



Alta California
Regional Center

Training for Service Providers: Title 17 Changes for Special Incident Reporting

(Effective May 1, 2026)

SIR Training Objective

Background of Title 17 Updates

Training materials provided by DDS

Universal Special Incident Reporting

Under Vended Care Special Incident Reporting

Multiple Incident Reporting



Background Information of Title 17 Regulations

Making

Making sure individuals served get the services and supports they need.

Improving

Improving services for individuals served.

Strengthening

Strengthening Partnerships

Mitigating

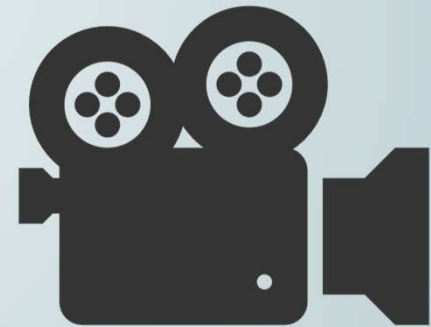
Mitigating risk for individuals served and providers.

Driving

Driving improvements in our service delivery system

DDS Training Materials

- Vendor Guidelines for Special Incidents Pursuant to Title 17.
- Videos on DDS Website
 - Overview Vendor
 - Will be adding video for each category for Vendor
 - Will be adding frequently asked questions.

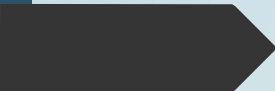


[Risk Management & Mitigation : CA Department of Developmental Services](#)



Universal Special Incident Reporting

Incidents that require an SIR regardless of when and where the incident occurred



Universal Special Incident Reporting

Title 17, Section 54327 (c), (d), (e), and (f)

(Please refer to pages 11-12, Sections 6 &7, of the “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- All vendors, and long-term care facilities shall report to the regional center the following special incidents regardless of when or where they occurred:
 - The **death** of an individual served, regardless of the cause
 - The individual served is a **victim of any crime**
 - Any incident of **alleged abuse or neglect where a mandated report** was filed with Child Protective Services, Adult Protective Services, Long-term Care Ombudsman or Law Enforcement

Universal Incident Reporting – Victim of a Crime

Title 17 Section 54327(c)(2)

(Please refer to pages 13-15, Section 8, of the “ Vendor Guidelines for Special Incidents Pursuant to Title 17”)

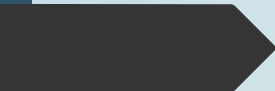
- Robbery
- Aggravated assault
- Larceny
- Burglary
- Rape, including attempts to commit rape
- Simple Assault
- Battery
- Fraud
- Identity or credit theft
- Attempted or actual homicide or manslaughter
- Human Trafficking
- Stalking
- Hate Crime
- Any crime committed against an ACRC client

Universal Incident Reporting – Suspected Abuse

Title 17 Section 54327 (d)(2) (A)-(G) and (I)

(Please refer to page 12 , Section 6, and pages 19-24, Section 11, of the “ Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- (d)(2)(I) Any incident of alleged abuse reported to the Elder and Dependent Abuse Reporting Act commencing with Welfare and Institutions Code 15600 or Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.
 - Physical
 - Sexual
 - Financial
 - Emotional or mental
 - Exploitation
 - Verbal
 - Isolation
 - Any incident of alleged abuse against an ACRC client.



Universal Special Incident Reporting –Suspected Abuse: Physical, **Mechanical**, or Chemical Restraint Use Reporting Title 17, Section 54327 (d)(2)(H):

(Please refer to pages 11-12, Section 6, and pages 25-28, Section 12, of the “ Vendor Guidelines for Special Incidents Pursuant to Title 17)

- Reasonably suspected abuse or exploitation including, but not limited to, the following:
 - Use of physical, **mechanical**, or chemical restraint when:
 - The restraint technique is inconsistent with the program’s approved program plan, restraint training curriculum, or restraint policy;
 - Restraint is used in response to behavior of the individual and the individual’s behavior does not pose an imminent risk of harm
 - Restraint is a part of an individual’s plan, but the used restraint is not an approved intervention in the individual’s plan; or
 - The chemical or mechanical restraint is inconsistent with the physician’ s order

Universal Incident Reporting – Reasonably Suspected Neglect Reporting- Title 17 Section 54327(d)(3)(G)

(Please refer to page 12, Section 6, and pages 28-32, Section 13, of the “ Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- **Reasonable suspected neglect including , but not limited to the negligent failure to:**
 - Provide medical care for physical and mental health needs, **including failing to administer required health care interventions;**
 - Protect from health and safety hazards, including **failing to prevent two or more falls in a thirty (30) day period;**
 - Prevent malnutrition or dehydration
 - Assist in personal hygiene, **including failure to assist with toileting or incontinence needs,** or the provision of food , **fluids,** clothing or shelter;
- **Exercise the degree of care that a reasonable person in a like position of having the care or custody of an individual served would exercise;**
- **Abandonment**
- **T17 54327(d)(3)(G)- Any incident of alleged neglect reported pursuant to the Elder and Dependent Abuse Reporting Act commencing with Welfare and Institutions and Institutions Code Section 15400 or Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164**



Under Vendored Care

Report the following incidents if they occurred during the time the client was receiving services and supports from any vendor or long-term health care facility.



