



624.1 Applicability

(a) This Part is applicable to all facilities and programs that are operated, certified, sponsored, or funded by OPWDD for the provision of services to persons with developmental disabilities.

Note:

Use of the term agency throughout the regulation refers to OPWDD Developmental Disabilities State Operations Offices (DDSOSs, see glossary, section 624.20 of this Part) as well as other non-state agencies (see glossary, section 624.20 of this Part) and sponsoring agencies (see glossary, section 624.20 of this Part) that sponsor family care homes.

(b) Intermediate care facilities (see Part 681 of this Title), including State operated developmental centers, must also comply with the requirements of 42 CFR 483. In some instances, these Federal requirements are more stringent than the requirements of this Part.

(c) The requirements of this Part apply to events and situations that are under the auspices (see glossary, section 624.20 of this Part) of an agency. Note that requirements concerning events and situations that are not under the auspices of an agency are set forth in Part 625 of this Title.

(d) Programs that are certified under section 16.03(a)(4) or (5) of the Mental Hygiene Law and are funded by OPWDD, but that are not operated by OPWDD, are not considered to be “facilities and programs that are certified or operated by OPWDD” as that phrase is used throughout this Part. The requirements of this Part apply to reportable incidents and notable occurrences that are under the auspices (see glossary, section 624.20) of such programs, except that such programs are not required to report incidents to the Justice Center’s Vulnerable Persons’ Central Register (VPCR).

(e) The requirements of this Part as revised effective June 30, 2013 are applicable to incidents that occur on and after June 30, 2013. Incidents that occurred prior to June 30, 2013 are subject to the requirements of this Part that were in effect at the time the incidents occurred. Note that the requirements of Part 624 as revised effective June 30, 2013 include provisions concerning the release of records pertaining to allegations of abuse that occurred prior to June 30, 2013 (See section 624.8 of this Part).

624.2 Background and intent.

(a) It is the intent of this Part to require an incident management system, including the reporting, investigation, review, correction, and monitoring of certain events or situations, in order to protect individuals receiving services (to the extent possible) from harm; ensure that individuals are free from abuse and neglect; and to enhance the quality of their services and care.

(b) A primary function of the reporting of certain events or situations is to enable a governing body (see glossary, section 624.20 of this Part), executives, administrators and supervisors to become aware of problems, to take corrective measures, and to minimize the potential for recurrence of the same or similar



events or situations. The prompt reporting of these events and situations can ensure that immediate steps are taken to protect persons receiving services from being exposed to the same or similar risk.

(c) The reporting of certain events or situations in an orderly and uniform manner facilitates identification of trends, whether within a facility or class of facilities, by one or more agencies, or on a statewide basis, which ultimately allows for the development and implementation of preventive strategies.

(d) It is the intent of this Part to require a process whereby those events or situations that endanger a person's wellbeing while under the auspices of an agency, which are defined in section 624.3 of this Part as "reportable incidents," and in section 624.4 as "notable occurrences," are reported, investigated and reviewed, and protective, corrective, and remedial actions are taken as necessary.

(e) It is not the intent of this Part to mandate that every potentially harmful event or situation attributable to or involving a person receiving services while under the auspices of an agency, be recorded as a reportable incident or notable occurrence in accordance with this Part. It is the responsibility of the agency to determine how events or situations involving persons receiving services that are under the auspices of the agency or sponsoring agency, other than reportable incidents and notable occurrences (as defined in sections 624.3 and 624.4 of this Part), are to be documented, processed, corrected, (including corrective actions to be taken for the protection and/or safety of all those exposed to potential harm), monitored, and analyzed for trends through the development of policies and procedures that are in compliance with 14 NYCRR, and to develop a mechanism for review to ensure compliance with such policies and procedures.

(f) It is the intent of this Part to require a process whereby the governing body ensures the effectiveness of the identification, recording, investigation, review, and corrective actions with regard to events or situations involving persons receiving services referenced within this Part. This must be achieved through the establishment of the governing body's own protocol, which may include, but not be limited to, regular review of the minutes of the incident review committee and periodic attendance at that committee's meetings.

(g) It is the intent of this Part to hold the governing body and the chief executive officer (see glossary, section 624.20 of this Part) responsible for the management of incidents. However, the chief executive officer may designate staff members to assume specified responsibilities to facilitate the day to day process, and these designations must be set forth in writing in agency policies and procedures and made known to all staff and others with a need to know.

(h) Though failure on the part of an agency to provide appropriate services may not meet the definition of an incident or notable occurrence as defined in section 624.3 or 624.4 of this Part, OPWDD has, pursuant to statute, the authority to investigate or cause the investigation of conduct, performance, and/or alleged neglect of duty.

(i) It is the intent of this Part to require a process for facilities that is in full compliance with the provisions of section 29.29 of the Mental Hygiene Law.



(j) Facilities and programs that are certified or operated by OPWDD, except those programs that are certified under paragraph 16.03(a)(4) or (5) of the Mental Hygiene Law, are required to comply with relevant provisions of article 20 of the Executive Law (Protection of People with Special Needs) and article 11 of the Social Services Law (Protection of People with Special Needs), and to implement regulations promulgated by the Justice Center for the Protection of People with Special Needs (Justice Center).

624.3 Reportable incidents, defined.

(a) Reportable incidents are events or situations that meet the definitions in subdivision (b) of this section and occur under the auspices (see glossary, section 624.20 of this Part) of an agency.

(b) Definitions of reportable incidents.

(1) Physical abuse. Conduct by a custodian (see glossary, section 624.20 of this Part) intentionally (see glossary, section 624.20 of this Part) or recklessly (see glossary, section 624.20 of this Part) causing, by physical contact, physical injury (see glossary, section 624.20 of this Part) or serious or protracted impairment of the physical, mental, or emotional condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include, but is not limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment. Physical abuse does not include reasonable emergency interventions necessary to protect the safety of any party.

(2) Sexual abuse.

Any conduct by a custodian that subjects a person receiving services to any offense defined in article 130 or section 255.25, 255.26, or 255.27 of the Penal Law, or any conduct or communication by such custodian that allows, permits, uses, or encourages a person receiving services to engage in any act described in article 230 or 263 of the Penal Law. For purposes of this paragraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of an agency is not considered a custodian if he or she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.

(3) Psychological abuse. Any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services.

(i) Examples include, but are not limited to taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury.

(ii) In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social, or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist,



psychiatric nurse practitioner, licensed clinical or master social worker, or licensed mental health counselor.

(4) Deliberate inappropriate use of restraints. The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g., individualized service plan (ISP) or a habilitation plan), or behavior support plan, generally accepted treatment practices, and/or applicable Federal or State laws, regulations, or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other party. For purposes of this paragraph, a restraint includes the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs, or body.

(5) Use of aversive conditioning. The application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, and the withholding of meals and the provision of substitute foods in an unpalatable form. The use of aversive conditioning is prohibited by OPWDD.

(6) Obstruction of reports of reportable incidents. Conduct by a custodian that impedes the discovery, reporting, or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment, or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter (as defined in section 488 of the Social Services Law) from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement, or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with OPWDD regulations, policies, or procedures; or, for a custodian, failing to report a reportable incident upon discovery.

(7) Unlawful use or administration of a controlled substance. Any administration by a custodian to a service recipient of a controlled substance as defined by article 33 of the Public Health Law, without a prescription, or other medication not approved for any use by the Federal Food and Drug Administration, except for the administration of medical cannabis when such administration is in accordance with article three of the Cannabis Law, and any regulations promulgated thereunder, as well as the policies or procedures of the facility or provider agency governing such custodians. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article 33 of the Public Health Law, at the workplace or while on duty.

(8) Neglect. Any action, inaction, or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect includes, but is not limited to:

(i) failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian;



(ii) failure to provide adequate food, clothing, shelter, or medical, dental, optometric, or surgical care, consistent with Parts 633, 635, and 686, of this Title (and 42 CFR part 483, applicable to Intermediate Care Facilities), and provided that the agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric, or surgical treatment have been sought and obtained from the appropriate parties; or

(iii) failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article 65 of the Education Law and/or the individual's individualized education program.

(9) Significant incident. An incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services, and includes but is not limited to:

(i) the following types of incidents prior to January 1, 2016:

(a) conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity; or

(b) conduct on the part of a custodian, that is inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable Federal or State laws, regulations or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, including:

(1) seclusion. The placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will except when such placement is specifically permitted by section 633.16 of this Title. Unless permitted by section 633.16 of this Title, the use of seclusion is prohibited.

Note:

Section 633.16 of this Title (Person-Centered Behavioral Intervention) identifies a form of "exclusionary time out," which prevents egress from a time out room by a custodian's direct and continuous action, and requires constant visual and auditory monitoring. Use of exclusionary time out may be included in a formal behavior support plan and implemented in accordance with the conditions and limits set forth in paragraph 633.16(j)(3) of this Title. The use of exclusionary time out in the absence of an approved behavior support plan that incorporates the use of exclusionary time-out, or a failure to implement such a plan as designed, is considered to be "seclusion" and is prohibited.

