



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

PROVIDER QUICK GUIDE FOR INCIDENT REPORTING

**In the event of an emergency, FIRST CALL 9-1-1.**

**First and foremost take whatever actions are necessary to resolve the emergency and ensure health & safety.**

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED	NORMAL INCIDENT REPORTING PROCESS
<p><b>Abuse, Neglect and/or Exploitation</b></p> <p><i>NOTE: Requires mandatory reporting to law enforcement, Adult Protective Services (APS), Child Protective Services (CPS), or Tribal Social Services.</i></p>	<p>Call your designated District Reporting Number. Submit a hard copy incident report <b>NO LATER THAN</b> the close of business the next business day via Email or Fax.</p> <ul style="list-style-type: none"> <li>● ALL INSTANCES of physical and sexual abuse and/or exploitation</li> <li>● OTHER TYPES OF ABUSE – report when an incident poses an immediate and serious threat toward an individual(s) enrolled with the Division</li> <li>● SEVERE RISK of immediate death, serious impairment or disfigurement with immediate medical emergency and/or law enforcement intervention</li> <li>● Newsworthy or widespread media coverage</li> <li>● Emergency residential placement assistance needed</li> </ul>	<p>Submit hard copy of incident report by the close of the next business day via Email or Fax.</p> <ul style="list-style-type: none"> <li>● Incidents without serious physical injury or widespread media for the following:               <ul style="list-style-type: none"> <li style="width: 50%;">● VERBAL/EMOTIONAL ABUSE</li> <li style="width: 50%;">● NEGLECT</li> <li style="width: 50%;">● PROGRAMMATIC ABUSE</li> <li style="width: 50%;">● EXPLOITATION</li> </ul> </li> <li>● Emergency residential placement assistance is NOT needed</li> </ul>
<p><b>Accidental Injury or Injury of Unknown Origin</b></p>	<ul style="list-style-type: none"> <li>● SEVERE RISK of immediate death, serious impairment or disfigurement with immediate medical emergency and/or hospitalization necessary</li> <li>● Newsworthy or widespread media coverage</li> </ul>	<ul style="list-style-type: none"> <li>● ALL OTHER INJURIES –whether or not medical intervention is required</li> </ul>
<p><b>Behavioral Events</b></p>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division</li> <li>● Community is at risk of harm</li> <li>● Newsworthy or widespread media coverage</li> </ul>	<ul style="list-style-type: none"> <li>● OTHER BEHAVIORAL EVENTS – events that did not involve use of emergency measures/physical restraints and do not have a separate behavior data tracking process approved by the ISP team or designated in the behavior plan</li> </ul>

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<b>Community Complaint or Disturbance</b>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division</li> <li>● Community is at risk of harm</li> <li>● Newsworthy or widespread media coverage</li> </ul>	<ul style="list-style-type: none"> <li>● All other community complaints or disturbances</li> </ul>
<b>Death</b>	<ul style="list-style-type: none"> <li>● ALL DEATHS REQUIRE IMMEDIATE NOTIFICATION</li> </ul>	<ul style="list-style-type: none"> <li>● NOT APPLICABLE: Immediate notification required</li> </ul>
<b>Emergency Measures</b>  <i>Note: Clearly identify the emergency physical intervention technique used and the responsible staff involved.</i>	<ul style="list-style-type: none"> <li>● SEVERE INJURIES related to the use of emergency physical intervention techniques (risk of immediate death, serious impairment or disfigurement with immediate medical intervention necessary)</li> </ul>	<ul style="list-style-type: none"> <li>● All other uses of any emergency physical intervention technique</li> <li>● ONLY EXCEPTION: BLOCKS - must be tracked on a separate behavior data tracking process approved by the ISP team or designated in the behavior treatment plan.</li> </ul>
<b>HIPAA Violation</b>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division</li> <li>● Community is at risk of harm</li> <li>● Newsworthy or widespread media coverage</li> </ul>	<ul style="list-style-type: none"> <li>● All other HIPAA-related incidents or allegations</li> </ul>
<b>Hospitalization or Medical Attention by Emergency Personnel</b>	<ul style="list-style-type: none"> <li>● SUDDEN HOSPITALIZATION OR EMERGENCY ROOM/URGENT CARE VISIT WITH SEVERE CONSEQUENCES (risk of immediate death, serious impairment or disfigurement)</li> </ul>	<ul style="list-style-type: none"> <li>● All other instances of hospitalization, urgent care or medical attention by emergency personnel</li> </ul>

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<b>Human Rights Violations</b>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division</li> <li>● Community is at risk of harm</li> <li>● Newsworthy or widespread media coverage</li> <li>● Emergency residential placement assistance needed</li> </ul>	<ul style="list-style-type: none"> <li>● All other allegations of human rights related incidents</li> </ul>
<b>Individual Missing</b>	<ul style="list-style-type: none"> <li>● Individual is STILL MISSING AND PRESUMED TO BE IN IMMINENT DANGER</li> <li>● Media has been alerted</li> <li>● HIGH RISK OF DANGER FACTORS: Community at Risk, Foster Care, Probation, Health Issues, No Safety Skills, Missed Critical Medication that may impact the health or safety of the individual.</li> </ul>	<ul style="list-style-type: none"> <li>● Individual has been located and is currently safe</li> <li>● Individual is still missing and has been determined to a LOW RISK for injury to self or others</li> </ul>
<b>Medication Error</b>  <i>Note: Clearly identify the name of the medication and the staff responsible for the error.</i>	<ul style="list-style-type: none"> <li>● HOSPITALIZATION REQUIRED DUE TO SEVERE PHYSICAL REACTION</li> </ul>	<ul style="list-style-type: none"> <li>● All other medication errors</li> </ul>
<b>Medicaid Fraud</b>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward individuals enrolled with the Division</li> <li>● Community is at risk of harm</li> <li>● Newsworthy or widespread media coverage</li> <li>● Emergency residential placement assistance needed</li> </ul>	<ul style="list-style-type: none"> <li>● All other allegations of Medicaid fraud</li> </ul>

