NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

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Pursuant to
Neb. Rev. Stat. § 84-901.03

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DEPT. OF HEALTH AND HUMAN SERVICES

Incident Reporting & GER Guide

Effective October 1, 2024

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Introduction

The instructions in this guide are for **all providers of Medicaid Home and Community-Based (HCBS) developmental disabilities (DD) waiver services** (both agency and independent) unless otherwise stated. This guide outlines who is responsible for reporting incidents and timelines for required reporting, defines reportable incidents, and describes how incident information should be entered in Therap.

This guide only covers incidents that must be reported to the Division of Developmental Disabilities (DDD) in Therap via a General Event Report (GER).

- A provider may choose to document/track other incidents that are not reportable to DDD in Therap using GERs with low notification level for internal use, but this is not required.

This guide outlines DDD expectations for submission of GERs but does not give instructions for access and use of the GER module in Therap. Therap user guides and training courses are available on the Therap Help and Support site.

In this guide, "provider" means an independent provider or an employee or contractor of an agency provider unless otherwise specified.

Responsibility for Reporting Incidents

The independent or agency provider delivering a service to the participant at the time the reportable incident occurs is responsible for completing all reporting requirements.

- When a provider discovers a reportable incident occurred while a different provider was supporting a participant, the provider who learned of the incident must notify the provider who was delivering services at the time of the incident, so that the responsible provider may complete reporting requirements.

- For example, Tom returns to his group home, which is operated by Provider A, and reports to group home staff that he has a bruise because a peer hit him while at day services operated by Provider B. Provider A is not responsible for completing a report, because the incident did not occur while they were delivering services, but must notify Provider B of the information given by Tom, so that Provider B can complete required reporting.

When an incident occurs at a time when no services are being delivered to the participant, it is **not reportable** and a GER is not needed.

- When a provider learns a serious incident has occurred during a time when no services were being delivered, the provider should notify the participant's service coordinator, so any needed follow-up by the ISP team can be arranged, but a GER should not be completed.

- When a provider learns that abuse, neglect, or exploitation of a participant may have occurred during a time when the provider was not delivering services, a GER is not required, but the provider must still report the suspected abuse/neglect/exploitation to the DHHS Abuse and Neglect Hotline or law enforcement (see contact information on page 3).

Reporting and Notification Requirements

It is required that **all** reportable incidents listed in this guide be reported to DDD and that other people be notified that an incident occurred as indicated in the table below. The chart below lists the required reports and notifications, required timelines, and how the reports and notifications must be made.

When reports to DDD are not made as outlined in the table below, the provider is not in compliance with reporting requirements outlined in state regulation.

Required Notification/ Report	How Notification/Report is Completed	Required Timeframe for Notification/Report
Verbal report to DDD made to the participant's Service Coordinator (SC)	Phone call/voicemail ***If unable to reach SC by phone **and** unable to leave voicemail, notification can be made by secure email or SCOMM in Therap.* ***Do **not** use text messages, as it is not secure communication.*	As soon as possible but no more than 4 hours after observing or discovering the reportable incident
Verbal notification to the participant's guardian(s) ***Not applicable when participant has no guardian.* ***When there are multiple guardians, at least 1 guardian must be notified, and provider must attempt to notify all guardians.*	Phone call/voicemail ***When the provider cannot reach the guardian, a voicemail is sufficient to meet notification requirements.* ***When the provider cannot reach/leave a voicemail for the guardian, all attempts are recorded in the GER.*	*Preferred:* As soon as possible upon observing/discovering the incident *Required:* Within 24 hours of the verbal report to the SC
Verbal notification to the participant ***Not applicable when the participant was present or is aware of the incident.*	In person **Document any contact/non-contact within the GER.	*Preferred:* As soon as possible upon observing/discovering the incident *Required:* Within 24 hours of the verbal report to the SC
Written report to DDD – All incidents identified in this guide	GER **submitted** in Therap	Within 24 hours of the verbal report to the SC
	Submitted GER **approved** in Therap	Within 72 hours of GER submission

When making the verbal report to the participant's Service Coordinator, the provider must give **all** the following information:

- The name of the person making the verbal report and the provider agency they work for (when applicable)
- The Participant's name
- The type of incident being reported
- A brief summary of the incident
- A brief summary of any action taken immediately to ensure the safety of the participant and others

Defining Reportable Incidents

DDD defines **reportable incidents** as any incident, injury, or illness in the following categories:

- Actual or Potential Airway Obstruction
- Allegation, Suspicion, or Actual Events of Abuse, Neglect, or Exploitation of a Child or a Vulnerable Adult
- Communicable Disease
- Death of a Participant
- Emergency Situations
- Fall with Significant Injury
- Fatal 5 (as defined on page 6)
- Incidents Involving Emergency Personnel Requiring Emergent Response
- Infestations
- Injuries of Unknown Origin Raising Suspicion
- Injury Requiring Medical or Nursing Interventions beyond First Aid
- Medication Errors
- Misconduct not Involving Law Enforcement
- Missing Person(s)
- PRN Psychotropic Medication Usage
- Property Damage
- Suicide Attempts
- Swallowing Inedible Items
- Unplanned Hospital/Emergency Room/Urgent Care Visit
- Use of Emergency Safety Interventions
- Use of Restraint or Prohibited Practices
- Vehicle Accident

Unsure of whether an incident is reportable? It is appropriate to err on the side of caution and **submit a GER for agency provider management to review and make a determination.**

When an incident involves suspected or alleged **abuse, neglect, or exploitation**, the provider must **immediately report** the incident to **law enforcement** or the **DHHS Children and Family Services Abuse and Neglect Hotline** at:

1-800-652-1999

The hotline is toll-free and is available 24 hours a day, 7 days a week.

All providers of HCBS services are *mandatory* reporters of abuse, neglect, and exploitation.

In this section, each incident category is further defined, and types of illness/injury/incidents that must be reported within these categories are specified.

For some incident categories related to illness and injury, there are specific illnesses, injuries, or changes in condition that DDD requires to be reported, regardless of whether medical treatment is received or other circumstances. **These criteria are only given as direction for incident reporting.** *DDD does not make any recommendation for when a participant should or should not be supported to seek medical attention for an injury, illness, or change in condition.*

Actual or Potential Airway Obstruction

A reportable incident in this category is any event in which any emergency intervention is provided to a participant in response to choking or experiencing an airway obstruction. Interventions may include, but are not limited to, performing the Heimlich maneuver, back blows, or requiring medical attention.

Allegation or Suspicion of Abuse, Neglect, or Exploitation of a Participant

A reportable incident in this category is any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member, or anyone else in which a participant is the **victim.** This report will also be used when the participant neglects him or herself.

Any behavior by a participant toward another participant, which meets the definition of abuse, neglect, or exploitation, must be reported as such.

- When it is suspected that a participant has committed abuse, neglect, or exploitation against another participant, the abuse, neglect, or exploitation is reportable for the **victim** in this category.
- The actions of a participant who may have committed abuse, neglect, or exploitation are **not** reportable in this category. This is reportable in other categories, such as misconduct or law enforcement contact.
- For example, Tom and Sue are participants receiving services at a provider day site. Tom threatens and intimidates Sue so she will give him $10. This is exploitation. Staff discover the situation and contact the abuse and neglect hotline. Sue would have a GER for allegation or suspicion of abuse, neglect, or exploitation, and Tom would have a GER for misconduct or law enforcement contact.

The definitions of abuse, neglect, and exploitation should be carefully reviewed to ensure the incident being reported meets definitions of abuse, neglect, or exploitation. Incidents that clearly do not meet these definitions must not be reported in this category.

Abuse, neglect, and exploitation must be coded as High Notification regardless of the participant's history of fabricating stories.

Definitions of abuse, neglect, and exploitation can be found in Appendix B.

Communicable Disease

A reportable incident in this category is a participant who is diagnosed by a medical practitioner with an illness such as COVID-19, Influenza, Tuberculosis (TB), etc. A communicable disease is an illness carried by microorganisms and transferred through people, animals, surfaces, foods, or air.

Although a cold or upper respiratory infection could be transferred from one person to another, this would not be a reportable incident in this category.

Death of a Participant

A reportable incident in this category is the death of a participant, regardless of cause.

Emergency Situations

A reportable incident in this category is:

- Any injury **caused by** a fire, flood, tornado, severe weather, or other emergency or natural disaster, regardless of severity.
    - This does *not* include injuries occurring ***during*** an emergency or natural disaster, only injuries ***caused by*** the emergency or natural disaster.
    - For example, when a participant is hit by flying debris or struck by lightning, their injury is *caused by* the severe weather, so it would be reported in this category.

