Vendor 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.

[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(e), (f), and (g)

(e) The [special incident] report 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 (c), (d) and (g) to both the regional center having case management responsibility and the vendoring regional center.

(g) The vendor's or long-term health care facility's special incident report to the regional center pursuant to subsections (e) and (f), shall include, but not be limited to:

(1) The vendor or long-term health care facility's name, address and telephone number;

(2) The date, time, and location of the special incident;

(3) The name and date of birth of the individual served for whom the special incident report is submitted;

(4)The name(s) of any other individual(s) served who were involved in the special incident;

(5)A description of the special incident;

(6)A description (e.g., age, height, weight, occupation, relationship to individual served) of the alleged perpetrator(s) of the special incident, if applicable;

(7)The treatment provided to the individual served, if any;

(8)The name(s) and address(es) of any witness(es) to the special incident;

(9)The action(s) taken by the vendor, the individual served, or any other agency(ies) or individual(s) in response to the special incident;

(10)The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the special incident or involved in the special incident; and

(11)The family member(s), if applicable, and/or the authorized representative of the individual served, if applicable, who have been contacted and informed of the special incident.

3.2 PROTOCOL

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

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

3. The vendor shall include in the special incident report as much of the information listed in section (g) in 3.1 above as is known at the time. The incident report shall be subsequently updated as more information becomes available.

3.3 KEY ISSUES

1. If a vendor or long-term health care facility receives information about an incident but are uncertain whether the incident is a reportable type, the vendor or long-term health care facility should submit an initial report of the incident within 24 hours of learning of the incident to the regional center having case management responsibility.

2. If a vendor or long-term health care facility subsequently confirms that the incident was not of a reportable type, vendor or long-term care facility must correct or withdraw the initial report.

SECTION 4: REPORTING TIMELINESS

4.1 TITLE 17, SECTION 54327(h) and (i)

(h) The [special incident] report… shall be submitted to the regional center by telephone, electronic submission or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.

(i) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after learning of the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (g). The report pursuant to this subsection may be made by FAX, or electronic submission.

4.2 PROTOCOL

The vendor or long-term health care facility shall make in initial report of the special incident within 24 hours of learning of the incident to the regional center having case management responsibility and the vendoring regional center if different.

The vendor or long-term health care facility shall submit a written report within 48 hours to the regional center having case management responsibility and the vendoring regional center if different.

4.3 KEY ISSUES

1. The timeline for reporting starts when the vendor or long-term health care facility first learns of the incident.

SECTION 5: EXEMPTION TO REPORTING REQUIREMENTS

5.1 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.

5.2 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.

5.3 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 6: UNIVERSAL SPECIAL INCIDENT REPORTING

6.1 TITLE 17, SECTION 54327(c) and (d)

(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.

6.2 PROCTOCOL: UNIVERSAL SPECIAL INCIDENT REPORTING

1. Except for parent vendors and individuals served who are vendored (see 5.1 above), vendors and long-term health care facilities must report to the regional center having case management responsibility two special incident events:
    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 Adult Protective Services (APS), Child Protective Services (CPS), the long-term care ombudsman, or law enforcement pursuant to mandated abuse reporting laws.[2]

[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.*).

6.3 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 vendor or long-term health care facility 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.

SECTION 7: MORTALITY REPORTING

7.1 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.

7.2 PROTOCOL: MORTALITY REPORTING

1. A vendor and long-term health care facility must report to the regional center having case management responsibility all instances in which an individual served has died. ich an individual served has died.

7.3 KEY ISSUES

1. The reporting of deaths includes the death of individual that a vendor learns of regardless of when or where the death occurred. For example, a residential services provider must report the death of an individual served occurring in a hospital or while the individual was on a home visit.

SECTION 8: VICTIM OF CRIME REPORTING

8.1 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.

8.2 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.

8.3 PROTOCOL OF VICTIM OF CRIME REPORTING

1. A vendor and long-term health care facility must report to the regional center having case management responsibility 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 8.1 above.

3. It is considered a reportable special incident if a vendor or long-term health care facility 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, a vendor and long-term health care facility will submit a special incident report to the regional center having case management responsibility regardless of whether the individual was under vendored care at the time of the incident.

