

## 6002-I INCIDENT CLOSURE AND CORRECTIVE ACTIONS

REVISION DATE: 11/29/2017, 3/2/2015

EFFECTIVE DATE: July 31, 1993

A. An incident is complete when:

1. The fact finding if needed is reviewed and approved by the Division;
2. Recommendations for corrective action are identified and provided to appropriate Division and provider personnel;
3. Corrective action plans, if needed, are requested, and received from the provider and approved by the Division; or,
4. Designated District personnel have verified the information entered into the Incident Management System (IMS) database and have verified that all corrective actions have been completed no later than 60 days from the acceptance of for a plan.

B. Corrective actions may be member-specific or systemic.

An example of a member-specific corrective action would be requiring the person's Planning Team to reconvene to discuss the incident and review the need for any changes in the Planning Document (Individual Support Plan/Individualized Family Service Plan/Person Centered Plan) or Risk Assessment to ensure the health and safety of the member.

Systemic corrective actions may require the provider to rewrite or clarify agency policy, procedure, recommend specialized training of staff, or require other quality improvement actions to increase the ability of the provider to improve the health and well-being of members served.

- C. The member's Planning Team must review all incidents for the effectiveness of services and assess risk as part of the Planning Document and update the process.
- D. The Division's Program Monitoring staff (at the Central Office and District Level) must review all incidents for residential placements and Day Treatment & Training programs to be monitored prior to the visit to identify any areas that may warrant extra monitoring.