- However, when a participant is running to the tornado shelter during severe weather, falls, and is injured, this is *not* reported in this category.

- Any displacement of a participant from a site where HCBS services are usually provided when displacement is caused by a fire, flood, severe weather, or other emergency or natural disaster for 24 hours or longer.
    - This does *not* include situations in which a participant cannot go to a site due to weather conditions or other unsafe circumstances, but the site itself is not unsafe/damaged in any way.

Definitions of injury and displacement can be found in Appendix B.

Falls with Injury Requiring More than First Aid

A reportable incident in this category is when a participant comes to rest unintentionally on the ground or lower level, for any reason and sustains an injury requiring more than first aid.

Definitions of fall and injury can be found in Appendix B.

Fatal 5

The term "Fatal 5" refers to the top conditions linked to preventable death of people in congregate care settings or community-based residential settings. A reportable incident in this category is any change in medical condition of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received.

The following illnesses/changes in condition must **always** be reported, as they are considered to be of sufficient severity to likely require assessment or treatment from a physician:

- Aspiration
- Dehydration
- GERD (Gastroesophageal Reflux Disease)
    - When the participant has a new diagnosis of or experiences an adverse event due to a diagnosis of GERD.
- Severe Constipation/Bowel Obstruction
- Sepsis
- Seizure
    - When the participant has a seizure for the first time in recorded personal history; or
    - The seizure lasts longer than 5 minutes or the timeframe set by the participant's physician
    - When the provider does not observe the beginning of a seizure and cannot accurately determine how long the seizure lasts, or the participant is unable to report the length of the seizure

Definitions of types of change in condition can be found in Appendix B.

Incidents Involving Emergency Personnel Requiring Emergent Response

A reportable incident in this category is any event that results in the activation of Law Enforcement, Ambulance Services, Fire Department or other emergency response departments.

An incident involving law enforcement that results in criminal charges being brought against a participant will escalate the notification level of this event to a HIGH.

Infestations

A reportable incident in this category is any incident in which a participant has the presence of insects or animals in a location where HCBS Services are received, and where said insects or animals present a risk of damage to property, injury to person, or are known disease vectors.

The presence of an infestation may be detected by observing bites or rashes on the participant's person. Other signs of infestation include, but are not limited to, live or dead parasites or parasite eggs, animal droppings, or evidence of dwelling (nests).

This category does *not* include all insect or arachnid bites. Bites and stings occurring during exposure to insects or arachnids in an outdoor environment, or due to contact with insects or arachnids which do not cause infestation (such as bees or mosquitos), are not reportable in this category.

Injury of Unknown Origin Raising Suspicion

A reportable incident in this category is any injury in which:

- The origin of the injury is unknown; ***and***
- The injury raises suspicion of abuse or neglect due to the size, type, location, placement, pattern, or circumstances of the injury.

Even minor injuries (such as bruises, scrapes, or minor cuts) requiring no medical treatment must be reported when the origin of the injury is unknown, *and* the injury raises any suspicion.

Injuries that raise suspicion may include, but are not limited to:

- Injuries that were not observed and cannot be explained by the participant;
- Injuries where the explanation (from the participant or other people) is inconsistent with the size, type, location, pattern, or severity of the injury;
- Injuries to a participant that are not consistent with their means of mobility;
- Bruises in areas less likely to be accidentally bruised, such as the face (except for the forehead), neck, back, abdomen, arms, buttocks, ears, and hands;
- Multiple bruises of uniform shape or appearing in clusters;
- Injuries carrying a clear imprint of a hand or implement;
- Human bite marks in areas that could not have been caused by self-injurious behavior or by a participant with no history of biting themself as self-injurious behavior;
- Cuts or abrasions on areas typically protected by clothing (such as back, chest, abdomen, genitals);
- Injury to genitals or anus with no related medical cause; and
- Patterns of similar injuries over time for which a cause cannot be determined.

If the cause of an injury can be reasonably determined, it would not be reported in this category. (For example, John was sitting outside, later he was found to have several small, raised areas consistent with mosquito bites)

A definition of injury can be found in Appendix B.

Injury Requiring Medical or Nursing Intervention Beyond First Aid.

A reportable incident in this category is any injury of **sufficient severity** to require assessment or treatment from a physician, regardless of whether medical attention was sought or where medical attention was received.

Providers must assess whether the severity of an injury meets this criterion, based on whether a person not receiving HCBS services would seek assessment or treatment from a physician. When in doubt, it is appropriate to err on the side of caution and report the incident.

The following injuries must ***always*** be reported, as they are considered to be of sufficient severity to likely require assessment or treatment from a physician:

- Concussion;
- Dislocation;
- Fracture;
- Poisoning;
- Pressure sores/ulcers – newly discovered or untreated; and
- Burns – 3rd degree.

A definition of injury can be found in Appendix B.

Medication Errors

A reportable incident in this category is any administration of medication/treatment/procedure in a manner inconsistent with instruction from the prescribing physician (for example, wrong dose, time, person, route, or medication), failing to administer needed medication/treatment/procedure, or administration of prescribed PRN (as needed) or over the counter (OTC) medication causing interaction with prescribed medications.

Medication Errors will be classified by severity. Notification levels for medication errors can be found in Appendix A.

Misconduct Not Involving Law Enforcement

A reportable incident in this category is any event that involves possible criminal activity in which the participant engages, but where law enforcement is not involved. Examples include but are not limited to: exposing oneself in public, possession of drug paraphernalia, cruelty to animals, etc.

Providers must assess whether the severity of the event meets this criterion, based on whether a person not receiving HCBS services would potentially receive criminal charges for the underlying conduct. When in doubt, it is appropriate to err on the side of caution and report the incident.

Missing Persons

A reportable incident in this category is when a participant is not at a location or service, unexpectedly or without prior authorizations, and is gone more than 30 minutes or what is outlined in their person-centered plan.

PRN Psychotropic Medication

A reportable incident in this category is any administration of ***prescribed*** psychotropic medication on a PRN (as needed) basis used as a last resort method when all other behavioral interventions have been ineffective.

A definition of psychotropic medication can be found in Appendix B.

Property Damage

A reportable incident in this category is any physical destruction or damage to items, furniture, or the physical structure of a building or damage to property of a total estimated value of $150 inflicted by a participant regardless of the participant's ability to understand the value of the damage.

This is only a reportable incident if property damage is not tracked or addressed through other means such as a behavior support plan.

Suicide Attempts

A reportable incident in this category is any event in which the participant harms themselves with the intent and means to end their life. Incidents of self-harm without the intent or means of suicide will not be captured in this event type.

Swallowing Inedible Items

A reportable incident in this category is any incident in which a participant swallows an item that is not fit or suitable for eating. Inedible items are items such as coins, batteries, or plastic.

Unplanned Hospitalization, Emergency Room, or Urgent Care Facility

A reportable incident in this category is when a participant is admitted to a hospital or seen at an emergency room or urgent care facility for any medical or psychiatric reason.

When a participant is admitted to a hospital, and then transferred and admitted to another hospital, the second hospital admission does not need to be reported in an additional incident report. The transfer should be documented in the follow-up section of the original incident report.

Reporting is not required when the participant is seen by a physician to get a prescription for over the counter (OTC) medication, such as OTC cold or allergy medication.

Use of Emergency Safety Intervention

A reportable incident in this category is **any** use of a physical hold that restricts, or is meant to restrict, the movement or normal functioning of a participant as an immediate response to an emergency safety situation.

- The use of emergency safety intervention is always reportable, regardless of whether it is an approved intervention in the participant's plan.

Definitions of physical restraint, and emergency safety situations can be found in Appendix B.

Use of Restraint or Prohibited Practices

A reportable incident in this category is any use of a prohibited practice.

Prohibited practices are:

- Mechanical restraint;
- Physical restraint, except when used as emergency safety intervention;
- Chemical restraint;
- Aversive stimuli;
- Corporal punishment;
- Discipline;
- Seclusion;
- Denial of basic needs; and
- Implementation of an intervention by a participant.

Definitions of all prohibited practices can be found in Appendix B.

Vehicle Accident

A reportable incident in this category is any vehicular accident that results in an adverse outcome to the participant or that involves media attention or criminal activity on behalf of the provider staff.

A definition of a vehicle accident can be found in Appendix B.