8.4 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 vendors and long-term health care facilities.

2. Vendors and long-term health facilities 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 vendor, 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 vendor or long-term health care facility subsequently confirms that the incident was not a reportable event, the reporting vendor shall withdraw the initial report.

SECTION 9: REPORTING OF INCIDENTS OCCURRING WHILE UNDER VENDORED CARE

9.1 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.

9.2 PROTOCOL FOR UNDER VENDORED CARE SPECIAL INCIDENT REPORTING

1. All vendors and long-term health care facilities will submit a special incident report to the regional center having case management responsibility if:
    a. The individual served, 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 support 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.

9.3 KEY ISSUES

1. Vendors and long-term health care facilities shall report all special incidents that they believe to have occurred under vendored care, even if the vendor reporting the incident to the regional center was not responsible for the individual's care or supervision at the time 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. 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.

4. 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.

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 her 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 10: MISSING PERSONS REPORTING

10.1 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.

10.2 PROTOCOL FOR MISSING PERSONS REPORTING

1. The vendors and long-term health care facilities will submit a special incident report to the regional center having case management responsibility 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.

10.3 KEY ISSUES

1. Vendors and long-term care facilities must report all incidents when an individual is reported missing to a law enforcement agency.
    a. This includes any communication by a vendor or long-term health care facility to a law enforcement agency when an individual is described as missing.

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 11: REASONABLY SUSPECTED ABUSE REPORTING, OTHER THAN USE OF RESTRAINT

11.1 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.

11.2 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.

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).

11.3 PROTOCOL FOR REASONABLY SUSPECTED ABUSE REPORTING

1. Vendors and long-term health care facilities shall report to the regional center having case management responsibility **all** incidents of reasonably suspected abuse, including those explicitly listed in (A) through (I) in 11.1 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 as a special incident to the regional center having case management responsibility. 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 to the regional center having case management responsibility pertaining to an incident of suspected abuse does not satisfy any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act or the Child Abuse and Neglect Reporting Act. A mandated report of suspected abuse to APS, CPS, the Long-Term Care Ombudsman, or law enforcement may also be required

11.4 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 vendors and long-term health care facilities.

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 vendor or long-term health care facility's special incident reporting obligation. A special incident report must also be submitted to the regional center having case management responsibility 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 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 vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

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 12: PHYSICAL, MECHANICAL OR CHEMICAL RESTRAINT USE REPORTING

12.1 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.*

12.2 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.

12.3 PROTOCOL FOR REPORTING ABUSIVE RESTRAINT USE

Vendors and long-term health care facilities will report to the regional center having case management responsibility 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.

12.4 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 12.3 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 12.3 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 l restraint.

4. This section does **not** require the reporting of all restraint use, only that use which meets one of the criteria listed in 12.3 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, 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's Intervention Reporting Requirements Direction G-2025-Reporting Requirements-002 for a summary of those reporting requirements.[3]

SECTION 13: REASONABLY SUSPECTED NEGLECT REPORTING

13.1 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;
(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

[3] 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.

Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

13.2 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).

13.3 PROTOCOL FOR REASONABLY SUSPECTED NEGLECT REPORTING

1. Vendors and long-term health care facilities will report to the regional center having case management responsibility all incidents of reasonably suspected neglect, including those explicitly listed in (A) through (G) in 13.1 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 as a special incident to the regional center having case management responsibility. 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 regional center having case management responsibility 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. A mandated report of suspected neglect to APS, CPS, the Long-Term Care Ombudsman, or law enforcement may also be required.

13.4 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.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some vendors and long-term health care facilities.

2. Completing a mandated report of reasonably suspected neglect to law enforcement, APS, CPS, the Long-Term Care Ombudsman, and/or licensing does not fulfill a vendor or long-term health care facility's special incident reporting obligation to the regional center. A special incident report must also be submitted to the regional center having case management responsibility regarding the incident of reasonably suspected abuse regarding the incident of reasonably suspected neglect.

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 vendors and long-term health care facilities.

