individual experiences are reportable. This relationship exists by virtue of the individual's IPP or clauses in the California Code of Regulations.

    Supported Living Services (SLS), Family Home Agency (FHA), and FMS providers have responsibility for providing 24 hours per day, 7 days per week care but may not have staff present with the individual served at all times. For example, an incident that occurs when the individual is alone and that SLS staff subsequently learn about is reportable. Similarly, an FHA provider must notify the regional center of reportable incidents that they learn about that occur outside of the agency home

5. A vendor might observe evidence that an individual experienced an incident of a reportable type, but occurrence of the incident is confirmed to have occurred while the individual was **not** under vendored care. This incident is not reportable by the vendor because the individual served is not considered to be "under vendored care" at the time of the event.

   For example, staff at a day program observe an injury that an individual sustained the previous evening when home with their parents. The individual's parents sought appropriate medical treatment immediately following the injury. This incident is not reportable by the vendor because the individual served is not considered to be "under vendored care" at the time of the event. Similarly, a job coach is not required to report the medication error of an individual who lives independently without support services and takes their medication before they arrive at work. The self-administered medication error did not occur at a time when the individual was under vendored care of the job coach

SECTION 9: MISSING PERSONS REPORTING

9.1 TITLE 17, SECTION 54327(d)(1)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:

(1) The individual served is missing and the vendor or long-term health care facility has filed a missing persons' report with a law enforcement agency.

9.2 PROTOCOL FOR MISSING PERSONS REPORTING

1. The regional center shall submit a special incident report to the Department indicating that an individual has been missing if:
   a. A vendor or long-term health care facility has communicated with any law enforcement agency and described the individual as missing to that agency, or
   b. A vendor or long-term health care facility has filed a formal missing person's report with a law enforcement agency.

9.3 KEY ISSUES

1. Regional centers shall report to the Department all incidents in which a vendor has described an individual as reported missing to a law enforcement agency.

2. Completion of a formal missing person's report by the law enforcement agency is **not** required to be a reporting event.

3. The incident is reportable if an individual is returned to the vendor's setting by the police and the individual's absence from the vendor setting is inconsistent with the level of supervision specified in the individual's IPP. For example, if an individual's IPP requires that the individual only go into the community when accompanied by family or vendor staff and the individual is returned by police, this is a reportable incident. The vendor need not have contacted law enforcement before the individual's return.

4. If an individual's level of supervision in their IPP allows the individual to be in the community unsupervised and the individual leaves the vendor's setting and is returned by the police, the incident is not reportable under the type "missing." For example, if an individual's IPP specifies that the individual may walk, unaccompanied, to the local coffee shop and the individual is returned to residential facility by police, this is not a reportable missing persons incident.

SECTION 10: REASONABLY SUSPECTED ABUSE REPORTING, OTHER THAN USE OF RESTRAINT

10.1 TITLE 17, SECTION 54327(d)(2)(A)-(G) AND (I)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:

(2) Reasonably suspected abuse or exploitation including, but not limited to, the following:
(A) Physical;
(B) Sexual;
(C) Financial;
(D) Emotional or mental;

(E) Exploitation;
(F) Verbal;
(G) Isolation;… or
(I) Any incident of alleged abuse reported pursuant to the Elder Abuse and Dependent Adult Civil Protection Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

10.2 DEFINITION OF TERMS

Title 17, Section 54327(a)

(6) "Emotional or mental abuse" means intimidating behavior, threats, harassment, deceptive acts or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress.

(7) "Exploitation" means forcing, compelling, or exerting undue influence over an individual to engage in, or assist others to engage in, prostitution, a live performance involving obscene sexual conduct, or to pose or model for a film, photograph, drawing, painting, or other depiction involving obscene sexual conduct.

(8) "Financial Abuse" means:
(A) When a person or entity takes, obtains, or retains the assets, money, or property of the individual served:
1. For a wrongful use, not for the individual's benefit, or with intent to defraud the individual; or
2. By undue influence or excessive persuasion that causes the individual served to act, or refrain from acting, against their free will and results in inequity; or
(B) Mismanagement of income, including Social Security Assistance or other government benefits or Personal and Incidental (P&I) funds, by the individual's representative payee.

(16) "Isolation" means:
(A) Intentionally preventing an individual served from receiving personal mail or telephone calls;
(B) Telling a caller or prospective visitor that an individual served is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the individual served, whether the individual is competent or not, and is made for

the purpose of preventing the individual from having contact with family, friends, or concerned persons; or

(C) False imprisonment.

(22)"Physical Abuse" means any intentional act of bodily contact that causes injury or trauma.

(26)"Sexual Abuse" means:

(A)Touching an intimate part of an individual if the touching is against the will of the person, the person is unlawfully restrained, or the person lacks capacity to give consent to the touching, and the touching is for the purpose of sexual arousal, sexual gratification or to cause injury or trauma; or

(B)Manipulating, threatening, or coercing an individual into engaging in sexual acts.