Guidelines for Completing GERs

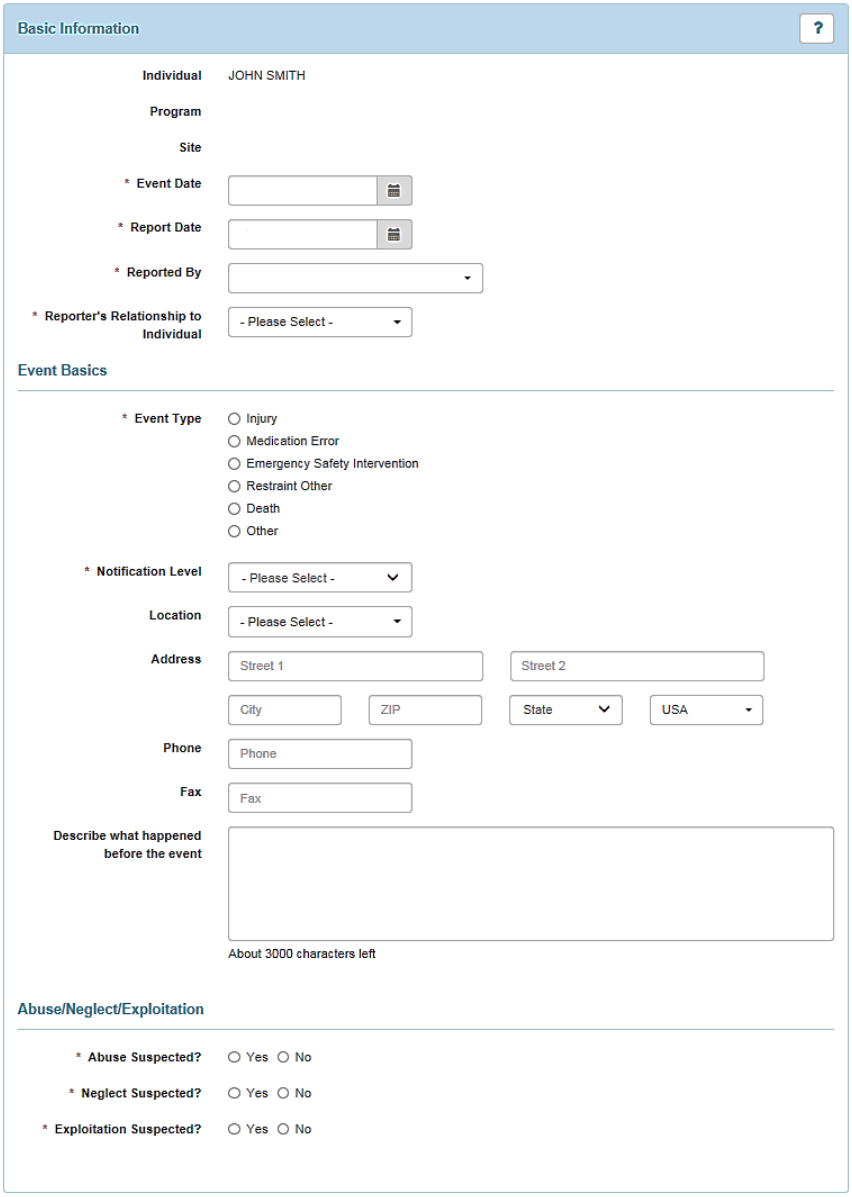
Basic Information

- *Event Date* is the date the incident **occurred**.
    - When the incident involves a medication error resulting in serious illness or injury, and the illness/injury was caused by a series of medication errors over two or more days, the *Event Date* is the date the participant became ill/injured, *not* the first date of the error.

- *Report Date* will auto-fill with the date the GER is entered. This must not be changed. The *Report Date* and submission date for the GER must match.

- *Reported By* must be changed to the primary person witnessing the event if not being completed by the same person. If the person that witnesses the event does not complete the GER, a written signed statement from the witness must be uploaded to the GER.

- *Event Type* is determined based on the category of the incident being reported according to the chart in Appendix A.



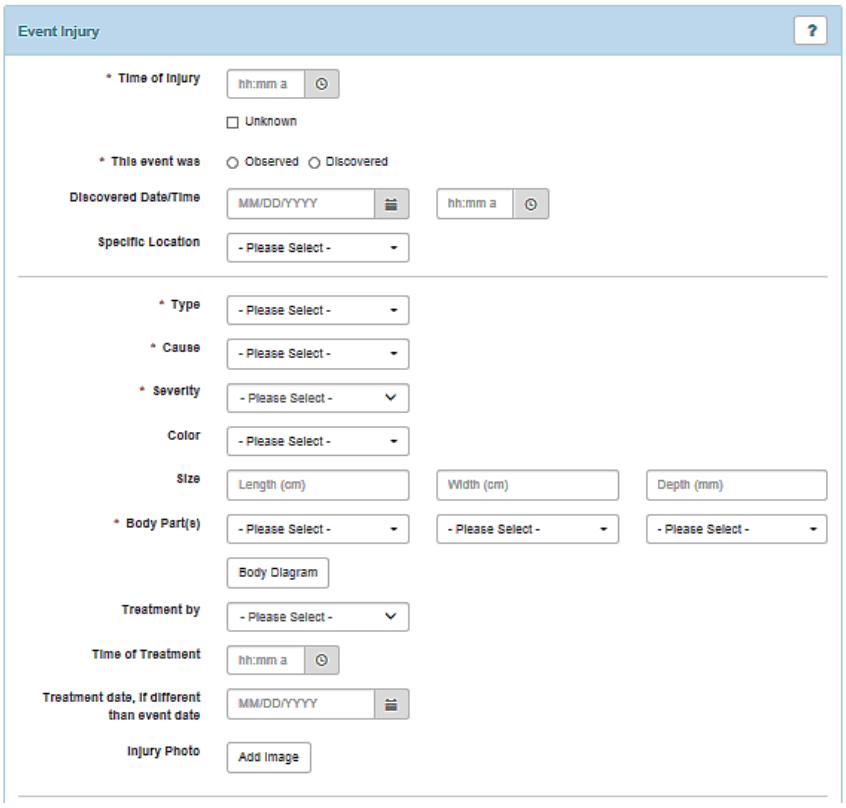
- Incidents **must be** categorized exactly as outlined in the chart.
- **The *Notification Level* must match the chart in Appendix A for all incidents designated as reportable to DDD.**
- *The location* must be filled out. If the physical address where the incident occurred is known, it should be filled out.
- Phone information for the location should be filled out if known.
- Fax information for the location is not required.
- *Describe What Happened Before the Event* must include a summary of what the participant, staff, and any other peers involved in the incident were doing before the start of the incident.
    - **This section cannot contain the same information as the event summary.**

- *Abuse/Neglect/Exploitation Suspected* questions must always be completed. When reporting an allegation or suspicion of abuse, neglect, or exploitation, one of these must be marked *Yes.*
    - Exception: When reporting an Abuse/Neglect/Exploitation event that meets the Quality Reporting definition but does not meet state statute, the provider would mark *No* and then clearly dictate that the event does not meet state statute in the Abuse/Neglect/Exploitation event summary.

Event Information

There is a different *Event Information* form for each event type (Injury, Medication Error, Emergency Safety Intervention, Restraint Other, Death, and Other). There are different instructions for completing each type of form.

