Please use the following instructions when reporting Adverse Incidents to the health plans. Providers are required to notify the health plan of an adverse incident within 1 business of the discovery of a reportable incident involving a health plan member, whether it occurs at the provider’s location or at another location.

For the following types of events, submit a report regardless of where it occurs:
- Death, Abuse, or Neglect

Fax the Adverse Incident Reporting Form to the appropriate health plan of the member. Please type or print the information requested in all fields on the form:
- The first section of the form is to report member demographics. Complete all information in this section.
- The second section asks you to identify the type of Adverse Incident. Check all that apply. Categories included on the form are shown below:

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Seclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>Restraint (Physical, Mechanical, Protective Hold, Chemical)</td>
</tr>
<tr>
<td>Extortion</td>
<td>Death</td>
</tr>
<tr>
<td>Exploitation</td>
<td></td>
</tr>
</tbody>
</table>

- The third section requires you to write a narrative of the event. Here you should supply the facts of the case (what, where, when, how, etc.). Include the name of the individuals involved at the time of the incident, including relationship and contact information. Use as many pages as necessary, numbering, dating, and signing each page.
- The fourth section asks about any actions you have taken to ensure the safety of the persons involved in the incident as well as steps taken to avoid similar future incidents. If the incident is reportable to a protective agency (i.e. DCFS or APS) there must be documentation in this section that those agencies were informed immediately.
- The final section asks about parental/guardian notification for minors and medical interventions because of the incident – did a psychiatrist, physician, or nurse see the member following the event? If so, what treatment did he/she provide? In this section, you will also note whether someone notified law enforcement or protective services (if applicable).

Please sign, date the form, and then fax it to the appropriate health plan of the member addressed, within 1 business day of discovery of the incident. Upon submission of the form, the health plan will review the incident and contact you, if further information is necessary. Such information may include further detail regarding the incident, the medical records of the individual(s) involved and the results of any internal/external investigations regarding the incident.
**Definitions**

**INCIDENT TYPES:**

The following lists the different types of incidents to report.

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| Abuse (child/youth) | Any one of the following acts that seriously endanger the physical, mental, or emotional health and safety of the child.  
- The infliction, attempted infliction, or, because of inadequate supervision  
- The allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.  
- The exploitation or overwork of a child by a parent or any other person  
- The involvement of a child in any sexual act with a parent or any other person  
- The aiding or toleration by the parent of the caretaker of the child’s sexual involvement with any other person or of the child’s involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state (Children’s Code Article 603) |
<p>| Abuse (adult) | The infliction of physical or mental injury, or actions which may reasonably be expected to inflict physical injury, on an adult by other parties, including but not limited to such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value. (Louisiana Revised Statutes 15:403.2) |
| Chemical restraint | Consists of one time as needed medications which restricts the freedom of movement or causes incapacitation by sedation. |
| Death | All deaths regardless of cause or the location where the death occurred. |
| Exploitation | Exploitation (adult) is the illegal or improper use or management of the funds, assets, or property of a person who is aged or an adult with a disability, or the use of power of attorney or guardianship of a person who is aged or an adult with a disability for one’s own profit or advantage (Louisiana Revised Statutes 15:503.7) |
| Extortion | Extortion (adult) is the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 15:503.8) |
| Incident Date | Indicate the date the incident occurred as opposed to the date the incident was reported. |
| Incident Type | Indicate if the incident is abuse, neglect, exploitation, or extortion for abuse. Indicate death by natural causes, death by accident, death by unknown causes, suicide or homicide for death. |
| Level of Care | Community based services (outpatient), Inpatient (distinct part psychiatric unit, free standing hospital or psychiatric residential facility), or Residential (group home) |</p>
<table>
<thead>
<tr>
<th><strong>Mechanical/Physical Restraint</strong></th>
<th>Any physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neglect</strong></td>
<td><strong>Neglect</strong> (child/youth) is the refusal or unreasonable failure of a parent or caretaker to supply the child with the necessary food, clothing, shelter, care, treatment, or counseling for any illness, injury, or condition of the child, as a result of which the child's physical, mental or emotional health and safety are substantially threatened or impaired. This includes prenatal illegal drug exposure caused by the parent, resulting in the newborn being affected by the drug exposure and withdrawal symptoms. (Children’s Code Article 603)</td>
</tr>
<tr>
<td></td>
<td><strong>Neglect</strong> (adult) is the failure, by a caregiver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes 15:503.10)</td>
</tr>
<tr>
<td><strong>Protective Hold</strong></td>
<td>The application of physical force using body pressure, without the use of any device, to an individual for the purpose of restraining the free movement of the individual’s body.</td>
</tr>
<tr>
<td>(Sometimes called “Personal Restraint”)</td>
<td></td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td>A provider of specialized behavioral health services.</td>
</tr>
<tr>
<td><strong>Status of Incident</strong></td>
<td>Indicate if the incident has been referred to the protective service agency, if the incident is currently being investigated, if the incident was substantiated or not substantiated, and if the incident has been resolved. Include how the incident is resolved for a substantiated incident.</td>
</tr>
<tr>
<td><strong>Seclusion</strong></td>
<td>The involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving.</td>
</tr>
</tbody>
</table>