(29)"Verbal Abuse" means the use of words, gestures, or other communicative means to purposefully threaten, intimidate, harass, or humiliate an individual

By adopting these requirements, the protocol implicitly adopts the definition of "reasonable suspicion" that appears in the Elder Abuse and Dependent Adult Civil Protection and the Child Abuse and Neglect Reporting Acts.

(B) For elders (65 years or older) and adult individuals served (between the ages of 18 and 64 years), "reasonable suspicion" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse. See Welfare and Institutions Code Section 15610.65.

(C) For children under the age of 18 years, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. See Penal Code Section 11166(a)(1).

10.3 PROTOCOL FOR REASONABLY SUSPECTED ABUSE REPORTING

1. Regional centers shall report to the Department all incidents of reasonably suspected abuse, including those explicitly listed in (A) through (I) in 10.1 above.

2. If an incident of suspected abuse is reported pursuant to the Elder Abuse and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting

Act, it must be reported by the regional center to the Department as a special incident. This includes all incidents of reasonably suspected reported pursuant to one of these mandated abuse reporting acts, even those that occurred when an individual was not under vendored care.

3. Submitting a special incident report pertaining to an incident of suspected abuse does not satisfy or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act or the Child Abuse and Neglect Reporting Act.[4] A mandated report of suspected abuse to APS, CPS, the Long-Term Care Ombudsman, or law enforcement may also be required

10.4 KEY ISSUES

1. This regulation requires the reporting of **any** incident of reasonably suspected abuse committed against an individual served as a special incident. It is not limited to the abuse types listed in Title 17, Section 54327(d)(2). It is also not limited to those incidents of reasonably suspected abuse listed in the Elder Abuse and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting Act. **All** incidents of reasonably suspected abuse against an individual must be reported.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

2. Completing a mandated report of reasonably suspected abuse to law enforcement, APS, CPS, the Long-Term Care Ombudsman and/or licensing does not fulfill a regional center's special incident reporting obligation. A special incident report must also be submitted to the Department regarding the incident of reasonably suspected abuse.

3. The definitions for many abuse types are substantially consistent with the definitions in the Elder Abuse and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting Act. Therefore, incidents of reasonably suspected abuse reported as a special incident may also need to be reported

[4] To ensure that licensing is also notified of incidents of suspected abuse, when a report of suspected abuse has been filed with law enforcement, the ombudsperson, APS or CPS, the regional center should contact the local community care licensing or department of public health licensing office to confirm the report has also been filed with that office. If there is no record of the report or the community care licensing office is unable to confirm receipt of a report, the regional center should file a report.

under the Elder Abuse and Dependent Adult Civil Protection Act or Child Abuse and Neglect Reporting Act.

4. Financial abuse does **not** require a fiduciary relationship between the individual served and the person committing the abuse. The person suspected of committing the financial abuse need not have a legal or ethical relationship of trust with the individual served. For example, the job coach of an individual who requires the individual to buy the job coach breakfast each day has committed financial abuse. The job coach need not have an explicit legal or ethical relationship to act in the individual's best interest or to act on their behalf.

NOTE: This is a change in reporting requirements and may be a change in practice for some regional centers.

5. Emotional or mental abuse occurs when someone uses their behavior, actions, or words intentionally to agitate, confuse, frighten or cause serious emotional distress, including severe depression, to an individual. Emotional or mental abuse is distinguished from physical abuse which involves bodily contact. Emotional or mental abuse involves words or actions to cause emotional distress without bodily contact.

   For example, it is emotional or mental abuse when staff at a work site intentionally refer to the individual using a nickname that the individual finds offensive, and staff use the nickname to cause the individual to become agitated. It is also emotional or mental abuse when an ILS provider leans over the individual, pointing their finger menacingly in the individual's face while yelling at them to, "shut up." It is also emotional or mental abuse when staff set up a confrontation between two individuals by telling each that the other has made threatening statements about the other and for the purpose of triggering an aggressive interaction between the two individuals.

6. Verbal abuse occurs when words, gestures or other communicative means are used to purposefully threaten, coerce, intimidate, harass or humiliate an individual. Verbal abuse involves the use of some form of communication as the mechanism for the abuse. For example, it is verbal abuse when the driver for a transportation vendor tells an individual to, "move their fat ass" or "get your fat ass in the seat or I'll come back there and make you get in the seat" to coerce the individual to get seated on the bus more quickly. It is also verbal abuse for the driver to stand behind the individual and make sexual or derogatory gestures to humiliate the individual.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

7. False imprisonment is the unlawful violation of the personal liberty of another, usually in the context of detaining or confining a person against the individual's will. An example of false imprisonment is when staff from a residential provider prevent an individual from leaving the grounds of the home to visit with their family and such a restriction is not part of the individual's current IPP. Another example is when a transportation provider uses the child locks in the vehicle to lock themselves, the driver and the individual in the vehicle to stop an individual from leaving the parked car until the individual stops a behavior. In this example, false imprisonment is distinguished from seclusion where the individual must be **alone** in the locked vehicle.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