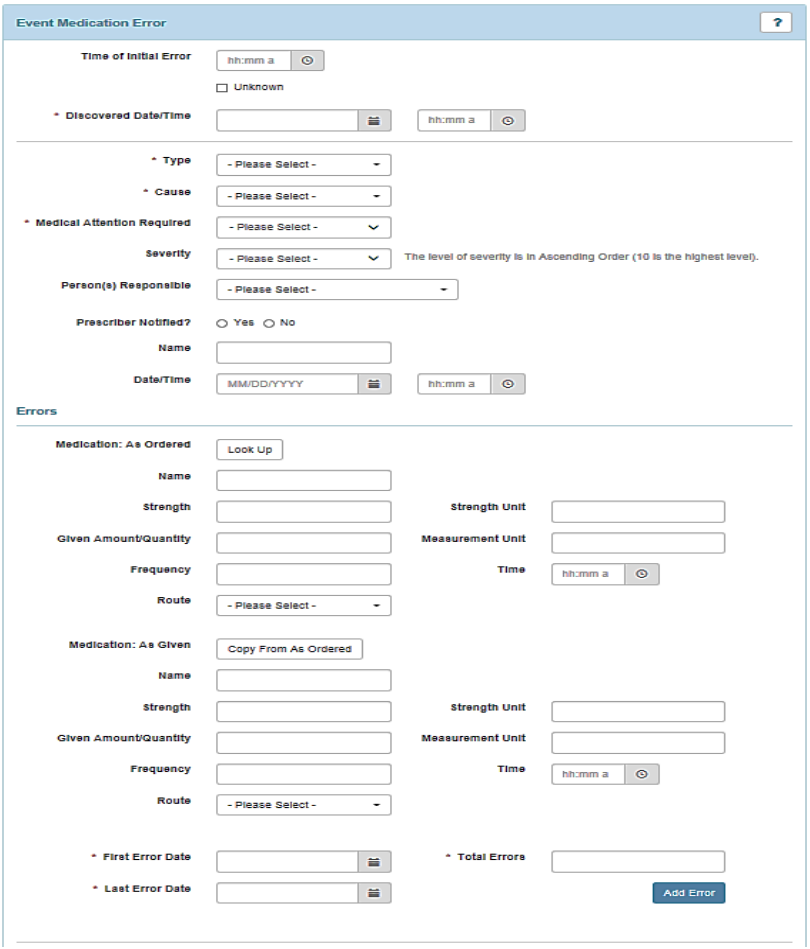
Event Injury Information



- *Time of Injury* is the time the injury occurred. When the injury was not observed, *Unknown* should be marked.
- The GER must document whether the injury was observed or discovered.
    - Observed means the provider directly witnessed the participant being injured.
    - Discovered means the injury was not witnessed at the time it happened and was found at a later time or reported by the participant or another 3rd party (parent/guardian, community member, peer, etc.).
- *Discovered Date/Time* is the time the provider discovered the injury when it was not observed. When the injury was discovered, the *Discovered Date/Time* **must** be completed.
- *Type* is the type of injury, such as a bruise, cut, or fracture.
    - Some incidents **must** be entered with a specific *Type*. When a specific *Type* is required, it is specified in the chart in Appendix A.
    - When no *Type* is specified for a category, select the *Type* that most closely matches the injury.
- *Cause* is the cause of the injury to the participant.
    - Some incidents **must** be entered with a specific *Cause*. When a specific *Cause* is required, it is specified in the chart in Appendix A.
    - When no *Cause* is specified for a category, select the *Cause* that most closely matches the injury.

- *Severity* documents the severity of the injury, based on the care required to address the injury. The following criteria must be used to document the severity of the injury:
    - Very Minor – No care needed
    - Minor – First aid or nursing care
    - Moderate – Assessment/treatment from a physician
    - Severe – Emergency room treatment or hospitalization
    - Death – Injury results in the participant's death
- *Treatment By, Time of Treatment,* and *Treatment Date* must be completed when **any** treatment is provided. Mark the highest level of treatment the participant received.

Event Medication Error Information

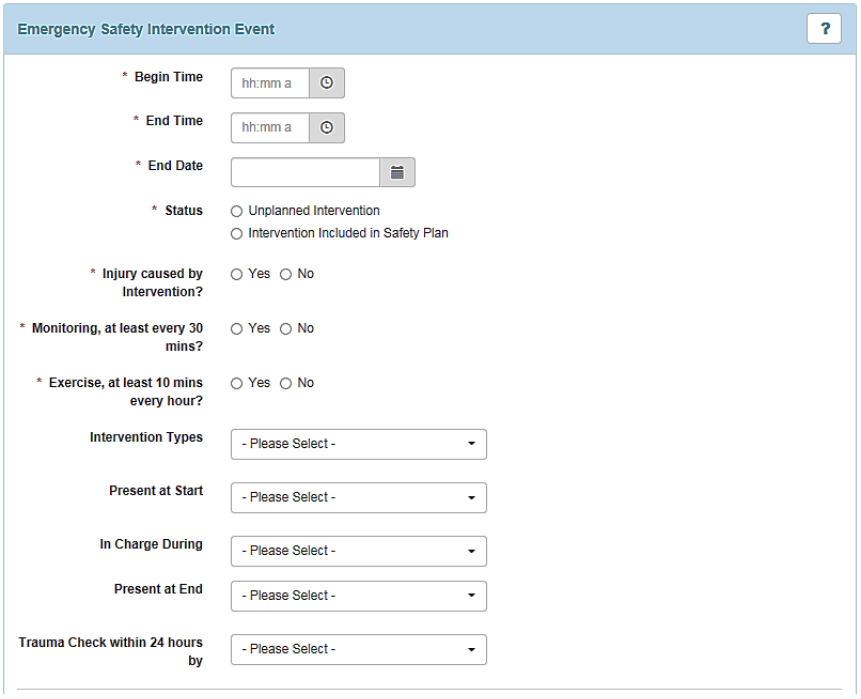


- *Discovered Date/Time* is when **the medication error** was discovered.
- *Type* is the type of error. Only the following types should be used:
    - Omission (medication was forgotten or refused)
    - Wrong Dose
    - Wrong Individual
    - Wrong Medication
    - Wrong Route
    - Wrong Time
- *Cause* is the reason the medication error occurred. Mark the option that most closely fits the circumstances of the error. When *Other* is marked, a box for further description appears and must be completed.
- *Medical Attention Required* is how the medication error was addressed. Only the following medical attention types should be used when the medication error is reportable in a ***high*** GER:
    - Immediate Physician Visit
    - Immediate Emergency Room Visit
- *Person(s) Responsible* must be completed and should list all staff responsible for the medication error. When the participant is responsible for the medication error, mark *Other* and enter the participant's name.
- *Errors* section must be completed in its entirety.
    - This section should only list the medication error(s) that directly contributed to the serious illness or injury.

- *Medication: As Ordered* and *Medication: As Given* show differences corresponding with the type of error marked.
    - For example, when the wrong dose of medication was given, the *Strength*, *Strength Unit*, or *Given Amount/Quantity* in *As Ordered* is different from *As Given*.
- *First Error Date*, *Last Error Date*, and *Total Errors* are the actual dates of the medication error(s) and the number of errors that led to the reportable incident.
    - When the serious illness/injury was caused by a single error, *First Error Date* and *Last Error Date* are the same and the *Total Errors* is one.
    - When several errors led to the reportable incident, the *First Error Date* is the date of the first error and *Last Error Date* is the date the errors were discovered. *Total Errors* is the number of all errors between the dates.
    - Do not include errors that led to illness in the past. Each episode of illness due to medication error is documented independently.

Event Emergency Safety Intervention Information

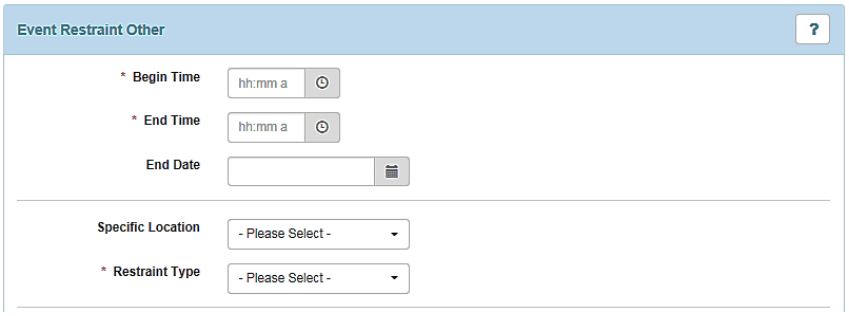
- *Begin Time* is the beginning time of the emergency safety intervention on the date used.
- *End Time* and *End Date* are the date and time the ESI ended.
- *Status* is whether the ESI is approved in the participant's ISP.
- *Intervention Included in the Safety Plan* is marked when the use of ESI is approved in the participant's safety plan **and** is documented as an approved rights restriction in the ISP.
    - *Unplanned Intervention* is marked when the use of ESI is not approved in the participant's safety plan **and** documented as an approved rights restriction in the participant's ISP.



- *Intervention Types* lists types of physical intervention used as ESI.
    - When the intervention used does not match exactly with any listed option, mark the closest corresponding option, and provide further explanation in the *Summary*.
- *Present at Start, In Charge During,* and *Present at End* must list all agency provider employees or contractors, or independent providers who were present and in charge at any point during the ESI.