(2) unauthorized use of time-out. For the purposes of this subclause only, means the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, for disciplinary purposes, or as a substitute for programming;

Note:



For the purposes of this provision "unauthorized use of time out" includes any use of time out that is inconsistent with an individual's plan of services except as noted in subclause (1) of this clause.

(3) except as provided for in paragraph (7) of this subdivision, the administration of a prescribed or over-the-counter medication, that is inconsistent with a prescription or order issued for a service recipient by a licensed, qualified health care practitioner, and that has an adverse effect on an individual receiving services. For purposes of this clause, adverse effect means the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services;

(4) inappropriate use of restraints. The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable Federal or State Laws, regulations or policies. For the purposes of this subdivision, a restraint includes the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body; and

(5) other mistreatment. Other conduct on the part of a custodian, that is inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable Federal or State laws, regulations or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, except as described in subclauses (1) through (4) of this clause;

(c) missing person. The unexpected absence of an individual receiving services that based on the person's history and current condition exposes him or her to risk of injury; or

(d) choking, with known risk. The partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk; or

(e) self-abusive behavior, with injury. A self inflicted injury to an individual receiving services that requires medical care beyond first aid.

(ii) the following types of incidents on and after January 1, 2016:

(a) conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity; or

(b) conduct on the part of a custodian, that is inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services; including:



(1) seclusion. The placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will, except when such placement is specifically permitted by section 633.16 of this Title. Unless permitted by section 633.16 of this Title, the use of seclusion is prohibited;

Note:

Section 633.16 of this Title (Person-Centered Behavioral Intervention) identifies a form of "exclusionary time out," which prevents egress from a time out room by a custodian's direct and continuous action, and requires constant visual and auditory monitoring. Use of exclusionary time out may be included in a formal behavior support plan and implemented in accordance with the conditions and limits set forth in paragraph 633.16(j)(3) of this Title. The use of exclusionary time out in the absence of an approved behavior support plan that incorporates the use of exclusionary time-out, or a failure to implement such a plan as designed, is considered to be "seclusion" and is prohibited.

(2) unauthorized use of time-out. For the purposes of this subclause only, means the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, for disciplinary purposes, or as a substitute for programming;

Note:

For the purposes of this provision "unauthorized use of timeout" includes any use of time out that is inconsistent with an individual's plan of services except as noted in subclause (1) of this clause.

(3) except as provided in paragraph (7) of this subdivision, the administration of a prescribed or over-the-counter medication that is inconsistent with a prescription or order issued for a service recipient by a licensed qualified health care practitioner, and that has an adverse effect on an individual receiving services. For purposes of this subclause, adverse effect means the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services;

(4) inappropriate use of restraints. The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable Federal or State laws, regulations, or policies. For the purposes of this subdivision, a "restraint" includes the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs, or body; and

(5) mistreatment. Other conduct on the part of a custodian, inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable Federal or State laws, regulations, or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, except as described in any other provision of this subdivision;

(c) missing person at risk for injury. The unexpected absence of an individual receiving services that based on the person's history and current condition exposes him or her to risk of injury;



(d) unauthorized absence. The unexpected or unauthorized absence of a person after formal search procedures (see glossary, section 624.20 of this Part) have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc., determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger, except as defined in clause (c) of this subparagraph, to the wellbeing of the person or others;

(e) choking, with known risk. The partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk;

(f) choking, with no known risk. For the purposes of this paragraph, partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a choking, with known risk, incident (see clause [e] of this subparagraph), involving an individual with a known risk for choking and a written directive addressing that risk;

(g) self-abusive behavior, with injury. A self-inflicted injury to an individual receiving services that requires medical care beyond first aid;

(h) injury, with hospital admission. An injury that results in the admission of a service recipient to a hospital for treatment or observation, except as defined in clause (g) of this subparagraph;

(i) theft and financial exploitation. Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100; theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services;

(j) other significant incident. An incident that occurs under the auspices of an agency, but that does not involve conduct on the part of a custodian, and does not meet the definition of any other incident described in this subdivision, but that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services.

624.4 Notable occurrences, defined.

(a) Notable occurrences are events or situations that meet the definitions in subdivision (c) of this section and occur under the auspices of an agency.

(b) Notable occurrences do not include events and situations that meet the definition of a reportable incident in section 624.3 of this Part even if the event or situation otherwise meets the definition of one of the categories in subdivision (c) of this section. An exception is that a death that also meets the definition of a reportable incident must be reported both as the reportable incident and as a notable occurrence.



(c) Serious and minor notable occurrences are defined and categorized as follows:

(1) the following types of incidents prior to January 1, 2016:

(i) injury.

(a) Minor notable occurrence. Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, that results in an individual requiring medical or dental treatment (see glossary, section 624.20 of this Part) by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid. Illness in itself shall not be reported as an injury or any other type of incident or occurrence.

(b) Serious notable occurrence. Any injury that results in the admission of a person to a hospital for treatment or observation because of injury.

Note:

In accordance with section 624.3(b)(9)(i)(e) of this Part, an injury due to self-injurious behavior that requires medical care beyond first aid is a reportable incident.

(ii) unauthorized absence. The unexpected or unauthorized absence of a person after formal search procedures (see glossary, section 624.20 of this Part) have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc., shall determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of the person or others. Any unauthorized absence event is considered a serious notable occurrence.

Note:

In accordance with section 624.3(b)(9)(i)(c) of this Part, an unauthorized absence that results in exposure to risk of injury to the person receiving services is a reportable missing person incident.

(iii) death. The death of any person receiving services, regardless of the cause of death, is a serious notable occurrence. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that occur under the auspices of an agency.

(iv) choking, with no known risk. For the purposes of this paragraph, partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a reportable choking, with known risk, incident (see section 624.3[b][9][i][d] of this Part), involving an individual with a known risk for choking and a written directive addressing that risk. Any choking with no known risk event is considered a serious notable occurrence.



(v) theft and financial exploitation.

(a) Minor notable occurrence. Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving values of more than \$15 and less than or equal to \$100, that does not involve a credit, debit, or public benefit card, and that is an isolated event.

(b) Serious notable occurrence. Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100; theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.

(vi) sensitive situations. Those situations involving a person receiving services that do not meet the criteria of the definitions in subparagraphs (i)-(v) of this paragraph or the definitions of reportable incidents as defined in section 624.3 of this Part, that may be of a delicate nature to the agency, and that are reported to ensure awareness of the circumstances. Sensitive situations shall be defined in agency policies and procedures, and shall include, but not be limited to, possible criminal acts committed by an individual receiving services. Sensitive situations are serious notable occurrences.

(vii) ICF violations. Events and situations concerning residents of intermediate care facilities (ICFs) that are identified as violations in Federal regulation applicable to ICFs and do not meet the definitions of reportable incidents as specified in section 624.3 of this Part or other notable occurrences as specified in this section. ICF violations are serious notable occurrences.

(2) the following types of incidents on and after January 1, 2016:

(i) serious notable occurrences:

(a) death. The death of any person receiving services, regardless of the cause of death. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that occur under the auspices of an agency;

(b) sensitive situations. Those situations involving a person receiving services that do not meet the definitions of other incidents in section 624.3 of this Part or in this subdivision, but that may be of a delicate nature to the agency, and are reported to ensure awareness of the circumstances. Sensitive situations must be defined in agency policies and procedures, and include, but not be limited to, possible criminal acts committed by an individual receiving services.

(ii) minor notable occurrences:

(a) theft or financial exploitation, minor notable occurrence. Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving values of more than \$15 and less than or equal to \$100, that does not involve a credit, debit, or public benefit card, and that is an isolated event; and



(b) injury, minor notable occurrence. Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, that results in an individual requiring medical or dental treatment (see glossary, section 624.20 of this Part) by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid.

624.5 Reporting, recording and investigation.

(a) Policies and procedures.

(1) Every agency must develop policies and procedures that are in conformance with this Part to address:

(i) reporting, recording, investigation, review, and monitoring of reportable incidents and notable occurrences;

(ii) identification of reporting responsibilities of employees, interns, volunteers, consultants, contractors, and family care providers; and

(iii) providing notice to all employees which states that:

(a) all reportable incidents, including reports of abuse and neglect, must be investigated; and

(b) if an employee leaves employment prior to the conclusion of a pending investigation, the investigation must continue until it is completed and (for reports of abuse and neglect) a finding is made of substantiated or unsubstantiated.

(2) Agency policies and procedures, whether newly developed or representing change from previously approved policies, must be subject to approval by the agency's governing body.

(3) Notification of policies and procedures.