8. Isolation is when an individual is intentionally prevented from having personal contact with others. An example of isolation is when a friend drops by the individual's independent apartment to check on their wellbeing and the individual would like to see their friend, but the ILS worker refuses the visit. It is also isolation when the friend attempts a telephone call to the individual and the ILS worker answers the phone and falsely tells the friend that the individual is not home or doesn't want to talk to the friend and with the intent of preventing contact between the two.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

9. Seclusion, or involuntarily confining of an individual alone in a room or an area from which the individual is physically prevented from leaving, is prohibited for any individual with a developmental disability. See Title 17, Section 50515. Therefore, the use of seclusion is a form of abuse and shall be reported as reasonably suspected abuse.

   Seclusion is different than time out.

An example of seclusion is when an individual is prevented from leaving their bedroom room at night by a staff member. This could be when the staff member props the door closed with a chair or when the staff member sits in the doorway and physically prevents the individual from leaving their room.

It is also seclusion when staff lock an individual in their bedroom. This is often facilitated by switching the door handle on an individual's bedroom door so that the door handle with lock mechanism is facing into the corridor not into the bedroom.

10. A report of suspected abuse or neglect should be filed in the instance a minor becomes pregnant.

SECTION 11: PHYSICAL, MECHANICAL OR CHEMICAL RESTRAINT USE REPORTING

11.1 TITLE 17, SECTION 54327(d)(2)(H)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:
(2) Reasonably suspected abuse or exploitation including, but not limited to, the following:
(H) Use of physical, mechanical, or chemical restraint, when:
1. *The restraint technique is inconsistent with the program's approved program plan, restraint training curriculum, or restraint policy;*
2. *Used in response to behavior of the individual and the individual's behavior does not pose an imminent risk of harm;*
3. *Restraint is a part of an individual's plan, and the used restraint is not an approved intervention in the individual's plan; or*
4. *The chemical or mechanical restraint is inconsistent with the physician's order.*

11.2 DEFINITION OF TERMS

Title 17, Section 54327(a)

(5) "Chemical Restraint" means an involuntary use of medication to sedate or otherwise control the behavior of an individual served and is not a standing

medication, regularly prescribed, for the individual's medical or psychiatric condition.

(18)"Mechanical Restraint" means the use of a mechanical device, material, or equipment attached or adjacent to the person's body that they cannot easily remove and that restricts the freedom of movement of all or part of a person's body or restricts normal access to the person's body.

(23)"Physical Restraint" means use of a manual hold to restrict freedom of movement of all or part of the body of an individual served, or to restrict normal access to the individual's body, and that is used as a behavioral restraint.

11.3 PROTOCOL FOR REPORTING ABUSIVE RESTRAINT USE

Regional centers shall report to the Department the use of physical, mechanical, or chemical restraint when:

1. The restraint technique is inconsistent with the program's approved program plan/design, restraint training curriculum, or restraint policy;
2. restraint is used in response to behavior of the individual and the individual's behavior does not pose an imminent risk of harm;
3. when restraint is part of an individual's plan, and the used restraint is not an approved intervention in the individual's plan; or
4. when the chemical or mechanical restraint used is inconsistent with the physician's order.

11.4 KEY ISSUES

1. Physical restraint involves anytime an individual's free bodily movement is restricted by another who is using their body to limit or restrict the individual's free movement. An example of physical restraint is when a staff member holds an individual's arm on the table to stop them from reaching for a desired object. It is also physical restraint when a staff member uses a crisis intervention hold that they learned in their crisis intervention training program, such as holding the individual against the wall or on the floor. While these are forms of physical restraint, they may not meet the incident reporting criteria listed in 11.3 above.

2. Mechanical restraint involves anytime a material, or device is attached to a part of the individual's body to restrict the individual's free movement. For example, attaching a belt or tying a sheet to an individual's arms or binding their arms together with duct tape are all forms of mechanical restraint. It is also

mechanical restraint when an individual is intentionally seated in a beanbag chair from which they cannot arise to prevent them from getting up. While these are forms of mechanical restraint, they may not meet the incident reporting criteria listed in 11.3 above.

3. Chemical restraint is when a medication is given to an individual to sedate or control their behavior and the individual is not willing to take the medication. Chemical restraint does not include a "standing medication" that is prescribed for a health condition and routinely administered to the individual. For example, medication prescribed and taken every day to help even out an individual's hyperactive behavior is not a chemical restraint.

   To be a chemical restraint, the medication is administered to the individual against their will and for the purpose of sedation or controlling the individual's behavior. It may include medication prescribed on an "as needed" or "PRN" basis if the individual is unwilling to take the medication voluntarily and the medication is administered involuntarily or by means of coercion. For example, if an individual is forced to take Tylenol because staff believe the individual's headache is causing them to act aggressively and the Tylenol will control their aggressive behavior, the Tylenol is a chemical restraint.

