

## ONE REPORTABLE EVENT MANAGEMENT SYSTEM DEFINITIONS

**EFFECTIVE DATE:** September 1, 2024

**Abuse:** T.C.A. § 33-2-402(1): "Abuse" means the knowing infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse (of all forms) is a "knowing" or "willful" act. "Mental anguish" shall mean significant psychological distress that is intense or persistent, and may include fear, anxiety, stress, humiliation, depression, trauma, or grief. In order to be considered mental anguish, the psychological distress experienced must be intense or persistent and linked to the actions of the alleged staff. Includes instances of intentional abuse that would result in such mental anguish in a reasonable adult regardless of age or disability (*Note: The meaning of mental anguish also applies to that term's use in the definitions of "Physical Abuse" and "Neglect" below*).

TennCare and DDA recognize three subcategories of abuse:

1. **Physical Abuse** shall mean actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. It includes the use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
2. **Sexual Abuse** shall mean any type of sexual activity or contact with sexual intent or motivation between a person and anyone affiliated with DDA, CHOICES, ECF CHOICES as a staff person, employee or a contracted provider or volunteer. This includes, but is not limited, to actions by which a person is coerced into sexual activity or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.
3. **Emotional/Psychological Abuse** shall mean actions including, but not limited to, humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person.

**Anchor Date:** the date the investigative entity receives notification of the investigation assignment/opening.

*Note: This is the timeframe the provider has for completing the investigative process and final report for a Tier 2 investigation (which is 25 days from the anchor date).*

**Circle of Support (COS):** shall mean a group of people who meet together on a regular basis to help a person supported plan for and accomplish his/her personal outcomes and actions. The person supported is the focus or the center of the COS. At a minimum, this includes the person supported, his/her family member(s) and/or conservator(s), case manager, and the providers of any supports and services that the person receives. Friends, advocates, and other non-paid supports are included at the invitation of the person.

**Class 1 Substantiation:** the wrongful conduct affecting the person constituted abuse, neglect, exploitation, or misappropriation of money or property, and resulted in one or more of the following consequences to the person: death, serious injury, or physical harm; physical or sexual abuse; significant pain, intimidation or mental anguish; probable risk of serious harm; loss of funds or property greater than \$1,000 in value or prescription controlled medications with a replacement value of greater than \$1000; or, through supervision neglect harming a citizen in the community or engaging in criminal acts resulting in arrest and confinement. Wrongful conduct in this category is of a nature serious enough to call into question whether the offender should be entrusted with the care of a vulnerable person; a final investigative report reflects that clear and convincing evidence supports that the identified staff acted in accordance with this definition.

**Class 2 Substantiation:** the wrongful conduct affecting the person constituted abuse, neglect, exploitation, or misappropriation of money or property, but resulted in minimal or no physical harm or injury, pain or mental anguish; minimal risk of serious harm; loss of funds or property of up to \$1,000 in value; or violation of plans of care with minimal or no adverse consequences. Wrongful conduct in this category is of a nature that disciplinary action and/or additional training may reasonably be deemed sufficient to address; a final investigative report reflects that the preponderance of evidence supports that the identified staff acted in accordance with this definition.

**Dignity of Choice:** The right of a person to make an informed decision to engage in experiences of his or her own choosing, which are necessary for personal growth and development. Supporting dignity of choice means honoring a person's right to make choices and engage in activities that may involve risk associated with these types of choices and activities, and committing to assist the person to identify, consider, and implement strategies to mitigate the identified potential negative consequences of these choices.

**Exploitation (Misappropriation of Property):** TCA § 33-2-402(9): "Exploitation" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money with or without consent." This is further defined as the illegal or improper use of a person's resources or status for another's benefit or advantage.

For tracking and trending, the following internal subcategory definitions are:

1. **Financial:** The misplacement, misappropriation or wrongful temporary or permanent use of the person's funds.
2. **Exploitation:** The illegal or improper use of a person's resources, property or status for another's benefit or advantage is considered exploitation.

Accidental or unintentional misplacement of belongings or money does not rise to the level of being considered "Exploitation." Further, the temporary or permanent use of belongings or money, where such use is not *wrongful* and consent *has* been given by a person capable of giving consent, shall not be considered "Exploitation." Therefore, "Exploitation" shall not include the use, by someone other than an employee or volunteer of DDA, an MCO or a provider organization, of a person's belongings or money, either temporarily or permanently, when the use is not wrongful and a person who is able to give consent has given consent. For example, a person may wish to loan his neighbor temporary use of his lawnmower or may wish to loan a friend money for bus fare without expectation of repayment. Such voluntary acts of kindness, where consent is able to be given and has been given, and the recipient is

not wrongfully using what has been loaned or given, either temporarily or permanently, shall not be considered "Exploitation."