(i) Upon commencement of service provision, and annually thereafter, an agency must offer to make available written information developed by OPWDD in collaboration with the Justice Center, and a copy of the agency's policies and procedures, to persons receiving services who have the capacity to understand the information and to their parents, guardians, correspondents (see glossary, section 624.20 of this Part) or advocates (see glossary, section 624.20 of this Part), unless a person is a capable adult who objects to their notification. The agency must also offer to make available a copy of OPWDD's Part 624 regulations. In order to satisfy this requirement the agency shall:

(a) provide instructions on how to access such information in electronic format; and

(b) upon written request, provide paper copies of such information.



(ii) Upon employment or initial volunteer, contract, or sponsorship arrangements, and annually thereafter, an agency must make the agency's policies and procedures on incident management known to agency employees, interns, volunteers, consultants, contractors, and family care providers. For parties who are required to be trained, this information must be provided in conjunction with training conducted in accordance with section 633.8 of this Title.

(iii) In accordance with section 633.7 of this Title, custodians with regular and direct contact in facilities and programs operated or certified by OPWDD must be provided with the code of conduct adopted by the Justice Center.

(b) General reporting requirements.

(1) All agency employees, interns, volunteers, consultants, contractors, and family care providers are required to report any event or situation that meets the criteria of a reportable incident or notable occurrence as defined in this Part.

(2) Internal agency reporting.

(i) All minor notable occurrences, as defined in section 624.4 of this Part, must be reported to the agency's chief executive officer (or designee) within 48 hours upon occurrence or discovery.

(ii) All reportable incidents, as defined in section 624.3 of this Part, and serious notable occurrences, as defined in section 624.4 of this Part, must be reported to the agency's chief executive officer (or designee) immediately upon occurrence or discovery.

(c) Immediate reporting to OPWDD.

(1) All reportable incidents and serious notable occurrences must be reported immediately to OPWDD in the manner specified by OPWDD.

(2) Immediate entry of initial information into the OPWDD Incident Report and Management Application (IRMA) does not satisfy the reporting requirement in paragraph (1) of this subdivision.

(3) Immediate reporting of reportable incidents to the VPCR (where applicable) does not satisfy the requirement to immediately notify OPWDD of these incidents in accordance with paragraph (1) of this subdivision.

(d) Reporting of reportable incidents to the Vulnerable Persons' Central Register (VPCR).

(1) Facilities and programs that are operated or certified by OPWDD must report all reportable incidents to the VPCR. (Non-certified programs that are not State operated, and programs certified under section 16.03(a)(4) or (5) of the Mental Hygiene Law that are not State operated, are not required to report to the VPCR.)



(2) All custodians (see glossary, section 624.20 of this Part) in facilities or programs operated or certified by OPWDD are mandated reporters and are required to report reportable incidents to the VPCR unless:

- (i) he or she knows that the report has already been made by another mandated reporter; and
- (ii) that he or she has been named in that report as a person with knowledge of the incident.

(3) All custodians in facilities or programs operated or certified by OPWDD must submit reports of reportable incidents to the VPCR immediately upon discovery of the reportable incident.

(i) For purposes of this Part, discovery occurs when the mandated reporter witnesses a suspected reportable incident or when another party, including an individual receiving services, comes before the mandated reporter in the mandated reporter's professional or official capacity and provides the mandated reporter with reasonable cause to suspect that the individual has been subjected to a reportable incident.

(ii) Reports must be submitted by a statewide, toll-free telephone number (a "hotline") or by electronic transmission, in a manner and on forms prescribed by the Justice Center.

(iii) Mandated reporters shall have the rights and responsibilities established by section 491 of the Social Services Law.

(4) Providers shall establish written protocols to ensure reports involving multiple mandated reporters are properly made and documented.

(e) Reporting deaths.

(1) In accordance with New York State Law and guidance issued by the Justice Center, the death of any individual who had received services operated or certified by OPWDD, within 30 days preceding his or her death, must be reported to the Justice Center. Specifics of the reporting requirement are as follows:

(i) The initial report must be submitted, by the agency's chief executive officer or designee, to the Justice Center death reporting line, in a manner specified by the Justice Center.

(ii) The death must be reported immediately upon discovery and in no case more than 24 hours after discovery.

(iii) Subsequent information must be submitted to the Justice Center, by submission of the Report of Death in IRMA within five working days of discovery of the death.

(iv) The results of an autopsy, if performed and if available to the agency, must be submitted to the Justice Center and OPWDD, in a manner specified by the Justice Center, within sixty working days of discovery of the death. (The Justice Center may extend the timeframe for good cause.)

(2) All deaths that are reported to the Justice Center must also be reported to OPWDD.



- (i) A death that occurred under the auspices of an agency (see paragraph [4] of this subdivision) must be reported as a serious notable occurrence in accordance with this Part (see also paragraph [3] of this subdivision).
- (ii) A death that did not occur under the auspices of an agency (e.g., the death of a person who received certified day habilitation services, but died at his or her private home of causes not associated with the day services) must be reported in accordance with Part 625 of this Title.
- (3) The death of any individual who had received services certified, operated, or funded by OPWDD, and the death occurred under the auspices of the agency (see paragraph [4] of this subdivision), must be classified as a serious notable occurrence, and reported and managed as such, in accordance with the requirements of this Part.
- (4) A death is considered to have occurred under the auspices of an agency if:
- (i) the individual was living in a residential facility operated or certified by OPWDD, including a family care home (but excluding free standing respite facilities), at the time of his or her death, or if the death occurred up to 30 days after the individual was discharged from the residential facility (unless the person was admitted to a different residential facility in the OPWDD system in the meantime);
 - (ii) the individual's death occurred during a stay at an OPWDD certified or operated free standing respite facility or was caused by a reportable incident or notable occurrence, defined in sections 624.3 and 624.4 of this Part, that occurred at the facility within 30 days of discovery of the death; or
 - (iii) the individual had received non-residential services operated, certified, or funded by OPWDD, and:
 - (a) the death occurred while the individual was receiving services; or
 - (b) the death was caused by a reportable incident or notable occurrence, defined in sections 624.3 and 624.4 of this Part, that occurred during the provision of services within 30 days of discovery of the death.
- (5) If more than one agency provided services to the individual, there must be one responsible agency that is designated to report the death of the individual to the Justice Center and/or OPWDD. The agency responsible for reporting in accordance with this paragraph must be the provider of the services to the individual (or sponsoring agency) in the order stated:
- (i) OPWDD certified or operated residential facility, including a family care home, but not a free-standing respite facility;
 - (ii) OPWDD certified or operated free standing respite facility, if the death occurred during the individual's stay at the facility, or was caused by a reportable incident or notable occurrence defined in sections 624.3 and 624.4 of this Part, that occurred during a stay at the facility within 30 days of discovery of the death;



(iii) OPWDD certified or operated day program (if the individual received services from more than one certified day program, the responsible agency shall be the agency that provided the greater duration of service on a regular basis);

(iv) MSC or PCSS (only OPWDD operated services report to the Justice Center);

(v) HCBS waiver services (only OPWDD operated services report to the Justice Center);

(vi) care at home waiver services (only OPWDD operated services report to the Justice Center);

(vii) article 16 clinic services;

(viii) FSS or ISS (only OPWDD operated services report to the Justice Center);

(ix) Any other service operated by OPWDD.

(x) notwithstanding any other requirement in this paragraph, there may be circumstances in which the death of an individual who resided at a certified residential facility, was staying at a certified free-standing respite facility, or attended a certified day program was caused by a reportable incident or notable occurrence that occurred under the auspices of another OPWDD certified, operated, or funded program or service within 30 days of discovery of the death; under these circumstances the provider of services where the incident or occurrence happened is responsible for reporting the death to the Justice Center (as applicable) and/or to OPWDD.

(f) Reporting to OPWDD - required reporting formats.

(1) Reporting using the OPWDD Incident Report and Management Application (IRMA; see glossary, section 624.20 of this Part).

(i) Information must be entered into IRMA for the following:

(a) reportable incidents; and

(b) serious notable occurrences.

(ii) Reporting initial information in IRMA.

(a) Initial information is information about the incident or occurrence that is required to create a new incident report in IRMA and any other information available at the time when information is first entered into IRMA.

(b) When a report of a reportable incident or a serious notable occurrence is made to the VPCR:

(1) initial information is automatically entered into IRMA; however,



(2) agencies are required to review the information within 24 hours of occurrence or discovery of the incident or by close of the next working day, whichever is later, and to report missing or discrepant information to OPWDD.

(c) When a report of a reportable incident or a serious notable occurrence is not made to the VPCR, the agency must enter initial information into IRMA within 24 hours of occurrence or discovery or by close of the next working day, whichever is later.

(iii) Reporting subsequent information in IRMA.

(a) Subsequent information concerning the incident or occurrence that was not included in the initial information entered in IRMA includes, but is not limited to, information about required notifications and updates to information related to deaths (e.g., autopsy reports).

(b) Subsequent information must be entered by the close of the fifth working day after the action is taken or the information becomes available, except as follows:

(1) Information about immediate protections must be entered into IRMA within 24 hours after the action is taken or by the close of the next working day, whichever is later.

