

# ACRC Shared Information Report

## Shared Information

**Scope:** Case Management, Case Management Support, Early Intervention, CPP, Community Services

**Definitions:** Shared Information (Formally known as Non-Reportable) is a report of an occurrence provided by vendors and long-term health care facilities regarding the client that is neither DDS Reportable nor ACRC Best Practice Reportable. Shared Information categories are as follows:

1. Routine seizures not requiring medical attention
2. Clients missing program for 3 consecutive days (unexcused absences)
3. Client falls-no injury or received basic first aid
4. Condition requiring medical intervention if they received treatment at one of the following: out-patient Care or Urgent Care Clinic if the treatment they received is not listed on " ACRC Special Incident Reporting Requirements" under vendored care.
5. Pregnancy
6. Medication refusals-if client is age 14 or older
7. Minor injury-basic first aid
8. Injury-accident
9. Injury -from a behavior episode
10. Injury from another client
11. Injury -unknown (if not suspecting physical abuse)
12. \*Aggressive act to another client
13. \*Aggressive act to family
14. \*Aggressive act to self
15. \*Aggressive act to staff
16. Severe verbal threats
17. Drug /Alcohol Abuse
18. Community safety: (i.e. jumping out of a moving vehicle; j-walking; riding bike without helmet etc.)
19. Property damage
20. Theft by a client
21. Bed bugs (If not suspecting neglect)
22. Report incidents on left column of "ACRC Special Incident Reporting Requirements" that did not occur under vendored care.

\*If no injuries were received by victim  
or Police were not called to the scene.

**\*\* Under Vendored Care:** Title 17, Section (b) (1) reads:

*(b) All vendors and long-term health care facilities shall report to the regional center:*

*(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:*

**\*\*RAP Protocol for Title 17, Section 54327(b) (1): "Under vendored Care"**

A consumer was receiving service and supports from a vendor or long-term health care facility at the time when an incident occurred, if any of the following conditions is satisfied, and not otherwise.

- If the client lived in a :
  - a. Community Care Facility (CCF)
  - b. Intermediate Care Facility (ICF)
  - c. Skilled Nursing Facility (SNF)
  - d. Supported Living Services (SLS)

Note that these residence types have 24/7 responsibility for care: Individuals in these types are always under vendored care.

- If support staff were scheduled to be present at the time.

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Note that incidents that are reportable if support staff were scheduled to be present at the time of the incident, even if they:

- a. Arrived after the incident
  - b. Were late
  - c. Did not arrive at all.
- The vendor or long-term health care facility was in fact, providing services and supports to the consumer at the time of the incident.

### **\*\*Long-Term Care Facility:**

For purposes of reporting, any of the following count as long-term care facilities:

- Adult Day Health Care Programs (ADHC)
- Congregate Living Facilities (CLHF)
- Skilled Nursing Facilities (SNF)
- Intermediate Care Facilities (ICF)
- Intermediate Care Facilities/Developmentally Disabled (ICF/DD)
- Intermediate Care Facilities/ Developmentally Disabled Habilitative (ICF/ DDH)
- Intermediate Care Facility/ Developmentally Disabled-Nursing (ICF/ DDN)

(\*\*Taken from the Reporting Alignment Project Updated on 7/18/2013)

**Rationale:** Incident reporting provided by vendors and long-term health care facilities fall into three categories: DDS Reportable (Title 17 Section 54327), ACRC Best Practice Reportable and Shared Information (Non-Reportable). This procedure outlines the expectations for reporting Shared Information.

**Procedural Steps:** Shared Information should be reported directly to the service coordinator and not to the ACRC Special Incident Reporting Desk.

1. For Shared Information Occurrences the vendor or long-term health care facility should report to the service coordinator either verbal or written report (whichever is determined most appropriate by the Planning Team) within 48 hours except for occurrences that occur on a regular basis such as (behaviors or routine seizures). For these type of occurrences the Planning Team will determine the appropriate interval at which the Shared Information Occurrence should be reported to the ACRC service coordinator.

ACRC has created a Shared Information Form that vendors and long-term health care facilities can use to report Shared Information Occurrences. This form was created to improve the communication between the vendors / long-term health care facilities and service coordinators so that it is clear if the vendor/ long-term health care facility is reporting a Shared Information Occurrence or a Special Incident. It is highly recommended that vendors utilize the Shared Information Form when submitting a written report to the service coordinator.

2. When a service coordinator receives a copy of the ACRC Shared Information Form, the service coordinator will review the report and verify it meets Shared Information criteria. The service coordinator may consult with the SIR Desk and/or their supervisor for clarification.
  - a. If the service coordinator determines that the Shared Information does not meet the criteria but is actually a DDS Reportable or ACRC Best Practice Incident. The ACRC service coordinator will request the vendor/long-term health care facility complete an ACRC Special Incident Report and submit it to ACRC's SIR Desk immediately.
3. Service coordinator will document Shared Information and any follow up information related to the incident in a Title 19 Note.

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### Client Information:

Client's Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	UCI Number:
Date of Birth:	Date of occurrence:	Time of occurrence:

### Location of the Occurrence:

<input type="checkbox"/> Community Care Facility <input type="checkbox"/> Long-Term Health Care Facility (ICF/SNF) <input type="checkbox"/> Day Program <input type="checkbox"/> Job Site <input type="checkbox"/> Community Setting <input type="checkbox"/> Client's Own Residence <input type="checkbox"/> Public School <input type="checkbox"/> Other:
Address:

### Description of Occurrence:

Please describe the occurrence, including specific information leading up to the event, location, harm to client/others , persons involved, who was notified when and by whom, etc.:

### Report submitted by:

Report Submitted by:	Title:	Telephone #:
Agency Name:	Report submitted to:	Date Submitted:

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**Important Note:** This Report should be submitted directly to the assigned ACRC Service Coordinator and not to the SIR Desk. This form should be used to report a type of occurrence which is listed on the Shared Information Sheet only.