4. This section does **not** require the reporting of all restraint use, only that use which meets one of the criteria listed in 11.3 above. For example, it is a reportable physical restraint when an individual's arm is held to the table because they keep reaching for a plate of cookies to eat another cookie. In this case, the individual's behavior (reaching for the cookies) did not pose an imminent risk of harm and other less restrictive measures could have been used, such as moving the plate of cookies beyond the individual's reach.

   It is a reportable mechanical restraint when an individual, seated in a chair, is positioned so they are pushed up against the kitchen table to prevent the individual from getting out of their chair and pacing, as is their habit. The use of the chair restricts the individual's ability to get up from the table freely. The individual's plan has no interventions to address the behavior of getting up from the table and pacing. The behavior of getting up from the table and pacing does not pose an imminent risk of harm for this individual and there are other less restrictive means to address the behavior.

   Administering medication, as prescribed by their physician, in an emergency to control in individual's violent behavior is a chemical restraint but is not a reportable event if the medication is administered according to the physician's order. However, administering a medication beyond the circumstances allowable in the physician's order is a reportable chemical restraint. For example, coercing

an individual to take a PRN, prescribed for a behavioral outburst, to prompt the individual to sleep is a reportable chemical restraint as the medication was not prescribed as a sleep aide.

5. For vendors with a program plan, approved by the Department, that includes the use of restraint, any incident where restraint is used in a manner inconsistent with the program's approved program plan must be reported. For example, it is a reportable physical restraint if the vendor's restraint training prohibits the use of a wall restraint, and an individual is held by staff against the wall. It is also a reportable physical restraint incident if a staff member uses a restraint technique that they learned at their previous worksite, but which is not a restraint technique approved by this vendor or the vendor's restraint training program.

6. While restraint use may be specified in an individual's plan, any restraint use that is not an approved intervention in the individual's current plan must be reported.

7. There are additional regulatory and statutory requirements related to reporting the use of restraint that apply to vendors and regional centers. As these requirements are not related to special incident reporting, those reporting requirements are not addressed here. Please see the Department Intervention Reporting Requirements Direction G-2025-Reporting Requirements-002 for a summary of those reporting requirements.[5].

SECTION 12: REASONABLY SUSPECTED NEGLECT REPORTING

12.1 TITLE 17, SECTION 54327(d)(3)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:
(3) Reasonably suspected neglect including, but not limited to, the negligent failure to:
(A) Provide medical care for physical and mental health needs, including failing to administer required health care interventions;

[5] See Title 17, Section 50802 for approval of behavior modification plans that may cause pain or trauma.
See Title 17, Section 50823 for regional center data reporting to the Department of data regarding behavior modification plans that may cause pain or trauma.
See Welfare and Institutions Code Section 4659.2(c)(1)(B) for monthly reporting to the Department of restraint use by behavioral restraint use by select vendors.

(B) Prevent malnutrition or dehydration;
(C) Protect from health and safety hazards, including failing to prevent two or more falls in a thirty (30) day period;
(D) Assist in personal hygiene, including failure to assist with toileting or incontinency needs, or the provision of food, fluids, clothing or shelter;
(E) Exercise the degree of care that a reasonable person in a like position of having the care or custody of an individual served would exercise;
(F) Abandonment; or
(G) Any incident of alleged neglect reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

12.2 DEFINITION OF TERMS

Title 17, Section 54327(a)

(1) "Abandonment" means when a person having care or custody of an individual served fails to be present or leaves the individual without necessary supports and services required for the individual under circumstances in which a reasonable person would continue to provide care and custody.

(21) "Neglect means:
(A) When a person responsible for the care or custody an individual served negligently fails to exercise the care that a reasonable person, in a like position, would exercise.
(B) When the individual served fails to exercise the degree of self-care that a reasonable person, in a like position, would exercise

By adopting these requirements, the protocol implicitly adopts the definition of "reasonable suspicion" that appears in the Elder Abuse and Dependent Adult Civil Protection and the Child Abuse and Neglect Reporting Acts.

a. For elders (65 years or older) and adult individuals served (between the ages of 18 and 64 years), "reasonable suspicion" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse. See Welfare and Institutions Code Section 15610.65.
b. For children under the age of 18 years, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when

appropriate, on his or her training and experience, to suspect child abuse or neglect. See Penal Code Section 11166(a)(1).

12.3 PROTOCOL FOR REASONABLY SUSPECTED NEGLECT REPORTING

1. Regional centers shall report to the Department all incidents of reasonably suspected neglect, including those explicitly listed in (A) through (G) in 12.1 above.

2. If an incident of suspected neglect is reported pursuant to the Elder Abuse and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting Act, it must be reported by the regional center to the Department as a special incident. This includes all incidents of reasonably suspected neglect reported under one of these mandated abuse reporting acts, even those that occurred when an individual was not under vendored care.