(2) A report of death must be entered in IRMA within five working days of the discovery of the death.

(3) If another provision of this Part identifies a different timeframe for the entry of specific information, agencies must comply with that timeframe requirement instead. Specific timeframes are identified in provisions concerning:

(i) reporting updates (see subdivision [m] of this section);

(ii) notification of law enforcement officials (see section 624.6 of this Part); and

(iii) minutes of incident review committee (IRC) meetings (see section 624.7 of this Part).

(4) Agencies are not required to enter information about investigatory activities into IRMA until the investigative report is completed.

(c) For reports of abuse and neglect in facilities and programs that are certified or operated by OPWDD, subsequent information must include findings and recommendations made by the Justice Center.

(d) Agencies are required to comply with all requests by OPWDD for the entry of specific subsequent information.

(2) Initial incident/occurrence report.



(i) Minor notable occurrences. Agencies may enter information about minor notable occurrences into IRMA in lieu of completing a written initial incident/occurrence report. Within 48 hours of occurrence or discovery or by close of the next working day, whichever is later, the agency shall either:

- (a) complete a written initial incident/occurrence report in the form and format specified by OPWDD; or
- (b) enter initial information into IRMA.

(ii) To comply with any requirement that the agency send or disclose a copy of the initial incident/occurrence report (e.g., in section 624.6 of this Part), the agency must send or disclose either:

(a) a copy of the written initial incident/occurrence report completed by the agency pursuant to this paragraph (if one was completed; with redaction if required); or

(b) an initial incident/occurrence report printed from IRMA (with redaction if required).

(g) Immediate protections.

(1) A person's safety must always be the primary concern of the chief executive officer (or designee). He or she must take necessary and reasonable steps to ensure that a person receiving services who has been harmed receives any necessary treatment or care and, to the extent possible, take reasonable and prudent measures to immediately protect individuals receiving services from harm and abuse.

(2) When appropriate, an employee, intern, volunteer, consultant, or contractor alleged to have abused or neglected a person must be removed from direct contact with, or responsibility for, all persons receiving services from the agency.

(3) When appropriate, an individual receiving services must be removed from a facility when it is determined that there is a risk to such individual if he or she continues to remain in the facility.

(4) If a person is physically injured, an appropriate medical examination of the injured person must be obtained. The name of the examiner must be recorded and his or her written findings must be retained.

(h) General investigation requirements.

(1) Any report of a reportable incident or notable occurrence (both serious and minor) must be thoroughly investigated by the chief executive officer or an investigator designated by the chief executive officer, unless OPWDD or the Justice Center advises the chief executive officer that the incident or occurrence will be investigated by OPWDD or the Justice Center and specifically relieves the agency of the obligation to investigate (see subdivision [j] of this section).

(2) Investigations of all reportable incidents and notable occurrences must be initiated immediately, with further investigation undertaken commensurate with the seriousness and circumstances of the situation.



- (i) The agency must commence an investigation immediately even when it anticipates that the Justice Center or central office of OPWDD will assume responsibility for the investigation.
 - (ii) When an agency anticipates that the Justice Center or central office of OPWDD will assume responsibility for the investigation, the actions taken by the agency are restricted to:
 - (a) securing and/or documenting (e.g., photographing) the scene as appropriate;
 - (b) collecting and securing physical evidence;
 - (c) taking preliminary statements from witnesses and involved parties to the extent necessary to ensure immediate protective measures can be implemented; and
 - (d) performing other actions as specified by the Justice Center or OPWDD.
 - (iii) In the event that law enforcement directs that the agency forgo any of the actions specified in subparagraph (i) of this paragraph, the agency must comply with such direction.
 - (iv) The agency is responsible for monitoring IRMA to ascertain whether the Justice Center, the central office of OPWDD or the agency is responsible for the investigation.
 - (v) If the Justice Center or the central office of OPWDD is responsible for the investigation, the agency must fully cooperate with the assigned investigator but must not conduct an independent investigation.
 - (vi) Notwithstanding any other provision in this subdivision, intermediate care facilities must take steps as needed to comply with Federal requirements for the completion of investigations within specified timeframes, including assuming the responsibility for conducting the investigation if necessary.
- (3) When an agency becomes aware of additional information concerning an incident that may warrant its reclassification.
- (i) If the incident was classified as a reportable incident by the VPCR, or the additional information may warrant its classification as a reportable incident, a program certified or operated by OPWDD must report the additional information to the VPCR. At its discretion, the VPCR may reclassify the incident based on the additional information.
 - (ii) In other cases (e.g., incidents in non-certified programs that are not operated by OPWDD or in programs certified under section 16.03(a)(4) or (5) of the Mental Hygiene Law that are not operated by OPWDD), the agency will determine whether the incident is to be reclassified and must report any reclassification in IRMA. (This reclassification is subject to review by OPWDD.)
 - (iii) In the event that the incident is reclassified, the agency must make all additional reports and notifications required by the reclassification.



(4) When an agency is responsible for the investigation, the investigation must be documented. Such documentation must include an investigative report.

(i) For all reportable incidents and notable occurrences, investigative reports must be in the form and format specified by OPWDD.

(ii) For reportable incidents and serious notable occurrences, the full text of the investigative report must be entered/uploaded into IRMA pursuant to subparagraph (f)(1)(iii) of this section.

Note:

In the event that the central office of OPWDD conducts an investigation of an incident or notable occurrence, the central office of OPWDD will make the investigative report available through IRMA.

(5) The investigation must continue through completion regardless of whether an employee or other custodian who is directly involved leaves employment (or contact with individuals receiving services) before the investigation is complete.

(6) An agency must maintain the confidentiality of information regarding the identities of reporters, witnesses, and subjects of reportable incidents and notable occurrences, and limit access to such information to parties who need to know, including, but not limited to, personnel administrators and assigned investigators.

(7) Restrictions on situations that may compromise the independence of investigators.

(i) Any party who has been assigned to investigate a reportable incident, or notable occurrence in which he or she recognizes a potential conflict of interest in the assignment, initially or while the investigation is underway, must report this information to the agency. The agency must relieve the assigned investigator of the duty to investigate if it is determined that there is a conflict of interest in the assignment.

(ii) No one may conduct an investigation of any reportable incident or serious notable occurrence in which he or she was directly involved, in which his or her testimony is incorporated, or in which a spouse, domestic partner, or immediate family member was directly involved.

(iii) No one may conduct an investigation in which his or her spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or provides supervision to directly involved parties.

(iv) Members of an incident review committee (IRC) must not routinely be assigned the responsibility of investigating incidents or occurrences. In the event that an IRC member conducts an investigation of an incident or occurrence, the agency must comply with section 624.7(d)(7)(ii) of this Part.

(v) For reportable incidents and serious notable occurrences:



(a) The agency must assign an investigator whose work function is at arm's length from staff who are directly involved in the reportable incident or serious notable occurrence. The requirements identified in clauses (b) and (c) of this subparagraph reflect the minimum expectation regarding independence concerning the investigator's work function.

(b) No party in the direct line of supervision of staff who are directly involved in the reportable incident or serious notable occurrence may conduct the investigation of such an incident or occurrence, except for the chief executive officer.

(c) Although the chief executive officer is in the direct line of supervision of all staff, the chief executive officer (not a designee) may conduct the investigation of a reportable incident or serious notable occurrence unless he or she is the immediate supervisor of any staff who are directly involved in the reportable incident or serious notable occurrence.

(8) For reports of abuse or neglect in facilities and programs certified or operated by OPWDD, the agency conducting the investigation must notify each subject of the report that an investigation is being conducted, unless notifying the subject of the report would impede the investigation.

(i) Such notification must be made in the manner specified by the Justice Center.

(ii) Such notification or the reason a notification was not made must be reported to OPWDD in the manner specified by OPWDD.

(9) For reports of abuse or neglect in facilities and programs certified or operated by OPWDD, the agency conducting the investigation must submit a request for a check of the Statewide Central Register of Child Abuse and Maltreatment (SCR) concerning each subject of the report.

(i) Such request must be submitted to the Justice Center in the form and manner specified by the Justice Center as soon as the information required to make the request is known or discovered.

(ii) As a result of the check, the agency may receive information that one or more indicated reports exist concerning the subject of the report. If this occurs, the agency must take appropriate steps to gather information contained in the report as specified by the Justice Center.

(iii) Information obtained pursuant to this paragraph must be included in the investigation records submitted to OPWDD in accordance with subdivision (o) of this section.

(i) Review/investigation by OPWDD and the Justice Center.

(1) OPWDD and the Justice Center have the right to investigate and/or review any reportable incident. OPWDD also has the right to investigate and/or review any notable occurrence. All relevant records, reports and/or minutes of meetings at which the incident or occurrence was discussed must be made available to reviewers or investigators. Persons receiving services, staff, and any other relevant parties may be interviewed in pursuit of any such investigation or review.