**Highly Restrictive or Intrusive Behavioral Safety Interventions** shall mean techniques (i.e., supported recovery-separation, mechanical restraint, protective equipment, specialized behavioral safety interventions) that are only used in emergency circumstances and go beyond what is required to resolve the immediate crisis due to the persistent and ongoing risk of harm to the person or others.

**Informed Choice** shall mean the person is well informed to make an educated and voluntary decision about moving forward with his/her goal or planned activity after s/he has had a meaningful discussion about risks and potential outcomes, both positive and negative, that may result. ***Only after the person understands how the identified risks could be mitigated can s/he make a truly informed decision about whether a particular risk is a tolerable risk that s/he wishes to accept/take.***

Having an intellectual or developmental disability does not necessarily preclude a person from being able to engage in informed choice, as decision-making abilities are individualized and can vary with the person depending on topic, skills that have been developed, or other factors. A person may be capable of understanding risk or making a choice with or without a conservator. If a person has a conservator that does not create the presumption that the person is incapable of making a choice, understanding risk, or giving consent, as each case must be assessed individually which should include a review of the conservatorship order. However, depending on the needs and strengths of the person, the person may engage decision-making support to understand potential risks and outcomes before taking action.

**Informed Choice to Accept a Rights Restriction** shall mean a voluntary agreement made by a well-advised and well-informed person or, if applicable, legal representative or desired representative to accept a rights restriction.

- Well-advised and well-informed means the person or, if applicable, legal representative or desired representative has been informed of and understands the assessed need for a limitation of their rights (the rights restriction) and that their behavioral and/or medical condition is directly proportionate to the specific assessed need.
- The person or, if applicable, legal representative or desired representative has also been informed and understands that positive interventions and supports and less intrusive methods of meeting the assessed need have been tried but did not work. The person or, if applicable, legal representative or desired representative has also been informed and understands that the rights restriction will be reviewed by the Circle of Support at a minimum annually to evaluate ongoing effectiveness of the restriction and to determine if it is still necessary or can be terminated or made less restrictive. With all of this information provided, the person or, if applicable, legal representative or desired representative can make an informed choice to either provide or withhold informed choice for a rights restriction.

**Investigation** shall mean a formal procedure for the collection, review, and examination of evidence regarding allegations against provider staff or provider volunteers of abuse, neglect, exploitation, serious injury of unknown cause, suspicious injury or unexpected or unexplained death of an individual receiving services and supports through 1915(c), ECF CHOICES, CHOICES, and Katie Beckett providers.

***Note: Allegations against non-paid caregivers (i.e., family member, spouse, significant other) are not reportable to DDA as DDA has no jurisdiction. These allegations are to be reported solely to Adult***

***Protective Services (or Child Protective Services, if applicable) and/or Law Enforcement, if applicable.***

**Investigation Review:** All waiver program providers, persons supported, legal representatives, case managers/support coordinators, MCO, DDA, or TennCare representatives may request a review of an investigative report within fifteen (15) days of an investigation closing. Requests must be based on new or additional information, evidence not considered during the investigative process, which raise matters that bring into question the integrity of an investigation or provide basis for disputing the investigative conclusion. All Investigation Review requests must be submitted in writing, express the reason for the disagreement, and include additional evidence if applicable.

**Investigation Review Committee (IRC):** The Committee responsible for reviewing and making determinations on Investigation Review requests. The committee's voting membership shall consist of eleven (11) persons appointed by the Commissioner, representing the following DDA offices or areas of operation and outside entities: DDA's Deputy Commissioner of Program Operations; DDA's Director of Behavior and Psychological Services; DDA's Director of Nursing; DDA's ICF/IID Liaison; DDA's Deputy Director of Quality Assurance; DDA's Director of Person Centered Practices; a designated representative from a DDA-contracted provider of services; a designated representative of the Adult Protective Services unit of the Tennessee Department of Human Services; a designated representative of the Disability Law & Advocacy Center of Tennessee; a designated representative of the Arc of Tennessee; and a designated representative of the Tennessee Council on Developmental Disabilities.