3. Submitting a special incident report to the Department pertaining to an incident of suspected neglect does not satisfy any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act or the Child Abuse and Neglect Reporting Act.[6] A mandated report of suspected neglect to APS, CPS, the Long-Term Care Ombudsman, or law enforcement may also be required.

12.4 KEY ISSUES

1. This regulation requires the reporting **any** incident of reasonably suspected neglect committed against an individual served as a special incident. It is not limited to the incidents of neglect listed. It is also not limited to those incidents of reasonably suspected neglect listed in the Elder Abuse and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting Act. **All** incidents of reasonably suspected neglect against an individual must be reported.

[6] To ensure that licensing is also notified of incidents of suspected neglect, when a report of suspected neglect has been filed with law enforcement, the ombudsperson, APS or CPS, the regional center should contact the local community care licensing or the Department of Public Health licensing office to confirm the report has also been filed with that office. If there is no record of the report or the community care licensing office is unable to confirm receipt of a report, the regional center should file a report.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

2. Completing a mandated report of reasonably suspected abuse to law enforcement, APS, CPS, the Long-Term Care Ombudsman, and/or licensing does not fulfill a regional center's special incident reporting obligation. A special incident report must also be submitted to the Department regarding the incident of reasonably suspected abuse.

3. The individual's self-neglect is a reportable special incident. Self-neglect is the negligent failure of an adult individual served to exercise that degree of self-care that a reasonable person in a like position would exercise. See Welfare and Institutions Code Section 15610.57(b)(6).

4. The negligent failure to provide medical care includes failing to administer health care interventions required or ordered by a qualified medical professional, such as dressing changes or the application compression hose.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

5. The negligent failure to prevent two or more falls in a thirty (30) day period is specific to falls of the same individual served. The timeline of the thirty (30) day period begins on the date of the first fall.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

6. The definition of abandonment is consistent with the definition in the Elder Abuse and Dependent Adult Civil Protection Act. Incidents of reasonably suspected abandonment of an adult individual (18 years of age and older) should, therefore, be reported as a special incident and pursuant to reporting obligations under the Elder Abuse and Dependent Adult Civil Protection Act.

   For example, it is abandonment when a staff member of group home leaves the residents' home alone to go to the staff member's next job because the staff member's shift is over, and the incoming staff member is running late but has not

arrived yet. It is also abandonment when parents refuse to permit their son to return home to reside following a hospitalization, despite there being no change in the son's needed level of services and supports and no other arrangements for housing have been arranged.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

7. Circumstances of abandonment of a child under the age of 18 may meet the definition of "neglect" in the Child Abuse and Neglect Reporting Act. If so, incidents of reasonably suspected abandonment of a child served should, therefore, be reported as a special incident and pursuant to reporting obligations under the Child Abuse and Neglect Reporting Act.

8. A report of suspected abuse or neglect should be filed in the instance a minor becomes pregnant.

SECTION 13: SERIOUS INJURY/ACCIDENT REPORTING

13.1 TITLE 17, SECTION 54327(d)(4)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:
(4) Any serious injury/accident including:
(A) Lacerations requiring sutures, staples, wound adhesive, or other wound closure beyond first aid;
(B) Puncture wounds requiring medical treatment beyond first aid;
(C) Fractures;
(D) Dislocations;
(E) Bites that break the skin and require medical treatment beyond first aid;
(F) Internal bleeding requiring medical treatment beyond first aid;
(G) Any medication errors;
(H) Medication reactions that require medical treatment beyond first aid;
(I) Burns that require medical treatment beyond first aid;
(J) Injury resulting from a seizure requiring medical treatment beyond first aid;
(K) Bruising, contusions, or hematomas, regardless of size, to:

1. *The head, eyes, or neck;*
2. *The breasts, genitals, rectal or anal area;*

(L) Bruising, contusions, or hematomas 2 inches or greater;

(M) Injury resulting from aggressive contact from another individual requiring medical treatment beyond first aid;

(N) Pressure injuries stage 2 or greater or unstageable; or

(O) Any head injury, including concussion, requiring medical attention.

13.2 DEFINITION OF TERMS

Title 17, Section 54327(a)

(15) "Internal Bleeding" means hemorrhage from an internal organ or site, but does not include bruising, contusions, or hematomas.

(19) "Medical Attention" means when an individual served is assessed and/or under the observation of a trained medical professional.

(20) "Medical Treatment Beyond First Aid" means when an individual served receives treatment by a trained medical professional beyond the one-time, short-term treatment administered immediately after the injury occurs and at the location where it occurred.

13.3 PROTOCOL FOR REPORTING SERIOUS INJURY OR ACCIDENT

1. Regional centers shall report to the Department **any** incident of serious injury or accident. It is not limited to the injury types (A) through (O) in 13.1 above. Any incident resulted in a serious injury or accident shall be reported.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

2. The following serious injuries must be reported ***when*** the following injuries required medical treatment beyond first aid:
   a) puncture wounds,
   b) bites that break the skin,
   c) internal bleeding,
   d) medication reactions,
   e) burns,

f) injuries resulting from a seizure, and
g) injuries resulting from aggressive contact with another individual.