(2) When an incident or occurrence is investigated or reviewed by OPWDD and OPWDD makes recommendations to the agency concerning any matter related to the incident or occurrence (except during survey activities), the agency must either:

(i) implement each recommendation in a timely manner and submit documentation of the implementation to OPWDD; or

(ii) in the event that the agency does not implement a particular recommendation, submit written justification to OPWDD, within a month after the recommendation is made, and identify the alternative means that will be undertaken to address the issue, or explain why no action is needed.

(3) In the event that OPWDD or the Justice Center conducts an investigation, the agency may be responsible to conduct some investigatory activities. In these instances, the agency must comply with pertinent requirements in subdivision (h) of this section. Note that when the Justice Center conducts the investigation, the Justice Center is not required to adhere to the requirements of such subdivision (h) of this section.

(j) Findings of reports of abuse or neglect.

(1) For every report of abuse or neglect, a finding must be made. The agency is required to make the finding or, in the event that the central office of OPWDD or the Justice Center conducted the investigation, the central office of OPWDD or the Justice Center will make the finding. A finding must be based on a preponderance of the evidence and indicate whether:

(i) the report of abuse or neglect is substantiated because it is determined that the incident occurred and the subject of the report was responsible or, if no subject can be identified and an incident occurred, that the agency was responsible; or

(ii) the report of abuse or neglect is unsubstantiated because it is determined not to have occurred or the subject of the report was not responsible, or because it cannot be determined that the incident occurred or that the subject of the report was responsible.

(2) Concurrent finding. In conjunction with the possible findings identified in paragraph (1) of this subdivision, a concurrent finding may be made that a systemic problem caused or contributed to the occurrence of the incident.

(3) Justice Center review of findings for reports of abuse or neglect in facilities and programs that are certified or operated by OPWDD. When the investigation is conducted by an agency or by OPWDD, findings made by the agency or OPWDD are not considered final until they are reviewed by the Justice Center. The Justice Center may amend findings made by an agency or OPWDD. Findings made by the Justice Center are considered final.

(k) Plans for prevention and remediation for substantiated reports of abuse or neglect when the investigation is conducted by the agency or OPWDD.



(1) Within 10 days of the IRC review of a completed investigation, the agency must develop a plan of prevention and remediation to be taken to assure the continued health, safety, and welfare of individuals receiving services and to provide for the prevention of future acts of abuse and neglect.

(2) The plan must include written endorsement by the CEO or designee.

(3) The plan must identify projected implementation dates and specify by title agency staff who are responsible for monitoring the implementation of each remedial action identified and for assessing the efficacy of the remedial action.

(4) Such plan must be entered into IRMA by the close of the fifth working day after the development of the plan (see subparagraph [f][1][iii] of this section).

(5) OPWDD will inform the Justice Center about plans developed pursuant to this subdivision.

(l) Corrections in response to findings and recommendations made by the Justice Center.

When the Justice Center makes findings concerning reports of abuse and neglect under its jurisdiction and issues a report and/or recommendations to the agency regarding such matters, the agency must:

(1) make a written response that identifies action taken in response to each correction requested in the report and/or each recommendation made by the Justice Center; and

(2) submit the written response to OPWDD in the manner specified by OPWDD, within 60 days after the agency receives a report of findings and/or recommendations from the Justice Center.

(m) Reporting updates.

(1) For reportable incidents and serious notable occurrences, an agency must enter reporting updates into IRMA on at least a monthly basis, or more frequently as requested by OPWDD, until closure of the incident or occurrence, except as noted in paragraph (5) of this subdivision.

(2) The agency must complete required fields in IRMA for the reporting update. Among other required information, the reporting update must include:

(i) a brief review of additions to the summary of evidence and specific investigatory actions taken since the last update was entered into IRMA, if any; and

(ii) if there have been no additions to the summary of evidence or investigatory actions taken since the last report, an explanation of why no progress has been made.

(3) If the agency is not responsible for conducting the investigation, the agency must complete the required fields to the extent possible given information provided to the agency.

(4) If the agency is responsible for conducting the investigation and if the investigation has not been completed within the timeframe specified in subdivision (n) of this section, the agency must inform



OPWDD of the reason for extending the timeframe of the investigation and continue to keep OPWDD informed on at least a monthly basis of the progress of the investigation and other actions taken.

(5) For reportable incidents of abuse and neglect in facilities and programs that are certified or operated by OPWDD, an agency may enter reporting updates into IRMA less frequently than on a monthly basis, if closure of the incident is exclusively pending receipt of written notice from the Justice Center in accordance with subdivision (o) of this section, and:

(i) an initial update is entered into IRMA to document that closure of the incident is pending receipt of such written notice from the Justice Center;

(ii) an update is entered into IRMA by the close of the fifth working day after the agency receives the written notice; and

(iii) no additional updates are requested by OPWDD.

(n) Timeframe for completion of the investigation.

When the agency is responsible for the investigation of an incident or notable occurrence:

(1) The investigation must be completed no later than 30 days after the incident or notable occurrence is reported to the Justice Center and/or OPWDD, or, in the case of a minor notable occurrence, no later than 30 days after completion of the written initial occurrence report or entry of initial information in IRMA. An investigation is considered complete upon completion of the investigative report.

(2) The agency may extend the timeframe for completion of a specific investigation beyond 30 days if there is adequate justification to do so. The agency must document its justification for the extension. Circumstances that may justify an extension include (but are not limited to):

(i) whether a related investigation is being conducted by an outside entity (e.g., law enforcement) that has requested the agency to delay necessary investigatory actions; and

(ii) whether there are delays in obtaining necessary evidence that are beyond the control of the agency (e.g., an essential witness is temporarily unavailable to be interviewed and/or provide a written statement).

(o) Closure of an incident or occurrence.

An incident or occurrence is considered closed:

(1) for reportable incidents of abuse and neglect in programs that are not certified or operated by OPWDD, or are certified under section 16.03(a)(4) or (5) of the Mental Hygiene Law and not operated by OPWDD and for reportable significant incidents and notable occurrences in all facilities and programs certified, operated, or funded by OPWDD:

(i) if the agency conducts the investigation, when the IRC has ascertained that no further investigation is necessary; or



(ii) if the investigation is conducted by the Central Office of OPWDD, when the Central Office of OPWDD notifies the agency of the results of the investigation; or

(2) for reportable incidents of abuse and neglect in facilities and programs that are certified or operated by OPWDD:

(i) if the agency conducts the investigation, when the Justice Center provides written notice to the agency of the Justice Center's review of the investigation; or

(ii) if the Central Office of OPWDD conducts the investigation, when the Justice Center provides written notice to the agency of the Justice Center's review of the investigation; or

(iii) if the Justice Center conducts the investigation, when the Justice Center provides written notice to the agency that the investigation is completed.

(p) Submission of investigative records.

If an agency conducts the investigation of a report of abuse or neglect or the death of an individual that occurred under the auspices of an agency, the agency must submit the entirety of the investigative record to the Justice Center and/or OPWDD, within 50 days of the VPCR and/or OPWDD accepting such report, as follows:

(1) for reports of abuse or neglect that were reported to the Justice Center, the agency must enter the entirety of the investigative record in the Justice Center's Web Submission of Investigation Report (WSIR) application; or

(2) effective January 1, 2016, for reports of abuse and neglect that are not required to be reported to the Justice Center and for the death of any individual that occurs under the auspices of an agency, the agency must enter/upload the entirety of the investigative record in IRMA;

(3) notwithstanding the timeframe specified in this subdivision, the agency may take additional time to submit the investigative record provided, however, that the reasons for any delay must be for good cause and must be documented. The record must be submitted as soon thereafter as practicably possible;

(4) notwithstanding the requirements in paragraphs (1)-(3) of this subdivision, in the event that the Justice Center or OPWDD conducts the investigation instead of the agency, the agency is not required to submit the investigative record to the Justice Center and/or OPWDD. In the event that OPWDD conducts the investigation, OPWDD will submit the investigative record to the Justice Center. However, agencies must provide information as requested by the Justice Center and/or OPWDD that may be deemed necessary to complete the record.

(q) Cooperation with the Justice Center.

In the event that the Justice Center requests additional information from the agency or OPWDD, in accordance with law or regulation, the agency or OPWDD must provide such requested information in a timely manner.



(r) Duty to report events or situations under the auspices of another agency.

(1) If a reportable incident or notable occurrence is alleged to have occurred while a person was under the auspices of another agency (e.g., day habilitation staff allege that a situation occurred at a residence), the discovering agency must document the situation and must report the situation to the agency under whose auspices the event or situation occurred.

(2) Note that mandated reporters (e.g., custodians) are required to make reports to the VPCR pursuant to section 491 of the Social Services Law. This means that mandated reporters at the discovering agency must report to the VPCR upon discovery of a reportable incident that occurred in another program or facility which is certified or operated by OPWDD.