**Medical Treatment:** Medical treatment means face-to-face treatment beyond basic first aid. Such treatment must be performed by a medical professional, (e.g., RN, EMT, Physician's Assistant, Medical Doctor, or similarly qualified and licensed professional), that is not evaluative or diagnostic in nature, and is meant to treat an illness or injury. Where a provider or MCO employs a medical professional on staff who **evaluates** a person to determine if medical treatment is required for an illness or injury, this evaluation does not constitute medical treatment.

**Medication Variances and Omissions:** occur when serious injury or harm is inflicted on a person as a result of improper, or absence of, medication administrations.

Tier 1 categories listed below shall require a call to the DDA Investigations Hotline as soon as possible but within 4 hours, and a Reportable Event Form (REF) is submitted by the Event Management Coordinator (EMC) to the DDA Event Management Unit at Central Office via Formstack at [Reportable Event Form - Formstack](#) within one (1) business day in the following instances:

1. Variance requires intervention and caused, or is likely to cause temporary harm to the person
2. Variance caused, or is likely to cause, temporary harm requiring hospitalization of the person
3. Variance caused, or is likely to cause, permanent harm to the person
4. Variance resulted in a near death event (e.g., anaphylaxis, cardiac arrest)
5. Variance resulted in or contributed to the person's death

A REF is required for all medication variances resulting in the need for observation, but which does not require any face-to-face medical treatment (including treatment by provider's trained medical staff, physician services, emergency assistance or transfer to an acute inpatient facility for stabilization) because there is no injury or probable risk of serious harm. Such variances shall include: medication

omission; administering the wrong drug; administering the wrong drug dosage; administering the drug to the wrong person; administering the drug at the wrong time; administering the drug at the wrong rate; administering the drug following improper or inadequate preparation; or administering the drug via the incorrect route.

**Observation** shall mean when the provider has been directed by the Primary Care Physician or medical professional to observe for potential negative consequences that can result from the medication variance. In these instances, a REF is required. Medication Certification notes that the person is automatically observed but being directed to by the prescribing physician or reviewing medical personnel indicates a higher degree of risk.

In all cases, medication administration by a person who is not trained and certified through the DDA Medication Administration Program; authorized under Title 71 Self-Directed Health Care; or is not licensed by the State of Tennessee to administer medications requires the completion of a Reportable Event Form (REF) for alleged training neglect and could result in a Tier 1 or Tier 2 investigation depending on the findings during the triage process.

**Minor Injury:** Minor Injury shall mean any apparent or confirmed physical harm which does not require assessment and treatment beyond basic first aid that could be administered by a lay person. A minor injury may be self-inflicted or inflicted by another person; it may be accidentally or intentionally caused; the action may have been witnessed or not; and the cause of the injury may be known or unknown. An assessment by medical personnel does not constitute treatment.

**Natural Supports** shall mean unpaid individuals who are involved in a person's life, who are familiar with and have a relationship with the person, and whose opinion the person values.

*Note: Natural Supports can include unpaid support to assist in ensuring the health, safety, welfare and quality of life of a person residing in the community delivered by family members, friends, neighbors, and other entities including clubs, churches and community organizations.*

**Neglect:** T.C.A. § 33-2-402(10): "**Neglect**" means failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm.

#### **Neglect Threshold**

In order to be considered "**neglect,**" an omission of an act must have led to physical harm, mental anguish, or mental illness, which results in serious injury to the person or another person (i.e. housemate, community member, staff, etc.); or resulted in probable risk that serious injury could have occurred as the result of such omission. "Probable risk" means that a reasonable person would conclude serious injury was more likely than not (a greater than fifty percent (50%) chance of occurrence). A "serious injury" is any injury requiring medical treatment beyond first aid by a lay person.<sup>1</sup>

Except for extenuating medical circumstances of a person (e.g., a compromised immune system), failure to seek medical attention for a cold, minor illness or minor injury is not neglect, as there was not probable risk of serious injury.

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<sup>1</sup> Where a provider or MCO's employed medically trained staff (e.g. nurse) evaluates a person to determine if medical treatment is required, this evaluation does not constitute medical treatment beyond first aid by a lay person.

Failing to warn a person not to cross a street in the center of a block when traffic is passing at high speed would constitute neglect, even if the person did not get hit by a car, as a reasonable person would conclude there was probable risk of serious injury due to the lack of the warning being given.