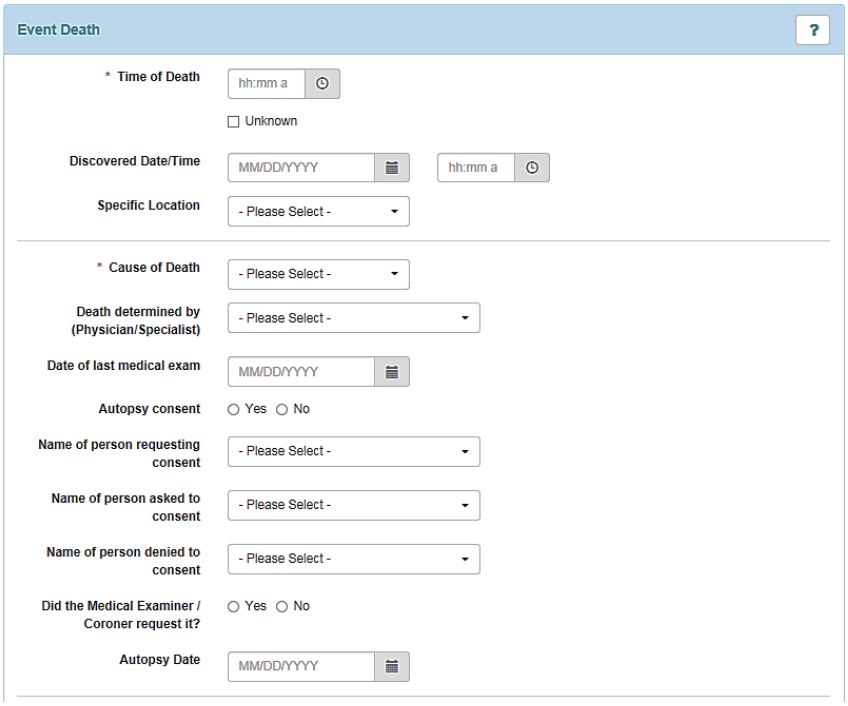
Event Restraint Other Information

- This event type is **not to be used**. Information gathered here should be captured under Emergency Safety Intervention. If the intervention was not an emergency safety situation, this should be reported under Event Type "Other: Prohibited Practices."



Event Death Information

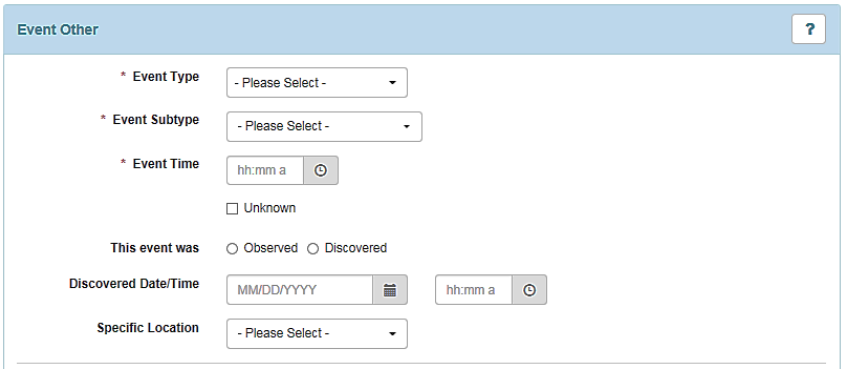
- *Time of Death* is the specific time of death determined by a medical professional.
    - *Unknown* should be marked when the exact time of death is not known at the time of GER submission/approval. When an approximate time of death is known, this should be included in the *Summary* section.
- *Discovered Date/Time* is the date and time the provider learned of the participant's death.
- *Cause of Death* is the cause of the participant's death as determined by a medical professional.
    - The option that most closely matches the cause of death should be marked. When *Other* is marked, a box for further description appears and must be completed.
    - *Unknown* should be marked when the cause of death is unknown at the time of GER submission. GER submission should not be delayed waiting for information about the cause of death.
- *Death Determined By* must be completed. When *Other* is marked, a box for further description appears and must be completed.
- *Date of Last Medical Exam* is completed when the date of the participant's last medical exam is known.
    - This field must be completed when the provider submitting the GER is also responsible for the participant's medical care.
- Autopsy information can be completed when known.



- The autopsy fields may be left blank when the provider does not have information at the time the GER is submitted/approved.

Event Other Information

- *Event Type* is the type of event that occurred. This must be marked exactly as specified in the chart in Appendix A. Event types not specified in the chart cannot be used in a high/medium GER.



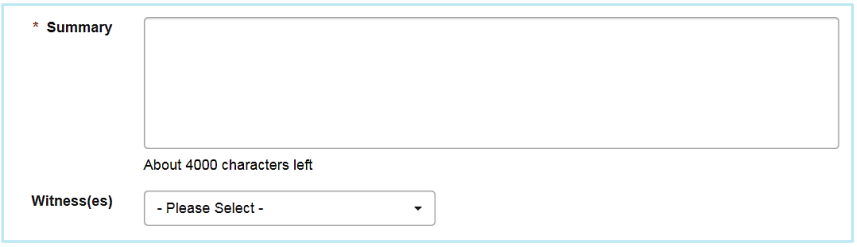
  - When some *Event Types* are marked, an *Event Subtype* field appears. *Event Subtype* must also be marked as specified in the chart in Appendix A, when applicable.
  - When no *Event Subtype* is specified, choose the option that most closely matches the incident being reported.

- *Event Time* is the time the incident occurred. When the incident was not observed, *Unknown* should be marked.
- The GER must document whether the incident was observed or discovered.
  - Observed means that the provider directly witnessed the incident.
  - Discovered means that the incident was not witnessed at the time it happened and was discovered later.

- *Discovered Date/Time* is the time the provider discovered the incident when it was not observed. When the incident was discovered, the *Discovered Date/Time* **must** be completed.

Summary and *Witness* Sections

- All *Event Information* forms have *Summary* and *Witness* sections. Instructions for these sections apply to all event types.
- *The summary* must contain a comprehensive description of the reportable incident.

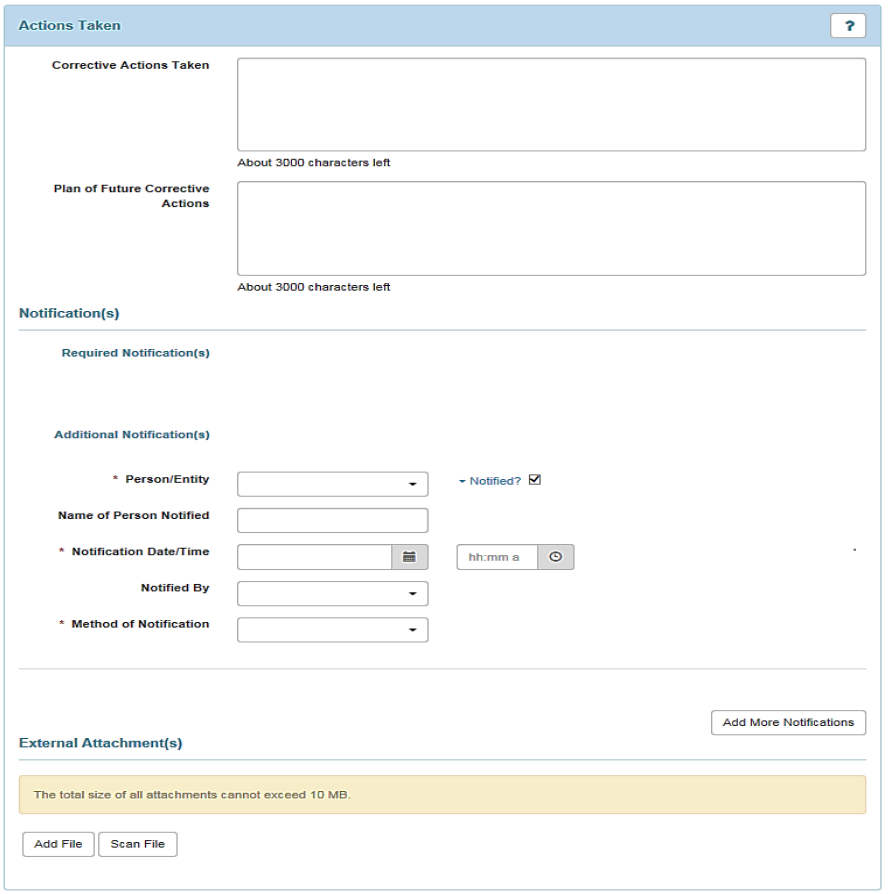


  - There may be more than one event in a single GER, so the summary of the entire incident may be documented across several *Summary* sections.
  - Instructions for how to name the participant, peers, and staff are provided in the *General GER Instructions and Frequently Asked Questions* section.

- *Witness(es)* may be used to list all witnesses to the incident, but this section is not required.
  - When witnesses are not listed in this section, *Summary* must identify all independent providers, agency provider staff and contractors involved in or witnessing the incident.

Actions Taken

- *Corrective Actions Taken* outlines actions taken immediately following the incident to address any issues that may have contributed to the incident, ensure the safety of the participant and others, and minimize the risk of additional incidents while any required follow-up is completed. When no corrective action was needed at the time of the incident, document that no action was taken.
    - Most incidents require some type of action taken at the time of the incident to ensure safety. The rationale when no action is taken is documented here.
    - When reporting requirements, including timelines, are not met, it should be documented in this section, with the reason or circumstances and actions to address the issue.