(3) It is the responsibility of the agency under whose auspices the situation is alleged to have occurred to report, investigate, review, correct, and monitor the situation.

Note:

Similarly, when a person receives two or more services from the same provider agency, and one program or service environment discovers an incident that is alleged to have occurred under the supervision of another program or service environment operated by the same agency, the discovering program/service environment must document the situation and report it to the program/service environment where the situation or event is alleged to have occurred. The program or service environment where the incident is alleged to have occurred is responsible for reporting and managing the incident, in accordance with this Part and agency policy.

(4) If the agency suspecting or alleging the incident or occurrence is not satisfied that the situation will be or is being investigated or handled appropriately, it must bring the situation to the attention of OPWDD.

(s) Records and statistics.

(1) Record retention. Agencies must retain records pertaining to incidents and occurrences as follows:

(i) Records that must be retained include but are not limited to evidence and materials obtained or accessed during the investigative process, copies of all documents generated in accordance with requirements of this Part, and documentation regarding compliance with the requirements of this Part.

(ii) Records must be retained for a minimum period of seven years from the date that the incident or occurrence is closed (see subdivision [o] of this section). However, when there is a pending audit or litigation concerning an incident or occurrence, agencies must retain the pertinent records during the pendency of the audit or litigation.

(2) Records, reports, and documentation must be retrievable by the person's name and filing number or identification code assigned by the agency. For incidents and occurrences that are reported in IRMA, such information must be retrievable by the master incident number in IRMA.



(3) When there is an incident or occurrence reported involving more than one person receiving services:

(i) From a statistical point of view, the situation is considered as one event and must be recorded as such.

(ii) The agency must establish whatever procedures it deems necessary to ensure that overall statistics reflect single events and that, when an event involves more than one person, records are retrievable by event in addition to being retrievable by a person's name.

(t) Confidentiality of records.

All records generated in accordance with the requirements of this Part must be kept confidential and must not be disclosed except as otherwise authorized by law or regulation. Records of reportable incidents that are reported to the Justice Center are to be kept confidential pursuant to section 496 of the Social Services Law.

(u) Retaliation.

(1) An agency must not take any retaliatory action against an employee or agent who believes that he or she has reasonable cause to suspect that a person receiving services has been subjected to a reportable incident or notable occurrence, and the employee or agent makes a report to the VPCR and/or OPWDD in accordance with this section and/or if the employee or agent cooperates with the investigation of a report made to the VPCR or OPWDD.

(2) Effective January 1, 2014, when an agency enters into a new contract or renews a contract for the provision of services that are provided by one or more employees or agents who have regular and substantial physical contact with persons receiving services, the contract must include a provision concerning retaliation by the contractor. The provision must require the contractor not to take any retaliatory action against an employee or agent of the contractor when:

(i) the employee or agent believes that he or she has reasonable cause to suspect a person receiving services has been subjected to a reportable incident or notable occurrence, and the employee or agent makes a report to the VPCR and/or OPWDD in accordance with this section; and/or

(ii) if the employee or agent of the contractor cooperates with the investigation of a report to the VPCR and/or OPWDD.

(v) Notice of findings involving employees or agents of contractors.

When an agency receives a written notice of findings from the Justice Center regarding a report of abuse or neglect, and the subject of such notice is an employee or agent of a contractor, the agency must notify OPWDD of these circumstances within two weeks of such notice in the manner specified by OPWDD.

(w) Dedicated mailbox for incident notifications.

Effective January 1, 2016, every agency providing services that are operated, certified, or funded by OPWDD must establish a dedicated electronic mailbox to receive incident notifications in order to act on issues, including requests from OPWDD, in a timely manner.



624.6 Notifications.

(a) For a report of abuse or neglect involving a person who resides in a facility certified or operated by OPWDD, the agency under whose auspices the event occurred and/or that is responsible for the person must send the written initial incident/occurrence report to the Mental Hygiene Legal Service (MHLS; see glossary, section 624.20 of this Part) within three working days of occurrence or discovery. The responsible agency or program must also inform MHLS of the results of the investigation.

(b) For reports of abuse or neglect that occur when a person receiving services is under the auspices of a residential facility operated by OPWDD, a family care home sponsored by OPWDD, or a certified day program operated by OPWDD, OPWDD must send the written initial incident report to the appropriate board of visitors within three working days of occurrence or discovery. OPWDD must also inform the board of visitors of the results of the investigation.

(c) All suicides, homicides, accidental deaths, or deaths due to suspicious, unusual or unnatural circumstances must be reported immediately by telephone, and later in writing, to the coroner/medical examiner. In New York City, the police must also be notified.

(d) Reporting to law enforcement.

(1) An appropriate law enforcement official must be contacted immediately in the event that an emergency response by law enforcement is needed.

(2) Agencies must report to an appropriate law enforcement official anytime a crime may have been committed against an individual by a custodian. This is in addition to reporting to the Justice Center when the event or situation is a reportable incident (if the services are certified or operated by OPWDD).

(i) The report to the appropriate law enforcement official must be made as soon as practicable, but in no event later than 24 hours after occurrence or discovery.

(ii) Information about the report to the appropriate law enforcement official must be entered into IRMA within 24 hours of the report being made.

(e) In a case where a subject (see glossary, section 624.20 of this Part) of a report of abuse or neglect in a program certified or operated by OPWDD resigns from his or her position or is terminated while under investigation, the agency shall promptly report such resignation or termination to the Justice Center.

(f) For all reportable incidents and notable occurrences:

(1) The agency must provide telephone notice to one of the following: a person's guardian, parent, spouse, adult child, or adult sibling.

(2) However, the agency must not provide such notice to a party in the following situations:

(i) if the guardian, parent, spouse, adult child, or adult sibling is the alleged abuser;



(ii) if there is written advice from the guardian, parent, spouse, adult child, or adult sibling that he or she objects to receiving such notification. The notice must then be provided to another party who is a guardian, parent, spouse, adult child, or adult sibling if one exists; or

(iii) if the person receiving services is a capable adult who objects to such notification being made. If the capable adult objects to notification of all parties (guardian, parent, spouse, adult child, or adult sibling), the capable adult must be provided the notice described in this subdivision.

(3) The telephone notice must be provided as soon as reasonably possible, but no later than 24 hours after completion of the written initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA by the agency.

(4) The telephone notice must include:

(i) a description of the event or situation and a description of initial actions taken to address the incident or occurrence, if any;

(ii) an offer to meet with the chief executive officer (or designee) to further discuss the incident or occurrence; and

(iii) for reports of abuse and neglect, an offer to provide information on the status and/or finding of the report. Requested information shall be provided verbally or in writing, unless the person is a capable adult and objects to the provision of this information. In providing such information, the agency must protect the privacy rights of other parties.

(5) Methods of notification.

(i) The complete telephone notice may include more than one call, if the initial call includes a description of the event or situation and is within the required period of time or is attempted within the required period of time. Follow-up calls with the additional required information must be made within a reasonable timeframe after the initial call.

(ii) Notice may be provided in person rather than by telephone.

(iii) Notice may be provided by other methods at the request of the party receiving the notice.

(6) If the person does not have a guardian, parent, spouse, adult child, or adult sibling or if such parties are not reasonably available, or if there is written advice that such parties do not want to be notified; the agency must provide notice to the following parties in the manner (and subject to the same limitations) specified in this subdivision:

(i) the person receiving services, if the person is a capable adult; and

(ii) the person's advocate or correspondent (if one exists).



(7) Requests for the initial incident/occurrence report.

(i) Process for requests.

(a) Requests may be made for a copy of the initial incident/occurrence report by the person receiving services (or who formerly received services), guardian, parent(s), or correspondent/advocate.

(b) Such request must be in writing. However, at the discretion of the agency, a documented verbal request may be accepted in lieu of a written request.

(c) If the person is a capable adult and objects to the provision of the initial incident/occurrence report, such report must not be provided to otherwise eligible requestors.

(d) If an otherwise eligible requestor is the alleged abuser, the written initial incident/occurrence report must not be provided to that requestor.

(ii) Redaction.

(a) The copy of the report must incorporate redaction of the names of employees who are involved in the incident or occurrence or the investigation or who are interviewed as a part of the investigation; persons receiving services (or who formerly received services); and any information tending to identify such employees or persons. Redaction may be waived if the employee or person authorizes disclosure, unless redaction of the specific information is necessary because it tends to identify another employee or person who has not authorized disclosure or for another reason specified in this subparagraph.

(b) In addition, if the report identifies a particular party as having made a child abuse or maltreatment report to the Statewide Central Register of Child Abuse and Maltreatment (SCR), contacted the SCR, or otherwise cooperated in a child abuse/maltreatment investigation, that name as well as any information tending to identify the party must be redacted.

(iii) The copy of the initial incident/occurrence report must be provided to an eligible requestor as soon as reasonable, but in no event more than 10 days after the request is made.

(iv) The copy of the initial incident/occurrence report must be accompanied by a statement that all contents are preliminary and have not been substantiated.