Reporting of Incidents Occurring while Under Vendored Care Title 17, Section 54327(d)

(Please refer to pages 16-17, Section 9, of the “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

Title 17 Section 54327 (d): All vendors and long-term health care facilities shall report to the regional center the following incident if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility.

1. All vendors and long-term health care facilities will submit a special incident to the regional center having case management responsibility if:
 - a. The individual served, for whom the regional center is responsible , experienced one of the reportable incident types listed in these regulations, and
 - b. The Incident occurred at a time when the individual served was receiving , or supposed to be receiving , services and supports from **any** vendor or long-term health care facility.



Reporting of Incidents Occurring while Under Vendored Care Title 17, Section 54327(d)

(Please refer to pages 16-17, Section 9, of the “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

Any of the following situations qualify as an individual served to be as considered receiving services and supports from a vendor or long-term care facility if , at the time when an incident occurred , the vendor or long-term health care facility:

- a. Was providing services and supports to the individual or
- b. Was designated in the individual's IPP to be responsible for providing services and supports to the individual; or
- c. Was designated in the individual’s IPP to be responsible for providing services and supports to the individual 24 hours per day, 7 days per week or
- d. Was responsible for providing services and supports to the individual 24 hours per day 7 days per week under provisions of the California Code of Regulations



Reporting of Incidents Occurring while Under Vendored Care Title 17, Section 54327(d)

(Please refer to pages 17-18, Section 9, of “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- Vendor and long-term health care facilities shall report all incidents that they believe to have occurred under vendored care, even if the vendor reporting the incident to the regional center was not responsible for the individual’s care or supervision at the time the incident occurred.
- The individual served is under vendored care if a vendor was responsible for providing care at the time of the incident, regardless of whether the vendor was actually providing services at the time.
- A vendor might observe that an individual experienced an incident of a reportable type, but occurrence of the incident is confirmed to have occurred while the individual **was not** under vendored care. This is not reportable by the vendor because the individual served is not considered to be “under vendored care” at the time of the event.



Reporting of Incidents Occurring while Under Vendored Care Title 17, Section 54327(d)

(Please refer to pages 17-18, Section 9, of the “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- If a vendor has a responsibility for providing care 24 hours per day, 7 days per week, the individual served is always under vendored care even if vendor staff were not present at the time of the incident.
- All incidents that the individual experience are reportable.
- This relationship exist by virtue of the individual’s IPP or clauses in the California Code of Regulations.
- Examples of Vendors and Long-term Care Facilities providing 24 hours 7 days a week:
 - Supported Living Services (SLS)
 - Family Home Agency (FHA)
 - **FMS providers**
 - Skilled Nursing Facilities (SNF)
 - Intermediate Care Facilities (ICF)
 - Residential Care Facility
 - Adult Day Health Centers
 - Congregate Living Facilities

Under Vendor Care-Special Incident Types: Missing Person Title 17, Section 54327 (d)(1)

(Please refer to pages 18-19, Section 10, of “ Vendor Guidelines for Special Incident Pursuant to Title 17”)

➤ **Missing person:**

- A vendor or long-term health care facility has communicated with any law enforcement agency and described the individual as missing to that agency, or
- A vendor or long-term health Care facility has filed a formal missing person’s report with a law enforcement agency.

Key Issues

- Vendors and long-term health care facilities must report all incidents when an individual is reported missing to a law enforcement agency.
 - This includes any communication by a vendor or long-term health care facility to a law enforcement agency when an individual is described as missing.
- Completion of a formal missing person’s report is **not** required to be a reporting event.
- The incident is reportable if an individual is returned to the vendor’s setting by the police and the individual’s absence from the vendor setting is inconsistent with the level of supervision specified in the individual’s IPP.
- If an individual’s level of supervision in the IPP allows the individual to be in the community unsupervised and individual leaves the vendor’s setting and is returned by the police, the incident is **not** reportable under the type “missing”.