- *Plan of Future Corrective Actions* outlines any planned actions to prevent or reduce the risk of similar incidents in the future.
    - When no plans for corrective action have been identified at the time the GER is submitted/approved, document that no action is planned.
        - Most incidents require some type of action taken to prevent incidents in the future. The rationale when no action is taken should be documented here.

- *Notification(s)* must document all notifications required in this guide. The name of the person notified and the person completing the notification must always be completed. The following notifications must be documented in the GER:
    - Participant;
    - Guardian, when applicable;
    - Service Coordinator;
    - Law enforcement or DHHS Children and Family Services (CFS) Abuse/Neglect Hotline for any allegation/suspicion of abuse/neglect/exploitation that meets state statute; and
    - Any other notifications required by the provider agency's policies and procedures (not applicable for independent providers).

- *External Attachments* may include photographs, documents, or other materials providing relevant information related to the incident. However, external attachments *cannot* be uploaded instead of providing any required information in the GER form.
    - For example, when documents from a hospitalization are uploaded, the incident summary *cannot* say "see attached" instead of including a summary of the incident on the GER.

General Instructions and Frequently Asked Questions

How should a provider complete section fields in the GER form not mentioned in these instructions?

All fields required by DDD or having specific instructions for how they should be completed are covered in this guide. When a field is not required and is not discussed in the guide, it is optional and can be used for whatever information the provider decides is appropriate or helpful.

How should the participant, peers, and providers/staff be named in a GER event summary?

The participant for whom the GER is being written must be referred to by their legal first name.

Any peers (participants other than the one for whom the GER is written) involved in the reportable incident must be referred to by their initials so a person authorized to review or investigate the incident can identify other involved participants when there was a need to do so.

Staff must be referred to by either their full name or first initial and last name, and they must clearly be designated as a provider or staff when referenced. Acronyms for personnel titles must be avoided, as these may vary from one provider to the next, and lead to confusion about a person's role in the incident.

Examples of identifying/naming other people in a participant's GER:

- "Provider A. Smith saw Susan begin to have a seizure." (A. Smith is clearly identified as a provider, and the participant is referred to as Susan, even though she typically goes by Sue.)
- "Staff C. Columbus saw Thomas strike his housemate DE in the face with a closed fist." (C. Columbus is clearly identified as a staff member, the housemate involved in the incident is referenced by initials, and the participant is referred to as Thomas, even though he typically goes by Tom.)

What does a provider do when two or more participants are involved in a reportable incident?

When more than one participant is involved in a reportable incident, and the circumstances of the incident meet the criteria to be reportable for both/all participants, a GER must be completed for **each** participant.

- For example, it is discovered that a participant has been intimidating/threatening another participant in the same home to give them money. This constitutes potential exploitation and/or behavioral incident for the participant making the threats and taking the money. It also constitutes exploitation against the participant being threatened and having their money taken. An incident report must be completed for both participants.

There may be situations where more than one participant is involved in an incident but is only reportable for one of the participants. In these cases, a GER is not required for all participants involved.

- For example, a participant has a behavioral episode and destroys the property of another participant with the value of the destroyed property being greater than $150. The behavioral incident resulting in property destruction constitutes a reportable incident for the participant who had the behavioral episode. However, nothing happened to the other participant, which meets the criteria for a reportable incident category. Therefore, only one GER is required for the participant who had the behavioral episode.

How should a provider document an incident with many different parts/events throughout the course of the entire episode/incident?

There **must** be a separate *Event Information* form for **each** part of an incident that meets the definition of a **reportable incident** outlined in this guide. The **only** exception to this is when an incident falls into **both** the

Injury Requiring Medical Attention category **AND** one of the following: Injury of Unknown Origin Raising Suspicion, or Injury Due to Fire, Flood, or Other Emergency/Natural Disaster.

- When an incident meets the criteria for both Injury Requiring Medical Attention and one of the others listed, this should be documented in only one *Event Information* form. All classification criteria for both types of incidents outlined in the chart in Appendix A must be included.
- When there are additional reportable parts of the same incident aside from the two injury categories, these must be documented in separate *Event Information* forms.

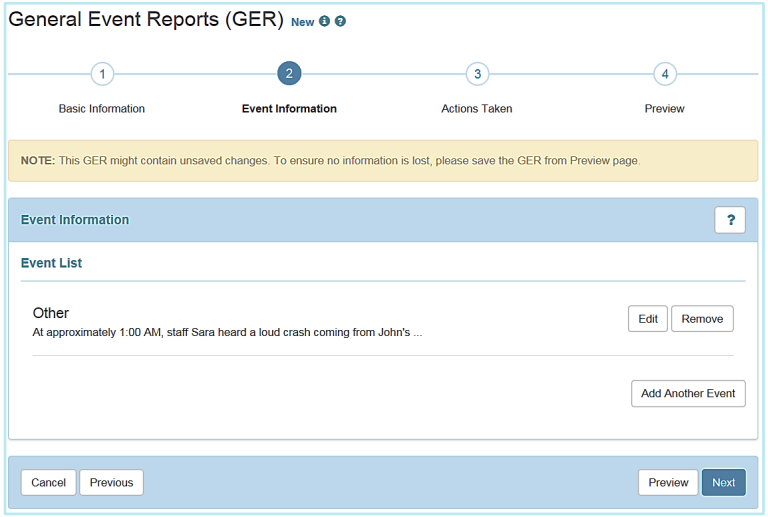
When there is a part of an incident that is related to the reportable incident but is not reportable **by itself** and does not meet the criteria for a GER or is at a different notification level, it will be documented in a separate *Event Information* form in the GER and the GER Notification level will be at the level of the highest event reported.

- For example, a participant has a behavioral episode where they damage personal property, then gets a minor cut on their hand while breaking glass, and staff use an emergency safety intervention (ESI) to maintain the safety of the participant and others:

Each event will have its own *Event Type* entered into the GER. Although 2 of the event types are medium, and the injury is low, the GER will receive a MEDIUM notification level due to the property damage and use of ESI.

To add multiple *Event Information* forms to a GER:

- Complete *Basic Information*, select the *Event Type* for the first event to be entered, and click *Next*.
- Complete *Event Information* for the first event in the GER and click *Next*.
- The *Event List* page will appear.
    - Click *Add Another Event* to add more *Event Information* forms to the GER.
    - Complete *Event Information* for the second event.
    - Repeat these steps until all reportable parts of the incident are shown as separate events in the *Event List.*
- When finished adding events to the GER, click *Next*.



What if a provider needs to correct an error, add additional information, or add another event to a GER that has already been approved?

- The provider should send a SCOMM to the participant's Service Coordination Supervisor, DHHS Quality Team, or a Liberty Incident Review Specialist requesting removal of the approval and a brief description of the corrections/additions the provider is making.
- If the provider is adding an additional event to an approved GER, the new event must have occurred on the **same day** as the original incident.
- Once the approval of the GER has been removed, the provider will have 2 business days from the disapproval date to make the adjustments and reapprove the GER.

What if an additional event related to a previous incident occurs on a different day?

The provider must complete a new GER with any reportable events of the original incident which did not occur on the same day.

For example, a participant goes to an emergency room due to a serious injury and is admitted to the hospital. A GER is completed with *Event Information* forms reflecting the injury requiring care from a physician, the use of an emergency room, and the hospital admission. After the GER has been approved, the participant dies from the injury for which they were hospitalized. The death arises from the same incident on which a GER has already been completed but cannot be added to an approved GER; so, a new GER reporting the participant's death must be completed.

Are there any other reporting requirements not outlined in this guide?

Providers are required to complete an investigation (GER Resolution) and submit a written report to DDD of the follow-up and action taken within 14 calendar days of the submission of the GER and are required to submit an aggregate report of incidents to DDD quarterly.

How should threatened or attempted behaviors be documented?

There are times when a participant threatens or attempts to do something that, when the participant was successful, would require an incident to be reported. In general, attempted or threatened behaviors should *not* be documented as reportable incidents, even when the incident would have been reportable had the participant's action been successful. **An exception to this rule is attempted suicide. A suicide attempt must always be reported.**

- For example, a participant pushes a television valued at more than $150 off a table during a behavioral episode. However, in the aftermath of the incident, it was determined that the television was not damaged, despite the participant's attempt to do so. Because the participant did not cause damage to the property, this behavioral episode is not reportable.

Is a GER necessary if the incident is documented in some other way?