(8) Report on actions taken.

(i) The agency must provide a report on initial actions taken to address the incident or notable occurrence. Such report must include:

(a) any immediate steps taken in response to the incident or occurrence to safeguard the health or safety of the person receiving services; and



(b) a general description of any initial medical or dental treatment or counseling provided to the person in response to the incident or occurrence.

(ii) The agency must provide the report on actions taken to any party specified in paragraph (1) or (6) of this subdivision who received the notification.

(iii) The report must be provided within 10 days of the completion of the initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA by the agency.

(iv) The report that is provided must be in the form and format specified by the OPWDD or in a similar format developed by the agency.

(v) The report that is provided must not include names of anyone who is involved in the incident or occurrence or the investigation, or who are interviewed as a part of the investigation, or any information tending to identify such parties. Names of any such parties as well as any information tending to identify those parties must be excluded or redacted.

(9) The following documentation must be maintained:

(i) the telephone notice and responses received, including the identity and position of the party providing the notice, the name of the party receiving the notice, the time of the original call or attempted call, the time of subsequent attempted calls if the initial call was not successful and the time of follow up calls if the notice occurred in more than one call;

(ii) any requests for a meeting or the initial incident/occurrence report;

(iii) meetings held in response to the request, and those present;

(iv) when the report on actions taken and any requested initial incident/occurrence report was provided;

(v) a copy of the report on actions taken and any initial incident/occurrence report (with redaction) that was provided; and

(vi) advice that a particular party does not want to receive notifications or that the capable adult receiving services objects to notice or objects to the provision of documents/information.

(10) For the purpose of redaction as specified in this subdivision and section 624.8 of this Part only, the term employee means any party who is, or formerly was:

(i) directly employed by an agency; or

(ii) used by an agency to provide services substantially similar to those that are or could be provided by someone who is directly employed by an agency. Such parties include, but are not limited to: those who are employed by other entities on behalf of an agency and/or for the care and treatment of the person receiving services; consultants; contractors; or volunteers; or



(iii) a family care provider or family care substitute/respite provider; or a party living in the home of the provider.

(g) For the Willowbrook class, agencies must comply with the incident reporting requirements of the Willowbrook Permanent Injunction, dated March 11, 1993.

(h) The individual's service coordinator e.g., a Medicaid service coordinator or plan of care support services service coordinator, or Willowbrook Service Coordinator) must be notified by the agency of all reportable incidents and notable occurrences involving any individual receiving non-ICF services that are certified, funded, or operated by OPWDD and must be provided with subsequent information, as follows:

(1) The service coordinator must be notified within 24 hours of the completion of the initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA. The notification must include a description of immediate protections.

(2) The service coordinator must be provided with subsequent information that may be needed to update an individual's plan of services and to monitor protective, corrective, and other actions taken following a reportable incident or occurrence. Specifically:

(i) The service coordinator must be provided with written information identifying investigative conclusions (including the findings of a report of abuse or neglect) and recommendations pertaining to the individual's care, protection, and treatment. The information provided must exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, or other individuals receiving services. This information must be provided to the service coordinator within:

(a) 10 days after completion of the investigation if the investigation was completed by the agency; or

(b) 10 days after the agency receives notice of the results of an investigation conducted by the Central Office of OPWDD or the Justice Center.

(ii) If the IRC review results in additional findings, conclusions, or recommendations regarding the individual's care, protection, and/or treatment, this information must be provided to the service coordinator, in written form, within three weeks after committee review.

(iii) If the Justice Center's review of an investigation conducted by the agency or by the Central Office of OPWDD results in additional findings, conclusions, or recommendations regarding the individual's care, protection, and/or treatment, this information must be provided to the service coordinator, in written form, within 10 days after the agency's receipt of the information.

(iv) The service coordinator may request additional information concerning the incident or occurrence in order to monitor protective, corrective, and/or other actions taken. In the event that an agency receives a request for this information from a service coordinator, the agency shall provide information that it deems appropriate. In providing this information, the agency must exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, and other individuals receiving



services. If an agency determines that it would be inappropriate to disclose specific information requested, the agency must advise the service coordinator of this determination and its justification, in writing, within 10 days after the request. If the agency does not have specific information requested by the service coordinator (e.g., if the Justice Center conducted the investigation and it has not provided that information to the agency) the agency shall advise the service coordinator that it does not have the requested information.

Note:

A service coordinator may be permitted to access information related to substantiated reports in accordance with section 496(2)(n) of the Social Services Law.

(3) If the service coordinator is identified as the subject of a report of abuse or neglect or as a witness to a reportable incident or occurrence, the agency must not provide information to that party. In such a case, notifications and written information identified in paragraphs (1) and (2) of this subdivision must be provided to the service coordinator's supervisor or the administrator of the agency providing service coordination in lieu of the service coordinator.

(i) The individual's Qualified Intellectual Disabilities Professional (QIDP) and (if the person is a Willowbrook class member), the Willowbrook Case Services Coordinator (WCSC) must also be notified by the agency of all reportable incidents and occurrences involving any individual who resides in an Intermediate Care Facility that is operated or certified by OPWDD. The QIDP and WCSC must also be provided with subsequent information. Information must be provided to the QIDP and WCSC in the same manner that the information is provided to the Non-ICF service coordinator, in accordance with paragraphs (h)(1) and (2) of this section. If the QIDP or WCSC is identified as the alleged abuser, or is a witness to an incident or alleged abuse, the required notifications and subsequent information must be provided to the QIDP's or WCSC's supervisor or the administrator of the agency providing the residential or WCSC services, in lieu of the QIDP or WCSC.

Note:

A service coordinator (including a QIDP performing that function) may be permitted to access information related to substantiated reports in accordance with section 496(2)(n) of the Social Services Law.

(j) Administrative appeal process—denial of requested records/documents.

(1) A requestor denied access to the initial incident/occurrence report or report on actions taken may appeal in writing such denial to the incident records appeals officer designated by the commissioner of OPWDD.

(2) Upon receipt of the appeal, the agency issuing the denial will be notified of the appeal and given an opportunity to submit relevant information to the incident records appeals officer, including the reasons for denial, within 10 business days of the receipt of such appeal. The incident records appeals officer may also request additional information from the requestor as may be necessary to resolve the appeal.



(3) Within 10 business days of the receipt of complete information, the incident records appeals officer will make a determination about whether the requested documents should be released. The incident records appeals officer will issue his or her determination with an explanation of the reasons for the determination to the requestor and the agency. If so directed by the incident records appeals officer, the agency must provide the requested records and/or documents to the requestor.

(k) It is the responsibility of a designated staff member of the agency where a report on a reportable incident or notable occurrence is received or made out, to notify any other agency where the person receives services of that reportable incident or notable occurrence if the incident or occurrence resulted in visible evidence of injury to the person, may be of concern to another agency, or may have an impact upon programming or activities provided by another agency.

(l) Notwithstanding any other provision in this Part, reports of Obstruction of reports of reportable incidents (see section 624.3[b][6] of this Part) that are reported to the Justice Center and/or OPWDD are not subject to the notification requirements in this section.

624.7 Incident review committees (IRC).

(a) Every agency must have one or more incident review committees to review and monitor reportable incidents and notable occurrences that occur to people receiving services from the agency. The agency's organizational structure and its own policies will determine the number of committees needed.

(b) An IRC must review reportable incidents and notable occurrences to:

(1) ascertain that reportable incidents and notable occurrences were reported, managed, investigated, and documented consistent with the provisions of this Part and with agency policies and procedures, and to make written recommendations to the appropriate staff and/or the chief executive officer to correct, improve or eliminate inconsistencies;

(2) ascertain that necessary and appropriate corrective, preventive, remedial, and/or disciplinary action has been taken to protect persons receiving services from further harm, to safeguard against the recurrence of similar reportable incidents and notable occurrences, and to make written recommendations to the chief executive officer to correct, improve, or eliminate inconsistencies;

(3) ascertain if further investigation or if additional corrective, preventive, remedial, and/or disciplinary action is necessary, and if so, to make appropriate written recommendations to the chief executive officer relative to the reportable incident or notable occurrences;

(4) identify trends in reportable incidents and notable occurrences (e.g., by type, person, site, employee involvement, time, date, circumstances, etc.), and to recommend appropriate corrective, preventive, remedial, and/or disciplinary action to the chief executive officer to safeguard against such recurring situations or reportable incidents and notable occurrences; and



(5) ascertain and ensure the adequacy of the agency's reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventive, and remedial action.