Under Vendor Care-Special Incident Types: Serious Injury/Accident Reporting

(Please refer to pages 32-37, Section 14, of the “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- Medical Treatment Beyond First Aid: *means when an individual served receives treatment by a trained medical professional beyond the one-time, short- term treatment administered immediately after the injury occurs and at the location where I occurred.*
- Lacerations requiring sutures, staples, **wound adhesive, or other wound closure**
- Puncture wounds requiring medical treatment
- Bites that break the skin
- Medication Reactions
- Internal bleeding: *means hemorrhage from an internal organ or site , but does not include bruising, contusions or hematomas*
- Burns that required medical treatment
- **Injury resulting from a seizure**
- **Injury resulting from aggressive contact from another individual**

Under Vendor Care: Special Incident Types: Serious Injury/Accident Reporting-

(Please refer to pages 32-37 , Section 14, of “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- *Any Serious injury/accident:*
 - *Fractures*
 - *Dislocations*
 - *Bruising, contusions, or hematomas, regardless of size to:*
 - *The head, eye , neck*
 - *The breasts, genitals, rectal, or anal area*
 - *Bruising contusions, or hematomas 2 inches or greater*
 - *Pressure stage 2 or greater or unstageable*
 - *Any head injury, including concussion, requiring *medical attention*

**Medical attention means when an individual served is assessed and /or under the observation of a trained medical professional.*

Under vendored Care- Special Incident Types: Medication Errors

(Please refer to pages 32-34, Section 14, of “ Vendor Guidelines for Special Incidents Pursuant to Title 17”)

- All **Medication Errors** must be reported. This **includes** when:
 - A person receives a medication not prescribed for the individual;
 - A person receives the wrong dose of any medication. This includes missed doses of prescription medication and wrong doses of over-the-counter medication. It does **not** include when an individual , over the age of 14 years , refuses to take a prescribed medication at the prescribed time of the day.
 - A person does not receive a prescribed medication at the prescribed time of day.
 - A person receives a medication by an incorrect route



Under vendored Care: Special Incident Types- Unplanned Medical Hospitalizations: Title 17, Section 54327(d) (5)

(Please refer to pages 37-39 , Section 15, of “Vendor Guidelines Special Incidents Reporting Pursuant to Title

(5) Any unplanned or unscheduled hospitalization due to the following conditions:

- Respiratory Illness including but not limited, to asthma: tuberculosis and chronic obstructive pulmonary disease;
- Seizure-related;
- Cardiac–related, including but not limited to, congestion heart failure; hypertension; and angina;
- Internal Infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic or urinary tract infection;
- Diabetes, including diabetes –related complications;
- Wound/skin care, including but not limited to cellulitis and decubitus;
- Nutrition deficiencies, including but not limited to, anemia and dehydration;
- **Bowel Obstruction; or**
- Involuntary psychiatric admission.



Under vendored Care: Special Incident Types- Unplanned Medical Hospitalizations:

Title 17, Section 54327(d) (5)

(Please refer to pages 37-39 , Section 15, of “Vendor Guidelines Special Incidents Reporting Pursuant to Title 17”):

➤ **Key Points:**

- Hospitalization means when an individual has been admitted to a hospital for inpatient stay, regardless of the duration.
- Reporting of an involuntary psychiatric admission requires that the individual is admitted to a hospital regardless of the duration of that admission.
- An SIR is required when the vendor learns that the hospitalization is related to a reportable condition. *Do not wait for a discharge diagnosis or confirming medical documentation.*

Under Vendored Care- Special Incident Types: Title 17, Section 54327(D)(6) Extended Emergency Room Stays Reporting

(Please refer to pages 39-40 , Section 16 , of “Vendor Guidelines for Special Incidents Pursuant to Title 17”)

Extended Emergency Room Stays Reporting -any stay in a hospital emergency room lasting five days or more.

- **For purposes of reporting, a day is considered a calendar day. For example, if an individual arrived at the emergency department on Friday at 10:30pm and remained in the emergency room through the following Tuesday, the regional center shall complete a Special incident report.**



Multiple Incidents

(Please refer to pages 40-41, Section 17, of “ Vendor Guidelines for Special Incidents Pursuant to Title 17”.)

One SIR is required in the following situations:

- In the case that an individual had multiple incidents that occurred on the same day.
 - (i.e.: Missing person and during absence the client fell and broke their arm)
- In the case that the same individual experienced the same event on the same day, or the vendor learns that the same incident has occurred over multiple days, the vendor or long-term care facility may submit on one incident report to the regional center describing multiple incidents.
 - (i.e.: During a medication administration record (MAR) audit, vendor staff noted that the individual was administered the wrong dose of medication for 9 days.)

Two SIRs are required in the following situations:

- If the one incident involved multiple individuals served , an SIR separate SIR must be submitted for each individual impacted.
- In the case where an individual experiences two different incidents on the same day and the incidents are unrelated, then two separate incident reports must be submitted to the regional center.
- If an incident occurs today and then the same incident occurs tomorrow, then two separate SIRs must be submitted because they occurred on separate days.



Any Questions