Yes. It is required that any incident which meets any of the criteria described in this guide be reported through a GER to DDD, regardless of whether the information is documented elsewhere.

- For example, a participant has a seizure requiring physician intervention. Although the provider may report this in a T-Log or a seizure tracker, the seizure GER is still required.
- Exception: Behavioral events that are captured in BSP/Behavior trackers or other methods are not required to have a GER entered.

Is an incident reportable if the actions taken are an approved part of the participant's plan?

Yes. It is required that any incident which meets any of the criteria described in this guide be reported through a GER to DDD, regardless of whether the action which makes the incident reportable is an approved part of the participant's plan.

- For example, a participant's team has approved emergency safety intervention as a rights restriction, and it is included in the participant's safety plan. **All** use of emergency safety intervention must be reported whether or not it has been approved by the participant's team.

If DDD staff are already aware of a reportable incident, is the provider required to submit a GER?

Yes. Even when one, or more, DDD employee is aware that a reportable incident occurred, all reporting requirements, including submission of a GER, must be completed. This includes situations in which DDD staff have discovered that a reportable incident has occurred and alerted the provider.

It is the responsibility of the provider delivering services at the time of the reportable incident to complete the incident report, even when the incident was witnessed by a DDD staff.

Is the provider always required to contact the CFS abuse/neglect hotline or law enforcement?

The provider will not be required to contact the CFS abuse/neglect hotline or law enforcement if the incident does not meet state statute requirements. State Statute requires the presence of a physical injury to consider an incident to be physical abuse. If the incident did not result in a physical injury as defined by the State of Nebraska, the provider may mark the Abuse/Neglect/Exploitation section of the Basic Information tab as *No*. An abuse/neglect/exploitation event is still required, and the provider should ensure that the summary of that event indicates that it does not meet state statute.

The provider should ensure that employees entering and approving GERs are knowledgeable on the state statute and definitions. In the event that a provider is unsure if an event meets state statute, it should err on the side of caution and enter the GER as meeting statute.

Definition of Injury can be found in Appendix B.

If there is an incident of alleged or suspected abuse, neglect, or exploitation, does it matter whether the provider contacts the CFS abuse/neglect hotline or law enforcement?

State law requires reporting to the CFS hotline *or* local law enforcement, so contacting either will meet the statutory reporting requirement.

However, when a participant's health or safety is at immediate risk due to the abuse, neglect, or exploitation being reported, law enforcement should be contacted (via 911) so that they can intervene immediately to maintain the participant's safety.

Regardless of whether a provider chooses to call the CFS hotline or law enforcement to report alleged or suspected abuse, neglect, or exploitation, the incident must also be reported to DDD in a GER.

How can an emergency safety intervention (ESI) or prohibited practice be discovered, rather than observed?

An ESI or restraint would be considered to be discovered when an ESI or prohibited practice is used by a provider/staff but is not identified as an ESI or prohibited practice by the provider/staff using the intervention or observing the incident but is later identified as the use of ESI or a prohibited practice by agency management or other agency employees, a participant's guardian, or DHHS staff. In those situations, DDD considers the incident to be discovered at the time it is identified that the use of an ESI or prohibited practice occurred.

Who should complete the GER?

The primary provider staff or independent provider that witnessed the incident should complete the GER. If the primary witness is unable to complete the GER, the person completing it should ensure they change the "Reported by" section to the primary witness and include in the summary of the event why that person is not completing the report. A signed written statement clearly describing the incident from the primary witness will be uploaded to the attachments of the GER.

Is the Provider required to notify a Power of Attorney (POA) if the participant does not have a guardian?

If the participant does not have a guardian, but does have a Power of Attorney in place, the ISP team will need to meet and determine the scope of the POA. For example, a participant may have a Financial POA in place, this party would not have the ability to be notified of incident information outside of possible exploitation or other monetary incidents. The determination of the ISP team will be reflected in the person-centered plan.

Appendix A: Incident/Event Type Chart

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
Alleged, Suspected or Actual Abuse, Neglect, or Exploitation of a Participant	HIGH Exploitation: Med. if under $25	Other	*Event Type:* Abuse/Neglect/Exploitation	*Basic Information:* Must designate which is suspected (abuse, neglect, or exploitation).
Death of a Participant	HIGH	Death	*N/A*	*Cause:* Determined based on available information.
Vehicle Accident	Medium **HIGH - accident is due to staff criminal activity or results in media attention*	Other	*Event Type:* Vehicular Accident	*Basic information: for this to be reportable, an adverse outcome to the participant - usage of this event would always result in additional events to the GER.*
Events that Result in Injury or Illness				
Unplanned Hospital Admission/ER/Urgent Care Visit	Medium	Other	*Event Type: Unplanned Hospitalization*	*Sub Event: Admission/ER without Admission/Urgent Care as appropriate*
Injury Requiring Medical or Nursing Interventions beyond First Aid	Medium	Injury	*Event Type:* Determined based on the type of injury	*Cause:* Determined based on the cause of Injury *Severity:* Must always be moderate or higher
Injuries of Unknown Origin Raising Suspicion	Medium	Injury	*Event Type:* Determined based on the type of injury	*Cause:* undetermined

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
Falls				
Fall with Injury ***Injury must require treatment above first aid.***	Medium	Other	*Event Type:* Fall with Significant Injury	*Severity:* Must always be moderate or higher *Will require an additional event
Actual or Potential Airway Obstruction	Medium	Other	*Event Type:* Choking/Potential Choking	N/A
Change of Condition/Medical Decline				
Seizure	Medium	Other	*Event Type: Fatal 5+*	*Cause: Seizure*
Dehydration	Medium	Other	*Event Type: Fatal 5+*	*Cause:* Dehydration
Bowel Obstruction/Severe Constipation	Medium	Other	*Event Type: Fatal 5+*	*Cause: Bowel Obstruction/Severe Constipation*
Sepsis	Medium	Other	*Event Type: Fatal 5+*	*Cause: Sepsis*
Aspiration	Medium	Other	*Event Type: Fatal 5+*	*Cause: Aspiration*
GERD	Medium	Other	*Event Type: Fatal 5+*	*Cause: GERD*

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
Restraint/ Prohibited Practices				
Prohibited Practices: • **Mechanical Restraint** • **Physical Restraint other than ESI** • **Chemical Restraint** • **Aversive Stimuli** • **Corporal Punishment** • **Discipline** • **Seclusion** • **Denial of basic needs** • **Intervention by a participant**	HIGH	Other	*Type: Prohibited Practices*	*Subtype* – determined by the type of prohibited practice used.
Emergency Safety Intervention	Medium	Emergency Safety Intervention	N/A	*Intervention Types* – Determined by the type of intervention used.
PRN Psychotropic Medication Usage – Must be prescribed	Medium	Other	*Event Type:* PRN Psychotropic Medication	N/A
Injury or Displacement due to Fire, Flood, Tornado or similar emergency				
Injury	Medium	Injury	*Type:* Determined based on the type of injury	*Cause: Determined based on the cause of injury* *Severity:* Must always be moderate or higher
Displacement	Medium	Other	*Event Type:* Displacement due to Emergency/Natural Disaster	N/A

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
Incidents involving possible criminal activity or Emergency Response Services				
Misconduct – Possible criminal activity not involving law enforcement	Medium	Other	*Event Type:* Misconduct/Possible Criminal Activity	*By Whom:* Individual
Incidents involving Emergency Personnel	Medium **HIGH - If Criminal charges are brought against a participant*	Other	*Event Type:* Emergency Services Involvement	*Event Subtype:* Choose Ambulance/Fire Department/Police Accordingly
Medication Errors				
Medication Error resulting in the need for immediate medical care from a hospital/physician	HIGH	Medication Error	*Type:* Determined based on error	*Cause:* Determined based on the cause *Medical Attention Required:* Must always be an immediate physicians visit, or immediate emergency room visit
Medication Error due to an error in the Rights and Med Administration – person, time, medication, dose, route	Medium	Medication Error	*Type:* Determined based on error	*Cause:* Determined based on the cause *Medical Attention Required:* Must never be an immediate physicians visit, or immediate emergency room visit

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
Other Concerns				
Communicable Disease – such as COVID-19, Influenza, Tuberculosis, etc.	Medium	Other	*Event Type:* Communicable Disease	*Subtype:* Determined based off of diagnosis of physician
Swallowing Inedible Items	Medium ****HIGH*** *– if results in hospitalization*	Other	*Event Type:* Swallowing Inedible	
Property Damage *$150 or more*	Medium	Other	*Event Type: Property Damage*	
Infestations	Medium	Other	*Event Type: Infestation*	
Missing Persons	Medium	Other	*Event Type:* AWOL/Missing Person	N/A
Suicide Attempts	Medium	Other	*Event Type:* Suicide Attempt	

Appendix B: Definitions

Allegation: A claim made by any person that a participant has been abused, neglected, or exploited, and there is no evidence that the claim may be false.