"Medical Treatment Beyond First Aid" means when an individual served receives treatment by a trained medical professional beyond the one-time, short-term treatment administered immediately after the injury occurs and at the location where it occurred.

NOTE: Two of these are a change in reporting requirements and will be a change in practice for some regional centers.

3. All medication errors must be reported. This **includes** when:
   a) A person receives a medication not prescribed for the individual;
   b) A person receives the wrong dose of any medication. This includes missed doses of prescription medication and wrong doses of over-the-counter medication. It does **not** include when an individual, over the age of 14 years, refuses to take a prescribed medication.
   c) A person does not receive a prescribed medication at the prescribed time of day.
   d) A person receives a medication by an incorrect route

4. Regional centers shall report to the Department any bruising, contusions, or hematomas to the injured individual's:
   a) head, eyes, or neck;
   b) breasts, genitals, rectal or anal area; or
   c) any other area of injured individual's body when the bruise, contusion, or hematoma measures 2 inches or greater

NOTE: This is a change in previous reporting requirements and will be a change in practice for some regional centers.

5. Regional centers shall report to the Department incidents of any head injury that required medical attention.

   "Medical Attention" means when an individual served is assessed and/or under the observation of a trained medical professional.

NOTE: This is a change in previous reporting requirements and will be a change in practice for some regional centers.

13.4 KEY ISSUES

1. This regulation requires the reporting **any** incident of serious injury or accident involving an individual served. It is not limited to the serious injuries or accidents listed in 13.1 above.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some regional centers.

2. An individual's refusal to take their medication is not a medication error.

3. Medical treatment beyond first aid is distinguished from medical attention. Medical treatment requires a treatment intervention by a trained medical professional. Medical attention does not necessarily involve treatment but rather assessment or observation by a trained medical professional.

4. Medical treatment beyond first aid does not include the immediate, one-time, short-term treatment of an injury administered immediately after the injury. For example, it is not considered medical treatment beyond first aid when a nurse, employed by the vendor, cleanses and applies a band aid to a puncture wound of an individual following an injury at the vendor site. However, if that individual is subsequently treated by a medical professional for the same injury at urgent care, this is considered medical treatment beyond first aid and the injury must be reported by the vendor.

5. Camps, programs and facilities may routinely refer injured individuals to a nurse or medical professional on their staff, regardless of the severity of the condition. If treatment provided by medical professionals on a vendors' staff is beyond first aid, then the injury is reportable to the Department.

6. For an injury to have required medical attention, it is sufficient that the individual was seen by a medical professional for the injury in question. For example, if the individual was seen by a physician's assistant for a head injury sustained when the individual fell off their bicycle, the incident is reportable even if the physician's

assistant decided not to treat the injury any further than it already had been treated.

7. Bruises are distinguished from internal bleeding. “Internal Bleeding” does not include bruising, contusions, or hematomas and must be reported separately as “internal bleeding.

NOTE: This is a change in reporting protocol based upon the definition of internal bleeding in Title 17, Section 54327(a)(15).

8. Internal bleeding is hemorrhage or bleeding from an internal organ or site. It is generally caused by an injury, often blunt trauma, that does not break the skin, including from falls, being struck by a vehicle, or when an internal organ is pierced or stabbed. As such, internal bleeding is an incident type within the category of serious injury or accident for special incident reporting.

   Internal bleeding from causes other than a serious injury or accident may be more accurately reported in another incident category. For example, blood in the urine from a urinary tract infection detected when an individual is hospitalized may be more accurately reported as an unplanned hospitalization for internal

9. Not all bruises, contusions or hematomas must be reported. Only those 2 inches or greater or to the head, eyes, neck, breasts, genitals, or rectal or anal area must be reported.

NOTE: This is a change in reporting requirements and may be a change in practice for some regional centers.

10. Injuries resulting from aggressive contact from another individual served that requires medical treatment beyond first aid must be reported. For example, if the housemate of an individual served impulsively, physically attacks their housemate and the victim requires medical treatment beyond first aid, the incident must be reported as a serious injury. If the attack was not by another individual served but by a member of the public or a staff member, the incident is reported as a battery (victim of crime), not a serious injury.

NOTE: This is a change in reporting requirements and may be a change in practice for some regional centers.

SECTION 14: UNPLANNED MEDICAL HOSPITALIZATIONS REPORTING

14.1 TITLE 17, SECTION 54327(d)(5)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:

(5) Any unplanned or unscheduled hospitalization due to the following conditions:

(A) Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;

(B) Seizure-related;

(C) Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;

(D) Internal Infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;

(E) Diabetes, including diabetes-related complications;

(F) Wound/skin care, including but not limited to, cellulitis and decubitus;

(G) Nutritional deficiencies, including but not limited to, anemia and dehydration;

(H) Bowel obstruction; or

(I) Involuntary psychiatric admission.