For tracking and trending, the following internal subcategory definitions are:

1. **Training Neglect**-Failure on the part of a trainer for any person responsible for providing a service that has not received, obtained or been afforded with the necessary training to fulfill those responsibilities that resulted in or placed the person at probable risk of serious harm.
2. **Treatment Neglect**-Failure to provide specified care to a person that either resulted in or placed the person at probable risk of serious harm.
3. **Communication Neglect**-Failure to convey critical or vital information that either resulted in or placed the person at probable risk of serious harm.
4. **Supervision Neglect**-Failure to provide adequate support that resulted in harm or placed the person at probable risk of serious harm.

**Non-Reportable Events:** shall mean an event which the provider is not required to report to the MCO or DDA, but which the provider shall be responsible for documenting, performing data collection and trend analysis, and addressing in order to prevent similar occurrences in the future whenever possible. An example of a non-reportable event would include staff misconduct.

**Private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):** shall mean a facility for persons with intellectual disabilities that is owned and operated by an entity other than the state.

**Probable Risk of Harm:** The high likelihood that the individual will be subjected to an unacceptable risk of serious injury or harm.

**Probable Risk of Serious Injury:** A reasonable person would conclude serious injury was more likely than not (a greater than fifty percent (51%) chance of occurrence). A reasonable person exercises average care, skill, and judgment in conduct that society requires of its members for the protection of their own and of others' interests.

**Provider Reportable Event Review Team (PRERT):** shall mean a team of designated persons, as defined in the provider's Reportable Event Management policy, assigned to monitor the reporting of events, review events and investigations reports, provide recommendations, and identify trends regarding reportable and non-reportable events.

**Public Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):** shall mean a DDA-operated and state-owned intermediate care facility for persons with intellectual disabilities.

**Reportable Events:** An event that is classified as Tier 1, or Tier 2, or an Additional Reportable Event as defined by TennCare, that the provider, MCO, or FEA staff shall be responsible for reporting to the MCO and/or DDA as specified in the Reportable Event Management (REM) protocol.

**Additional Reportable Events and Interventions** shall mean a reportable event that the provider, MCO, or FEA staff shall be responsible for reporting to the DDA as specified in the Reportable Event Management (REM) protocol. Additional Reportable Events include:

1. **Reportable Behavioral Events** in which a person presents a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure. A REF is required within one (1) business day for an event in which a person presents a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure that is **not** captured as an appropriate response in a plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.) that pertain(s) to that person. If the use of a behavior safety intervention or a restrictive behavioral procedure **is** captured as an appropriate response in the person's plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.), a consolidated REF will be submitted monthly by the Event Management Coordinator. The Provider Reportable Event Review Team (PRERT) is required to review all Reportable Behavioral Events at least monthly to ensure that the utilization of behavior interventions is appropriate and performed correctly. Reportable Behavioral Events include Reportable Psychiatric Events.
2. **Reportable Psychiatric Events** in which a person presents evidence of psychiatric destabilization which requires the use of a psychiatric intervention or crisis services that is not captured as an appropriate response in a plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.) that pertain(s) to that person.

Reportable Behavioral/Psychiatric Events include:

- Behavioral Crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by plan of care (all takedowns or prone restraints are prohibited)
  - Behavioral Crisis requiring emergency psychotropic medication
  - Behavioral Crisis requiring crisis intervention
  - Criminal Conduct/Probable Criminal Conduct: shall mean acts which violate existing criminal codes which lead to or can reasonably be expected to lead to police involvement, arrest, or incarceration of a person using services or an employee, during the provision of services.
  - Engagement with law enforcement
  - Physical Aggression: shall mean hostile, injurious, or destructive challenging action(s) that are not directly related to property destruction. Physical aggression is reportable with or without injury to the person supported or others (e.g. staff).
  - Property Destruction exceeding \$100
  - Psychiatric Admission (or observation), including in an acute care hospital
  - Reportable Behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person (housemate, staff, private citizen/other)
  - Self-Injurious Behavior (SIB): shall mean a self-inflicted physical injury
- Note:** *For SIB to be reportable via REF, there must be an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person.*
- Sexual Aggression: shall mean acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.