- Evidence that a claim may be false is objective information or documentation that disproves the claim that abuse/neglect/exploitation occurred.
- For example, a participant has a history of making false allegations of abuse against staff members at his home. The participant claims that a specific staff member hit him, and further elaborates that it happened two days ago in the evening.
    - Evidence that this is not a reportable allegation could include staffing records that show the accused staff was not working on the date in question, or information from other staff on duty that the accused staff was working with a different participant at the time in question.

The fact that the participant has made false allegations of abuse in the past is *not*, in and of itself, sufficient evidence to determine a participant's statement is not a reportable allegation. If there is a belief that the allegation is spurious, the Provider will have 4 hours from observation/discovery of the event to have the event reviewed by a trained investigator. If the trained investigator can identify that the allegation is blatantly spurious, the rationale for the decision will be documented in the *Future Plan of Corrective Actions* section of the GER.

Aspiration: The act of drawing something, such as liquid or a foreign object, into the respiratory tract when taking a breath. Must be diagnosed by a physician to be considered a reportable event.

Aversive Stimuli: Procedures that are punishing, physically painful, emotionally frightening, or that have the potential to be a health or safety risk to participants when they are used to modify behavior.

Bowel Obstruction/ Severe Constipation: Bowel obstruction is a blockage that keeps food or liquid from passing through the small intestine or large intestine (colon). Constipation is the infrequent, irregular, or difficult evacuation of the bowels. Multiple drugs have constipating side effects; drugs intended to improve constipation often cause a higher risk of impaired bowel function. An incident would be determined as reportable as bowel obstruction/ severe constipation when diagnosed by a medical practitioner.

*Failure to track constipation and/or administer PRN bowel medications as indicated per the bowel protocol will be reported as neglect.

Chemical Restraint: A drug or medication used for discipline or convenience and not required to treat medical conditions.

Corporal Punishment: Infliction of bodily pain as a penalty for disapproved behavior.

Dehydration: Dehydration is an abnormal depletion of body fluids. It is common with people who do not swallow well, or refuse fluids, or indicate fear when fluids are introduced. Dehydration is likely when fluids are restricted to prevent incontinence (which can lead to constipation and increased seizure activity). An incident would be determined reportable as dehydration when dehydration is a diagnosis received by a medical practitioner.

Denial of Basic Needs: Withholding access to appropriate food and clothing, comfortable and clean shelter, and treatment for physical needs.

Discipline: Use of punishment to correct undesired behavior.

Emergency Safety Situation: Unanticipated behavior by a participant that places the participant or others at serious threat of violence or injury when no intervention occurs and that requires emergency safety intervention.

Examples of emergency safety situations include:

- A participant suddenly begins running toward or into moving traffic on a street;
- A participant is attacking staff and bystanders by hitting them in the face with a closed fist and all supports in the safety plan and BSP have not been successful in stopping the aggressive behavior; or
- A participant has a weapon, such as a knife, and is talking about harming them self or actively attempting to harm themselves.

Fall: A sudden, unintentional drop to the ground or floor under the force of gravity, for example, due to loss of balance, lack of support, tripping over environmental obstacles, or the actions of another person (being pushed).

Financial exploitation or theft of a property or funds: Exploitation means the wrongful or unauthorized taking, withholding, appropriation, conversion, control, or use of money, funds, securities, assets, or any other property of a participant by any person utilizing undue influence, breach of a fiduciary relationship, deception, extortion, intimidation, force or threat of force, isolation, or any unlawful means or by the breach of a fiduciary duty by the guardian, conservator, agent under a power of attorney, trustee, or any other fiduciary of the participant. Includes theft of items considered to have significant sentimental value such as picture albums, keepsakes, collections, etc.

Illness: A condition that negatively affects the normal function of a person's body due to an internal cause, including both infectious diseases (caused by bacteria or viruses) and non-infectious diseases (such as genetic diseases or cancer).

Implementation of an Intervention by a Participant: When a behavioral or safety intervention is implemented or used by a participant on another participant at the direction of the provider.

Injury: Harm, pain, illness, impairment of physical function, or damage to body tissue.

- An external force or cause may include sources of trauma in which skin is torn, cut, or punctured (open wound) or where blunt force causes an injury such as a bruise or fracture (closed wound).
- An external source or cause could also include movement causing strains/sprains, exposure to poison/toxins, burns, or frostbite.
- The external force can be accidental, caused by another person, or caused by the participant (such as self-injurious behavior or attempted suicide).

Mechanical Restraint: Any device, material, object, or equipment attached to or adjacent to a participant's body that restricts freedom of movement or normal access to the body. Mechanical restraint is not:

- The use of acceptable child safety products;
- Use of car safety systems; or
- Safeguarding equipment, when ordered by a physician or health care provider and approved by the ISP team.

Physical Abuse: Any allegation or suspicion of any knowing or intentional act of physical violence committed by a provider, peer of the participant, family member or anyone else towards a participant of HCBS waiver services. An injury or otherwise adverse outcome does not need to be present for an incident report to be required.

Physical Neglect: The failure to provide proper care, supervision, or attention to a person or the person's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, or adequate supervision as described in the person-centered plan, shelter, or a safe environment. The failure to exercise one's duty to intercede on behalf of the person also constitutes neglect.

Physical Restraint: Any use of physical contact that restricts, or is meant to restrict, the movement or normal functioning of a participant.

Physician: A medical doctor or similar medical professional who can direct/provide medical treatment and prescribe medication within their scope of practice. This includes physician's assistants (PA) and advanced practice registered nurses (APRN). This does not include registered or licensed practical nurses (RN or LPN), therapists, or other types of doctors and medical professionals (dentists, clinical psychologists, etc.).

PRN Medication: Medication prescribed to be given as needed, such as specific symptoms or circumstances occur.

Psychological Abuse: Any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member or anyone else in which a participant is the victim. Actions include but are not limited to humiliation, harassment, threats of punishment or derogatory communication (vocal, written, gestures).

Psychotropic Medication: Medication that acts primarily on the brain, resulting in changes to perception, mood, consciousness, or behavior used to alter a person's behavior or mood. PRN Pain medications are not counted in this category as long as they are used for pain.

Punishment: Withholding something the participant has a right to have or do, such as their personal property or access to the community, based on their behavior, completion of a task, or success in a habilitation program.

Reportable Critical Incident: Any actual or alleged event or situation that creates or could lead to a rights violation, injury, or harm to the physical or mental health, safety or well-being of a participant including:

Seclusion: Involuntary confinement of a participant alone in a room or an area from which the individual is physically prevented from having contact with others or leaving.

- Separation of a participant to a safe room or area *as a part of emergency safety intervention* is not seclusion.
- Alone in a room or area means that the participant is removed from peers and others in the environment, even when a provider is present.
- Prevented from leaving or having contact with others means that the participant is physically prevented by a provider or a door, partition, or other physical barriers.

Seizure: A sudden, uncontrolled electrical disturbance in the brain, which can cause changes to behavior, movements, feelings, or consciousness.

Sepsis: Sepsis is an infection of the bloodstream and the body's response to that infection; resulting in a cluster of symptoms such as a drop in blood pressure, increase in heart rate, and fever. An incident would be determined as reportable as sepsis when diagnosed by a medical practitioner.

Sexual Abuse: Sexual assault as described in section §28-319 or §28-320 or incest as described in section §28-703. Sexual exploitation includes, but is not limited to, a violation of section §28- 311.08 and causing, allowing, permitting, inflicting, or encouraging a participant to engage in voyeurism, exhibitionism, prostitution, or the lewd, obscene, or pornographic photographing, filming, or depiction of the participant.

Suspicion: Any belief, perception, or indication that a participant has been abused, neglected, or exploited.

Vehicle Accident: The unintended collision of one motor vehicle with another, a stationary object, or person impacting a person receiving Medicaid HCBS services either as a result of riding in the vehicle or being hit by a vehicle.

Verbal Abuse: the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to individuals served. (404 NAC 2)

Vulnerable Adult: Any person 18 years of age or older who has substantial mental or functional impairment or for whom a guardian or conservator has been appointed under the Nebraska Probate Code.

- Substantial functional impairment shall mean any incapability, because of physical limitations, of living independently or providing self-care as determined through observation, diagnosis, investigation, or evaluation.
- Substantial mental impairment shall mean a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, investigation, or evaluation.