14.2 DEFINITION OF TERMS

Title 17, Section 54327(a)

(11) "Hospitalization" means when an individual has been admitted to a hospital for an inpatient stay, regardless of the duration.

14.3 PROTOCOL FOR REPORTING UNPLANNED OR UNSCHEDULED HOSPITALIZATIONS

1. Regional centers shall submit an initial report to the Department if the regional center learns that an individual's admission or ongoing hospitalization to an acute care hospital is related to one or more conditions of types (A) through (I) in 14.1 above.
    a. The initial special incident report must be completed within two working days of learning that the hospitalization was for a reportable condition.
    b. If regional center subsequently confirms that the hospitalization was not of a reportable type, including upon discharge, regional center must correct or withdraw the initial report.

2. An admission is an involuntary psychiatric admission if:
    a. The individual was a non-conserved adult and
        i. The individual did not consent to the admission or
        ii. The admission was carried out by court order or under Sections 5150 to 5157 of the California Welfare and Institutions Code,
    b. The individual was a conserved adult and
        i. The conservator did not consent to the admission and
        ii. The admission was carried out under legal authority other than that of the conservator (e.g. by court order, or under Sections 5150 to 5157 of the California Welfare and Institutions Code), or
    c. The consumer was a child and
        i. The child's parent or guardian did not consent to the admission, and
        ii. The admission was carried out under legal authority other than that of the parent or guardian (e.g. by court order, or under Sections 5150 to 5157 of the California Welfare and Institutions Code).

14.4 KEY ISSUES

1. Reporting of an unplanned or unscheduled medical hospitalization is based upon the individual's condition. An individual's condition may evolve during the course of a hospital stay such that it subsequently becomes reportable. Regional centers are encouraged to monitor an individual's condition and shall report the hospitalization if that hospitalization is based upon any of the condition types (A) through (I) in 14.1 above.

2. The condition of bowel obstruction has been added to the list of conditions necessitating an unplanned medical hospitalization that must be reported as a special incident.

NOTE: This is a new reporting requirement and will be a change in practice for regional centers.

3. Reporting of an involuntary psychiatric admission is based upon the legal basis for the admission, not upon the individual's condition or the duration of their hospitalization.

4. Reporting of an involuntary psychiatric admission requires that the individual is admitted to a hospital pursuant to one of the mechanisms in 14.3 above, regardless of the duration of that admission.

5. Involuntary evaluation and crisis intervention of an individual in an emergency department pursuant to Section 5150 of the California Welfare and Institutions Code and that does not result in admission to a hospital is not a reportable event. However, if the evaluation in the emergency department results in an involuntary admission to a hospital, the admission is reportable. This includes if the individual, after being seen in the emergency room, is transferred to another hospital for the involuntary psychiatric admission.

6. Admission to a state operated facility does not constitute a reportable involuntary psychiatric admission.

7. Information that a regional center receives regarding whether an individual's hospitalization is related to a reportable condition may be obtained from:
    a. The vendor,
    b. Hospital personnel, including physicians or nurses,
    c. Community physicians,
    d. A written discharge summary,
    e. Regional center clinical personnel, or
    f. Any combination of the above.

8. In the event that, after the individual is discharged, information about individual's hospitalization is not easily obtained from the discharge information, the service coordinator will contact and seek assistance from:
    a. The regional center staff member's supervisor,
    b. The regional center clinical team, and
    c. The regional center SIR coordinator.

9. In the event that information about the individual's hospitalization has not been obtained within 90 days of discharge, the SIR should be closed, if it is obtained at a later date, the SIR can then be updated.

SECTION 15: EXTENDED EMERGENCY ROOM STAYS REPORTING

15.1 TITLE 17, SECTION 54327(D)(6)

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:

(6) Any stay in a hospital emergency room lasting five days or more.

15.2 PROTOCOL FOR REPORTING EXTENDED EMERGENCY ROOM STAYS

This regulation requires a regional center report to the Department when an individual remains in an emergency room for five days or more.

NOTE: This is a new reporting requirement and will be a change in practice for regional centers.

15.3 KEY ISSUES

1. For purposes of reporting, a day is considered a calendar day. For example, if an individual arrived at the emergency department on Friday at 10:30 p.m. and remained in the emergency department through the following Tuesday, the regional center shall complete a special incident report.

2. The incident report must be updated at least within 30 working days of the initial SIR report. For example, if the individual remained in the emergency room for 45 days, the initial SIR must be updated after 30 working days with information that the individual remains in the emergency room. The closed SIR should include information about the total number of days that the individual remained in the emergency room, if known.

SECTION 16: REPORTING INCIDENTS THAT HAVE MULTIPLE TYPES OR A SERIES OF INCIDENTS

16.1 PROTOCOL FOR REPORING MULTIPLE TYPES AND A SERIES OF INCIDENTS

Guiding Principle: One report is submitted for the same incident occurring on the same day. In all other cases, more than one report is required.

1. In cases where one event meets the conditions of more than one type of special incident, regional centers will submit *one report* indicating all types that apply.