- Suicide attempt

**Note:** *The following events are also considered Reportable Behavior/Psychiatric Events, even if they did not require use of a behavior safety intervention, restrictive behavioral procedure, or crisis services: engagement with law enforcement, property destruction exceeding \$100, psychiatric admission, sexual aggression, suicide attempt, and Reportable Behaviors involving physical aggression and/or self-injurious behavior resulting in injury to another person.*

3. **Reportable Medical Events** shall mean an event that occurs during the delivery of services or discovered during the delivery of services, outside of a diagnosed chronic condition, which requires treatment in an emergency room or urgent care facility. Reportable Medical Events include:

- Cellulitis
- Choking episode requiring physical intervention (e.g., use of abdominal thrust, back blows, or Heimlich maneuver)
- Death (other than those that are unexpected/unexplained)
- Fecal impaction
- Flu
- Insect or animal bite requiring treatment by a medical professional
- MRSA
- Pneumonia
- Pressure Ulcer/Decubitus Ulcer
- Seizure progressing to status epilepticus
- Sepsis
- Serious injury of known cause
- Severe allergic reaction requiring treatment by a medical professional
- Severe dehydration requiring treatment by a medical professional
- Skin Infection (other than Cellulitis & MRSA)
- UTI
- Other (please provide treated diagnoses)

**Note:** *Chronic Condition shall mean a human health condition or disease that is persistent or otherwise long lasting in its effects, or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than 3 months.*

**Note:** *Choking episodes requiring physical intervention (e.g., use of abdominal thrust, back blows, or Heimlich maneuver) are tracked and trended as a Reportable Medical Event, even if intervention or treatment does not occur at an emergency room or urgent care facility.*

4. **Other Additional Reportable Events** include:

- Administration of Routine Psychotropic Medication without Consent
- Emergency Situations, including fire, flooding, and serious property damage, that result in harm or risk of harm to persons supported
- Enabling Technology Remote Supports: failure to implement Emergency Back-up Plans
- Fall with Injury -Minor (an injury that is treatable by a lay person) and Serious (resulting in medical intervention and treatment)
- Medication Variance and Omission (refer to definition above)



- Missing Person > (greater than) 1 hour: shall mean any person receiving services who is unexpectedly absent for longer than 60 continuous minutes after a reasonable search was conducted.
  - Unsafe Environment (lack of cleanliness/hazardous conditions not otherwise expected to normally exist in the environment)
  - Vehicle Accident- Minor (not resulting in an injury; treatable by a lay person) and Serious (resulting in medical intervention and treatment)
  - Victim of fire
5. **Reportable Intervention** shall mean a measure taken to promote the health and safety of the person, which is not related to abuse, neglect, or exploitation, that the provider, MCO, or FEA staff shall be responsible for reporting to DDA as specified in the Reportable Event Management (REM) protocol. Reportable Interventions include:
- Abdominal Thrust/Back Blows/Heimlich Maneuver
  - Administration of PRN Psychotropic Medication
  - Admission to: Incarceration,
  - CPR or an Automated External Defibrillator (AED)
  - Crisis Services: 911 Call, EMT, ER Visit, Fire Department, Mobile Crisis Services, Police, and Urgent Care Facility
  - Discharge from: Incarceration,
  - Manual Restraint (regardless of type, of time used, or approved by plan of care)
  - Mechanical Restraint (regardless of type, of time used, or approved by plan of care)
  - Protective Equipment (regardless of type, of time used, or approved by plan of care)
  - X-Ray (to rule out fracture)

**Reportable Event Form (REF):** The form that is submitted to DDA used to report the event. This form is submitted through Formstack. The link for submitting the REF, as well as guidance on completing the REF through Formstack, will be located on the Event Management page of the DDA website (<https://www.tn.gov/disability-and-aging/provider-information/reportable-event-management.html>)

**Restricted Interventions:** shall mean a restrictive behavior analytic procedure that may only be authorized by a licensed practitioner of behavior analysis and must be approved by a behavior support committee and appears on the DDA list of restricted procedures.

**Rights Restriction:** shall mean any action imposed on a person in response to a risk to his/her health, safety, or finances that limits or prevents the person from freely exercising his or her human and civil rights and privileges.

**Serious Injury of Known Cause:** shall mean an injury that requires assessment and treatment beyond first aid that can be administered by a lay person. Assessment and treatment for a serious injury is in a hospital emergency room, in an urgent care center, or from a physician, nurse practitioner, or physician's assistant and/or nurse. Includes, but not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair, 2<sup>nd</sup> and 3<sup>rd</sup> degree burns, and loss of consciousness.