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. Additionally, the falls do not need to occur while under the care or supervision of a same provider to be reportable. For example, if an individual falls at a job site and the employment services vendor knows that the same individual fell two days before when under the supervision of the SLS provider, the employment services provider should submit a report for negligent failure to prevent two or more falls in a 30-day period.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

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 14: SERIOUS INJURY/ACCIDENT REPORTING

14.1 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.

14.2 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.

14.3 PROTOCOL FOR REPORTING SERIOUS INJURY OR ACCIDENT

1. Vendors and long-term health care facilities shall report to the regional center having case management responsibility **any** incident of serious injury or accident. It is not limited to the injury types (A) through (O) in 14.1 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 vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

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. Vendors and long-term health care facilities shall report to the regional center having case management responsibility 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 vendors and long-term health care facilities.

5. Vendors and long-term health care facilities shall report to the regional center having case management responsibility 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 vendors and long-term health care facilities.

14.4 KEY ISSUES

1. This regulation requires the reporting **any** incident of serious injury or accident involving an individual served as a special incident. It is not limited to the serious injuries or accidents listed in 14.1.

NOTE: This is a clarification of previous regulatory requirements and may be a change in practice for some vendors and long-term health care facilities.

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 regional center having case management responsibility.

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 infection.

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 vendors and long-term health care facilities.

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 vendors and long-term health care facilities.

SECTION 15: UNPLANNED MEDICAL HOSPITALIZATIONS REPORTING

15.1 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.

15.2 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.

15.3 PROTOCOL FOR REPORTING UNPLANNED OR UNSCHEDULED HOSPITALIZATIONS

1. A vendor or long-term health facility shall submit an initial report to the regional center having case management responsibility if the vendor 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 15.1 above.
    a. The initial special incident report must be completed within 24 hours of learning that the hospitalization was for a reportable condition.
    b. If a vendor or long-term health care facility subsequently confirms that the hospitalization was not of a reportable type, including upon discharge, vendor or long-term health care facility 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).

15.4 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) listed in 15.1 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 vendors and long-term health care facilities.

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 15.3 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.

SECTION 16: EXTENDED EMERGENCY ROOM STAYS REPORTING

16.1 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.

16.2 PROTOCOL FOR REPORTING EXTENDED EMERGENCY ROOM STAYS

This regulation requires a vendor or long-term health care facility to report to the regional center having case management responsibility 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 vendors and long-term health care facilities.

16.3 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 vendor or long-term health care facility shall complete a special incident report.

SECTION 17: REPORTING INCIDENTS THAT HAVE MULTIPLE TYPES OR A SERIES OF INCIDENTS

17.1 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, vendors and long-term health care facilities will submit a single report indicating all types that apply. In all other cases, more than one report is required.

   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 one incident involves multiple individuals served, an SIR must be submitted for each individual impacted.

   For example, if a transportation provider is involved in a motor vehicle accident and several of the passengers (e.g. individuals served) sustained broken bones, one SIR must be completed for each individual served who had the serious injury of a broken bone. Similarly, if a residential services provider forgot to give the bedtime medication to four residents, one medication error SIR must be completed for each individual who did not receive their bedtime medication.

3. In cases where an individual experiences the same event multiple times in one day or the vendor learns of the same incident that has occurred over multiple days, the vendor or long-term health care facility may submit one incident report to the regional center describing multiple incidents.

   For example, during a medication administration record (MAR) audit, 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. That special incident report must include information that the wrong dose was administered nine times.

4. In cases where an individual experiences two different incidents on the same day and the incidents are unrelated, two separate incident reports must be submitted to the regional center.

   For example, an individual was not given their morning medication. Later that same day, the same individual required medical treatment beyond first aid after they were injured by aggressive contact by another individual served. Two incident reports must be submitted: 1st report for the medication error and 2nd report for the serious injury.

5. If an incident occurs today and then the same incident occurs tomorrow, then two separate SIRs must be submitted because they occurred on separate days.

   For example, an individual runs away from their day program. The day program notifies local police and is returned by police to the day program. The following day, the individual runs away again from their day program. The day program again notifies local police and the individual is again returned by police to the day program. Two missing person incident reports must be submitted, one for each day the individual was reported missing.