



COMMISSIONER
Jon Weizenbaum

May 29, 2015

To: Texas Home Living Program Providers

Subject: Information Letter 15-26
Replaces Information Letter 09-91
Revisions to Critical Incident Reporting Requirements

The purpose of this letter is to inform Texas Home Living (TxHmL) program providers of changes to the critical incident reporting requirements. In accordance with Texas Administrative Code (TAC), Title 40, Chapter 9, §9.580(r), a program provider must enter critical incident data in the Client Assignment and Registration System (CARE) no later than 30 calendar days after the last day of each month for the month being reported in accordance with the TxHmL provider user guide.

Providers must comply with the following changes in reporting requirements beginning with the July 2015 report of incidents that occur in June 2015. These changes will be incorporated into the TxHmL Provider User Guide by July 1, 2015. The guide is found at <http://www.dads.state.tx.us/providers/txhtml/TxHmLProviderUserGuideCriticalIncident.pdf>.

Revisions to Current Reporting Requirements

1. Program providers must report all calls to 911 and identify each call with one of the following categories: (1) medical, (2) behavioral/psychiatric, or (3) medical and behavioral/psychiatric. A program provider will no longer be required to report only those calls to 911 made by staff with the intent for law enforcement to respond.
2. Program providers must report the total number of restraints and identify each restraint with one of the following categories: (1) physical, (2) mechanical, or (3) chemical. The Department of Aging and Disability Services (DADS) is replacing the type of restraint currently labeled "PSYCH MEDS" with "CHEMICAL" and the type of restraint currently labeled "PERSONAL" with "PHYSICAL." A program provider will no longer be required to report only restraints used during behavioral emergencies.

New Reporting Requirements

1. Program providers must report all calls to 911 made by staff and identify each call by the one of the following categories: (1) medical, (2) behavioral/psychiatric, or (3) both (medical and behavioral/psychiatric).
2. Program providers must report the total number of emergency room and hospital admissions and identify each admission with one of the following categories: (1) medical, (2) behavioral/psychiatric, or (3) both (medical and behavioral/psychiatric).

3. Program providers must report the number of allegations of abuse, the number of allegations of neglect and the number of allegations of exploitation. Program providers must enter the allegations in CARE for the month in which they receive the intake report from the Department of Family and Protective Services (DFPS). If one intake report lists abuse, neglect and exploitation, or any combination of the three, one critical incident must be entered for each type of allegation regardless of the number of times each type of allegation is listed in the report.
4. Program providers must report the number of confirmed allegations of abuse, the number of confirmed allegations of neglect and the number of confirmed allegations of exploitation. Program providers must enter the confirmations into CARE for the month in which they receive the final investigation report from DFPS. If one report lists abuse, neglect and exploitation, or any combination of the three, one critical incident must be entered for each type of confirmation regardless of the number of times each type of confirmation is listed in the report.
5. Program providers must report the number of unauthorized departures.
6. Program providers must report the total number of arrests of individuals by law enforcement.
7. Program providers must report the total number of deaths (including unusual deaths).
8. Program providers must report separately the total number of unusual deaths.

New Definitions:

- Number of allegations of abuse – the number of allegations of abuse investigated by DFPS.
- Number of confirmed abuse – the number of allegations of abuse confirmed by DFPS.
- Number of allegations of neglect – the number of allegations of neglect investigated by DFPS.
- Number of confirmed neglect – the number of allegations of neglect confirmed by DFPS.
- Number of allegations of exploitation – the number of allegations of exploitation investigated by DFPS.
- Number of confirmed exploitation – the number of allegations of exploitation confirmed by DFPS.
- Number of deaths – the number of deaths of individuals enrolled in TxHmL. This includes individuals suspended in CARE at the time of death.
- Number of unusual deaths – the number of deaths with unknown causes including deaths not caused by a previously identified diagnosis or deaths that occur during or after an unusual incident.
- Number of arrests – the number of arrests of an individual by law enforcement. If the individual is taken by police to an ER or hospital, that incident is reported as an ER or hospital visit, not as an arrest.
- Number of ER or hospital admissions – the number of admissions to an ER or hospital. If the individual is admitted to the hospital after being at the ER, only one admission is reported. Scheduled hospital admissions and procedures are not reported as critical incidents. Visits to urgent care facilities for minor illnesses such as a cold or the flu are not reported as critical incidents.
- Number of unauthorized departures – the number of incidents of an individual's location being unknown that poses an imminent danger of serious injury or death.

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If, after critical incidents have been entered, a program provider obtains new information that requires a change in the information reported, the program provider must, as evidence of the original entry date, print and maintain the CARE screen showing the original entry date before making any changes.

DADS uses the data obtained from critical incident reporting to measure compliance with Centers for Medicare and Medicaid Services (CMS) requirements and legislative requests. The data is also used to identify trends to assist in developing rules, policy, and training. DADS modifies reporting procedures in accordance with changes in CMS requirements and state law and to facilitate more comprehensive data collection.

For questions about the content of this letter, please email TxHmL@dads.state.tx.us. In the subject line please use "Information Letter No. 15-26 Revisions to TxHmL Critical Incident Reporting Requirements."

Sincerely,

[Signature on file]

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