INCIDENT TYPE	IMMEDIATE INCIDENT NOTIFICATION REQUIRED  Call your designated District Reporting Number. Submit a hard copy incident report <b>NO LATER THAN</b> the close of business the next business day via Email or Fax.	NORMAL INCIDENT REPORTING PROCESS  Submit hard copy of incident report by the close of the next business day via Email or Fax.
<b>Media Involvement</b>	<ul style="list-style-type: none"> <li>● EXTRAORDINARY EVENT involving an individual(s) enrolled with the Division, a facility, or employees/contractor personnel that will be reported in the newspaper, television, radio, etc.</li> <li>● Widespread media coverage</li> </ul>	<ul style="list-style-type: none"> <li>● Any other media event involving an individual(s) enrolled with the Division, a facility, or employees/contractor personnel</li> </ul>
<b>Provider or Individual Drug Use</b>	<ul style="list-style-type: none"> <li>● POSES AN IMMEDIATE AND SERIOUS THREAT directed toward self, others and/or individuals enrolled with the Division and is being reported to law enforcement due to possession or use</li> <li>● Newsworthy or media coverage</li> <li>● Requires need for emergency residential placement</li> </ul>	<ul style="list-style-type: none"> <li>● All other instances of provider or individual drug use</li> </ul>
<b>Suicide Attempt/ Threat</b>	<ul style="list-style-type: none"> <li>● SEVERE RISK of immediate death, serious impairment or disfigurement with immediate medical emergency intervention necessary</li> </ul>	<ul style="list-style-type: none"> <li>● All other instances of suicide attempts/threats</li> </ul>
<b>Theft or Loss/Damage to Individual's Property</b>	<ul style="list-style-type: none"> <li>● Theft or Loss/Damage of an individual's money or property THAT EXCEEDS \$1,000</li> </ul>	<ul style="list-style-type: none"> <li>● Theft or Loss/Damage of an individual's money or property of \$1,000 OR LESS</li> </ul>
<b>Emergency Change of Operations</b>	<ul style="list-style-type: none"> <li>● ENVIRONMENTAL CIRCUMSTANCES, UNUSUAL WEATHER CONDITIONS, OR NATURAL DISASTERS WHICH RESULT IN AN EMERGENCY CHANGE OF OPERATIONS (e.g., fire, flood, windstorm, snow, loss of necessary utilities, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>● NOT APPLICABLE: IMMEDIATE NOTIFICATION ALWAYS REQUIRED (Phone Call Required for All Incidents)</li> </ul>

The PROVIDER QUICK GUIDE FOR INCIDENT REPORTING is designed to assist with identifying incidents that may require immediate notification to the Division during or after business hours, weekends, and holidays. *It is provided as a tool only and is NOT intended to be all inclusive.* Each incident is different which causes the outcome of the incident to vary from one circumstance to the next. Please use this guide in conjunction with Division Policy Chapter 2100 related to incident reporting located at <https://www.azdes.gov/main.aspx?menu=96&id=2844>.



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

DIVISION OF DEVELOPMENTAL DISABILITIES

STATEWIDE DISTRICT CONTACT DIRECTORY

**DISTRICT CENTRAL**

EMAIL

**DDDCentralIR@azdes.gov**

AFTER HOURS PHONE

**602-375-1403 or 1-855-375-1403 TOLL FREE**

NORMAL BUSINESS HOURS

**Email, Fax or Phone to 602-375-1403 Option #2**

FAX NUMBER

**602-532-5511**

**DISTRICT NORTH**

EMAIL

**DDDDistrictNorthIncidentReports@azdes.gov**

AFTER HOURS PHONE

**928-773-2976 or 1-888-289-7177 TOLL FREE**

NORMAL BUSINESS HOURS

**Email, Fax or Phone to 928-773-2976**

FAX NUMBER

**928-773-8496**

**DISTRICT EAST**

EMAIL

**DDDEastIR@azdes.gov**

AFTER HOURS PHONE

**602-375-1403 or 1-855-375-1403 TOLL FREE**

NORMAL BUSINESS HOURS

**Email, Fax or Phone to 602-375-1403 Option #1**

FAX NUMBER

**520-723-2637**

**DISTRICT SOUTH**

EMAIL

**DDDD2IR@azdes.gov**

AFTER HOURS PHONE

**1-800-525-3611 TOLL FREE**

NORMAL BUSINESS HOURS

**Email, Fax or Phone to 520-628-6800**

FAX NUMBER

**520-628-6682**

**DISTRICT WEST**

EMAIL

**DDDWestIR@azdes.gov**

AFTER HOURS PHONE

**602-375-1403 or 1-855-375-1403 TOLL FREE**

NORMAL BUSINESS HOURS

**Email, Fax or Phone to 602-375-1403 Option #3**

FAX NUMBER

**602-771-1857**

**CPS/APS NOTIFICATIONS**

CHILD PROTECTIVE SERVICES • CPS HOTLINE

**1-888-767-2445 TOLL FREE**

ADULT PROTECTIVE SERVICES • APS

**1-877-767-2385 TOLL FREE**

**1-877-SOS-ADULT**