

Critical Incident Report (CIR) Timelines

		Critical Incid	dent Reporting	
Initial Action	Participant or Family/ Direct Service Provider/Support Coordinator: 1. Learns of critical incident and initiates appropriate actions to protect participant from harm. 2. Abuse, neglect and exploitation must also be reported to APS/EPS/CP immediately.			IMMEDIATELY
	Participant or Family	Direct Service Provider (DSP)	Support Coordinator (SC)	
Initial Reporting	Reports critical incidents immediately to the DSP and/or SC.	Notify the SC agency within 2 hours of discovery.	When the SC discovers critical incident: Contact DSP (if applicable) within 2 hours of discovery or when there is no DSP (self-direction or ADHC waiver participants).	WITHIN TWO HOURS
			Review critical incidents entered by DSPs.	DAILY
		Enter the critical incident report by the close of the next business day of discovery into the critical incident reporting system.	Enter the critical incident report by the close of the next business day of discovery into the critical incident reporting system.	BY CLOSE OF THE NEXT BUSINESS DAY
Initial Follow-up		Submits written follow-up in the critical incident reporting system by close of the 3 rd business day after the initial report.		BY CLOSE OF THIRD BUSINESS DAY
			Submit the written follow-up in the critical incident reporting system by close of the 6th business day. (This should be a summary of the incident as well as a triage of the incident to ensure the continued health and safety of our client in the community.)	BY CLOSE OF SIXTH BUSINESS DAY
		 Follow up and take action(s) to address the critical incident along with the participant and SC. Cooperate with the investigation and submit updates as necessary. 	 Continue to follow up with DSP and participant as necessary. Update the critical incident system case notes as necessary. 	UNTIL CLOSURE BY THE REGIONAL WAIVER OFFICE
Upon Closure			Sends Participant Summary Letter to the participant.	WITHIN FIFTEEN DAYS AFTER REGIONAL OFFICE HAS CLOSED CASE
			Conduct any planning meetings that may be needed to resolve the critical incident, develop strategies to prevent and/or mitigate the likelihood of similar critical incidents occurring in the future and revise the Plan of Care.	AS NEEDED

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