   For example, an individual leaves the vendor setting and is reported missing to law enforcement. During the period of the individual's absence, the individual fell and broke their arm. One report is submitted noting two incident types: (1) missing person and (2) serious injury.

2. The regional center will submit *one report for each incident* in cases where:
   a. An individual repeatedly experienced incidents of one or more types and,
   b. Each incident was reported to the regional center separately.

   For example, an individual has the repetitive behavior of biting their forearm and banging their head on hard surfaces. The residential services provider reports each day for three days both the incidents of (1) self-biting that broke the skin and required medical treatment beyond first aid and (2) head injuries from head banging that required medical attention. The regional center must submit three incident reports, one for each of the three days that vendor reported the biting and head injuries.

   In another example, the regional center receives a report from an individual's day program of a head injury requiring medical treatment beyond first aid that was caused by aggressive contact from another day program participant. That same day, the regional center receives a report from the individual's residential services provider of a black eye and bruising to the individual's head. Two incident reports must be submitted for each vendor report: (1) for the report by the day program of the head injury and aggressive contact; and (2) for the report by the residential services provider of the bruises to the eyes and head (serious injury). If the regional center establishes that the two vendor incident reports are related,

regional centers are encouraged to consolidate reports before transmitting special incident reports to the Department.

3. The regional center will submit *one report* in cases where:
    a. An individual experienced incidents of a single type repeatedly and,
    b. The regional center learned that the individual experienced this series of incidents all at once after they occurred.

    The incident report must include information detailing the number of times the incident occurred.

    For example, when administering an individual's morning medication, vendor staff noted that individual was administered the wrong dose of their prescribed medication for the past nine days. One special incident report is submitted for the series of medication errors involving the wrong dose. The special incident report must include information that the wrong dose was administered nine times.

    In another example, an individual has the repetitive behavior of biting their forearm. Three days in a row, the individual engages in self-biting at their jobsite, requiring medical treatment beyond first aid each time for breaks in their skin from the bites. On the fourth day, another vendor reports to the regional center that the individual has been engaging in self-biting for three days in a row. The regional center submits one report detailing the three serious injuries of self-biting. That special incident report must include information of the three incidents of serious injury.

4. The regional center will submit *one report for each type of incident* in cases where:
    a. An individual experienced two or more distinct series of incidents not of the same type and,
    b. The two or more series of incidents were unrelated (e.g. by virtue of occurring in different locations or involving the individual and different sets of agents).

    For example, a residential services provider reports an injury to an individual requiring medical treatment beyond first aid that was caused by an aggressive contact by the individual's housemate. The day program reported that the individual had a missing persons incident, and, during their absence, the individual was the victim of a crime. The regional center will submit two incident reports: (1) for the injury at the residential facility caused by the aggressive contact from another individual and (2) for the missing persons and victim of crime incidents reported by the day program.

16.2 KEY ISSUES

1. This protocol of reporting multiple incidents applies only to events that occur under vendored care.

2. Regional centers will report a series of past incidents in a single incident report at the time when they learn that the series occurred.

3. Regional centers must otherwise report special incidents at the time when they have knowledge of them.

4. Examples:
    a. If an individual missed doses of two prescribed medications on five (5) consecutive days and the vendor learned of this on the sixth day, the vendor may report the incident in a single SIR. That incident report must include that two medications were missed every day for five days with a total of 10 missed doses.

    b. If an individual missed a dose of prescribed medication at their residence over five (5) days and was abused over the same five (5) days at a day program and the vendor learned of both series of incidents afterward, the regional center should report the incidents separately in two SIRs: (1) for the repeated medication error, noting that one medication was missed every day for five dates with a total of five missed doses and (2) for reasonably suspected abuse, noting that the abuse occurred every day for five days.

    c. If an individual missed a dose of medication on five (5) consecutive days, the vendor discovered this on the 6th day, the individual then missed the dose again on the seventh day, and the regional center received a report of this on the 7th or 8th day, the regional center should submit two SIRs: (1) for the five missed medication doses discovered on the 6th day and (2) for the missed medication dose discovered on the 7th or 8th day.

5. Before transmitting special incident reports to the Department, regional centers are encouraged to consolidate reports that they receive involving the same incident reported by multiple vendors. For example, if two vendors each report the death of same individual served, the regional center is encouraged to not forward both mortality reports to the Department but only one report of the death. Forwarding both reports may create issues with data accuracy.

6. As incidents evolve over time, regional centers are encouraged to update an existing special incident report involving the same individual rather than

forwarding to the Department each subsequent incident report related to the same event that has evolved subsequently to involve other incident categories. For example, a transportation services vendor reported to the regional center an incident where an individual was the victim of a criminal assault. The regional center transmitted this incident report to the Department. Several days later, the residential services provider notified the regional center that the individual sustained a broken wrist during the assault. The regional center is encouraged to update the initial victim of crime incident report to include the subsequently reported serious injury. Multiple reports may create issues with data accuracy