**Serious Injury of Unknown Cause:** shall mean an injury that requires assessment and treatment beyond first aid that can be administered by a lay person, the cause of which is unknown. If unknown or suspected to be the result of abuse and/or neglect, the serious injury shall be investigated. Includes, but not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair, 2<sup>nd</sup> and 3<sup>rd</sup> degree burns, and loss of consciousness.

**Staff Misconduct:** shall mean an action(s) or inaction(s) by staff of contracted providers, contracted employees, volunteers or others associated with or providing care for persons supported by DDA, that are contrary to sound judgment and/or training and related to the provision of services and/or the safeguarding of the person's health, safety, general welfare and/or individual rights. Staff misconduct includes incidents that do not rise to the level of abuse, neglect or exploitation, and do not result in injury or adverse effect, and the risk for harm is minimal.

**Suspicious Death:** shall mean a fatality occurring under circumstances that are unexpected or unexplained. All suspicious deaths will be reported as soon as possible and always within four (4) hours to the DDA Investigations Hotline.

**Suspicious Injury:** shall mean an injury that may have been the result of abuse or neglect or is not consistent with the explanation provided. There must be a reason to suspect the injury was the result of abuse or neglect.

**Tier 1 Reportable Events:** shall mean the **alleged** wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property, that resulted in one or more of the following consequences to the person: death, serious injury, or physical harm; physical or sexual abuse; significant pain, intimidation or mental anguish that required medical intervention or loss of funds; property greater than \$1,000 in value; or prescription-controlled medications with a replacement value of greater than \$1000. Notice is given to the DDA Investigations (Abuse) Hotline as soon as possible but within 4 hours, and a corresponding Reportable Event Form (REF) must be submitted by the Event Management Coordinator (EMC) or designee to DDA within one (1) business day of the Hotline report by utilizing the Formstack link (<https://stateoftennessee-cvlyz.formstack.com/forms/ref>). Examples of a Tier 1 Reportable Event include:

- All allegations of sexual abuse
- Allegations of physical abuse that require medical intervention or treatment
- Allegations of neglect that require medical intervention or treatment
- Exploitation by provider personnel exceeding \$1,000, including prescription-controlled medications with a prescription value of greater than \$1000
- Allegations of emotional/psychological abuse that required medical intervention or treatment

**Note:** *Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode **that requires** intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that **would have** elicited mental anguish by a reasonably prudent person.*

- Suspicious Injury in which abuse/neglect is suspected and required medical intervention or treatment

- Serious Injury of Unknown Cause
- Unexpected and/or Unexplained Death including suicide
- All neglect that is potentially felonious in nature when there is not an injury

**Note:** *There may be circumstances in which something would not fall under physical abuse, did not result in an injury, but could meet the legal definition for Abuse of a Vulnerable Adult. With DDA's increased involvement in the Vulnerable Adult Prosecutorial Investigative Team (VAPIT) meetings across the state, the DA may request that DDA retains an investigation, rather than the Provider.*

**Tier 2 Reportable Events:** shall mean the **alleged** wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property, that resulted in one or more of the following consequences to the person: intimidation or mental anguish; probable risk of serious harm; loss of funds or property between \$250 and \$1,000 in value or prescription-controlled medications with a replacement value of less than \$1000; or, through supervision neglect harming a citizen in the community or engaging in criminal acts resulting in arrest and confinement. The person did not require medical intervention/treatment and is not at continued risk of serious harm. Notice is given to the provider EMC and administrator, and a corresponding Reportable Event Form (REF) must be submitted by the Event Management Coordinator (EMC) or designee to DDA within one (1) business day of the Hotline report by utilizing the Formstack link (<https://stateofennessee-cvlyz.formstack.com/forms/ref>). Examples of a Tier 2 Reportable Event include:

- Allegations of physical abuse that **do not** require medical intervention or treatment
- Allegations of neglect that **do not** require medical intervention or treatment
- Allegations of emotional/psychological abuse that **do not** require medical intervention or treatment, including allegations that provider personnel (e.g. employees, volunteers) engaged in disrespectful or inappropriate communication about a person [e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures)], or any other similar acts that do not meet the definition of emotional or psychological abuse and which are directed to or within eyesight or audible range of the person

**Note:** *Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode but **does not require** intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that would have elicited mental anguish by a reasonably prudent person.*

- Suspicious Injury in which abuse/neglect is suspected but did not require medical treatment or intervention
- The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money valued between \$250 and \$1,000 (i.e., less than the threshold for misappropriation) or prescription-controlled medication with a replacement value of less than \$1000.