(c) An IRC must:

(1) meet as determined by agency policy, but no less frequently than on a quarterly basis and always within one month of the report of a reportable incident or serious notable occurrence, or sooner should the circumstances so warrant. The IRC shall meet as necessary to meet the timeframes established for submission of a final report to the Justice Center for reportable incidents, if required;

(2) review and monitor all minor notable occurrences that are reported, which may be done by a sub-committee of the IRC or by individual assignment to members of the IRC, and maintain a record of such incident/occurrence review, recommendations, and/or actions taken in such a manner as to provide for tracking and trending;

(3) review and monitor all serious reportable incidents and/or serious notable occurrences that are reported;

(4) review and monitor investigatory procedures, but shall not perform the routine investigation of reportable incidents or notable occurrences;

(5) make written recommendations to appropriate staff to eliminate or minimize similar reportable incidents and/or notable occurrences in the future, and/or to improve investigatory or other procedures;

(6) make written recommendations to the chief executive officer on changes in agency policy or procedures and to improve conditions contributing to the reportable incidents and/or notable occurrences reviewed;

(7) forward findings and recommendations to the chief executive officer within two weeks of meeting;

(8) provide documentation that all reports of reportable incidents and serious notable occurrences have been reviewed by the committee and that results and recommendations have been conveyed to appropriate agency executives and others with a need to know;

(9) monitor actions taken on any and all recommendations made and advise the chief executive officer when there is a problem;

(10) monitor trends of other events or situations attributable to a person receiving services which may be potentially harmful, but do not meet the definition of being a reportable incident or notable occurrence (see section 624.2[e] of this Part). This may be done by the full committee or a member of a subcommittee reporting to the full committee;

(11) in accordance with agency policy, report periodically, but at least annually, to the chief executive officer, chief agency executives, the governing body, and OPWDD concerning the committee's general



monitoring functions; general identified trends in reportable incidents and notable occurrences; and corrective, preventive, remedial and/or disciplinary action pertaining to identified trends; and

(12) interact with the governing body and comply with the policies in relation to the review and monitoring of all reportable incidents and notable occurrences.

(d) For reportable incidents of abuse and neglect in facilities and programs that are certified or operated by OPWDD, an incident will not be considered closed by an IRC until the agency receives written notification from the Justice Center which specifies that it has accepted an investigation conducted by the agency (or by OPWDD) or, if the Justice Center conducted the investigation, when the Justice Center notifies the agency that the incident is closed.

Note:

The Justice Center may amend findings made by an agency or OPWDD. Findings made by the Justice Center are considered final.

(e) Role of the IRC when investigations are conducted by the Central Office of OPWDD or the Justice Center. Notwithstanding any other provision of this Part, when an investigation of an incident or occurrence is conducted by the Central Office of OPWDD or the Justice Center:

(1) The IRC role in reviewing and monitoring the particular incident or occurrence is limited to matters involving compliance with the reporting and notification requirements of this Part, protective and remedial actions taken (except disciplinary actions concerning services operated by OPWDD), operational concerns, and the quality of services provided.

(2) The finding (of the report of abuse or neglect) of substantiated or unsubstantiated must be made by the Central Office of OPWDD or the Justice Center.

(3) Concerning services operated by OPWDD:

(i) The IRC must monitor all actions taken to implement recommendations made by the Central Office of OPWDD or the Justice Center, except recommendations for disciplinary action.

(ii) The IRC for State-operated services must not review or monitor disciplinary action recommendations made by the Central Office of OPWDD or the Justice Center.

(4) Concerning facilities and programs that are not operated by OPWDD, including non-certified programs and programs certified under section 16.03(a)(4) or (5) of the Mental Hygiene Law, the IRC must monitor all actions taken to implement recommendations made by the Central Office of OPWDD or the Justice Center.

(f) Organization and membership of the IRC.



(1) A committee or committees may be established to meet the organizational needs of an agency (e.g., on an agency-wide basis, for a certified class of facilities, for a grouping of certified classes of facilities, by types of services provided, etc.). An agency may establish its own committee or committees and/or may meet the requirements of this section in several other ways, either concerning all operations of the committee or for specific incidents/occurrences or types of incidents/occurrences.

(i) An agency may coordinate with other agencies in the establishment of a shared committee.

(ii) An agency may also coordinate with a different agency to use the other agency's IRC.

(iii) An alternate acceptable committee review arrangement may be established with the approval of OPWDD.

(2) Committee members must be appointed by the chief executive officer. In the case of a shared committee, each chief executive officer shall appoint committee members and approve the shared committee membership arrangement.

(3) An IRC may have other responsibilities in addition to specified responsibilities related to reportable incidents and notable occurrences.

(4) Membership of an IRC must include:

(i) except for State-operated services, a member of the governing body;

(ii) for State-operated services, a high-level administrator (note: this cannot be the director);

(iii) at least two professional staff, including but not limited to, licensed clinicians, such as occupational, physical, and speech therapists, social workers, psychologists, and nurses; a behavioral intervention specialist (BIS, see section 633.16[b] of this Title); and others with primary responsibility for developing and/or monitoring individuals' plans of care, such as developmental and habilitation specialists or a QIDP. At least one of the professional staff must be a licensed health care practitioner (e.g. physician, physician's assistant, nurse practitioner, or registered nurse);

(iv) other staff, including administrative staff, as deemed necessary by the agency to achieve the purposes of the committee pursuant to this section;

(v) at least one direct support professional (except for agencies that do not have direct support professionals);

(vi) at least one individual receiving services;

(vii) at least one representative of advocacy organizations (e.g., self-advocacy, family or other advocacy organizations); and

(viii) the participation of a psychologist on the committee is recommended.



(5) In the event that an agency is unable to obtain the members required by subparagraphs (4)(i) and (v)-(viii) of this subdivision, the agency must document its periodic efforts to obtain the specified members.

(6) Membership limitations.

(i) The chief executive officer of the agency must not serve as a member of the committee, but may be consulted by the committee in its deliberations.

(ii) The administrator of a class or classes of facilities or a group or groups of services may be designated as a member only if the committee is an agency-wide or multi-program committee. If he or she is not a member, an administrator may be consulted by the committee in its deliberations.

(7) Case-specific requirements.

(i) There must be representation by someone from or with knowledge of the program or service within the agency where the event under discussion occurred, or by someone who is familiar with the person(s) involved.

(ii) Restrictions on review of specific incidents or allegations of abuse.

(a) Any committee member who recognizes a potential conflict of interest in his or her assignment must report this information to the committee and recuse him or herself from participating in committee review of the incident or occurrence in question.

(b) No committee member may participate in the review of any reportable incident or notable occurrence in which he or she was directly involved, in which his or her testimony is incorporated, in which his or her spouse, domestic partner, or other immediate family member was directly involved, or which he or she investigated or participated in the investigation. Such members may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action.

(c) For reportable incidents and serious notable occurrences, no committee member may participate in the review of an investigation in which his or her spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or supervised directly involved parties.

(d) No committee member may participate in the review of a reportable incident or serious notable occurrence, if such committee member is the immediate supervisor of staff directly involved in the event or situation. Such member may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action.

(8) Members of the committee must be trained in confidentiality laws and regulations, and shall comply with section 74 of the Public Officers Law.

(g) Minutes.

The chairperson of an incident review committee must ensure that minutes are kept for all meetings.



(1) For reportable incidents and serious notable occurrences, the portion of the minutes that discuss matters concerning the specific event or situation must be entered into IRMA within three weeks of the meeting.

(2) Minutes addressing the review of specific reportable incidents and/or serious notable occurrences must clearly state the filing number or identification code of the report, (if used), the person's full name and identification number (if used), and provide a brief summary of the situation (including date, location, and type) that caused the report to be generated, committee findings (including reclassification of event, if applicable), and recommendations and actions taken on the part of the agency as a result of such recommendations. Full names of all parties involved must be recorded (not initials).

624.8 Release of records.

(a) Policies and procedures.

Agencies must have policies and procedures concerning the process for requesting the release of records, including but not limited to identifying appropriate staff who are authorized to receive requests and those who are authorized to release records.

(b) Eligible requestors.

Persons receiving services or who formerly received services, and guardians, parents, spouses, adult children, or adult siblings of such persons, pursuant to paragraph (a)(6) of section 33.16 of the Mental Hygiene Law, are eligible to request the release of records as established by this section, subject to the following restrictions:

(1) In the event that an otherwise eligible requestor is an alleged abuser, such requestor is not eligible to receive any records or documents pertaining to the specific allegation or investigation of the event or situation in which he or she was the targeted alleged abuser, regardless of the conclusion.

(2) If the person receiving services or who formerly received services is a capable adult and objects to the provision of records and/or documents to an otherwise eligible requestor, such requestor is not eligible to receive those records or documents.

(c) Records subject to release concerning reports of abuse that occurred prior to June 30, 2013.

(1) Agencies are required to release all records and documents pertaining to allegations and investigations into abuse as defined in applicable OPWDD regulations in effect at the time the allegation occurred under the auspices (see section 624.20 of this Part) of the agency or sponsoring agency to eligible requestors who make a request in accordance with the provisions of this section.

(2) Agencies are required to release records and documents pertaining to allegations of abuse which occurred or were discovered on or after May 5, 2007, regardless of the date of the submission of the written request.



(3) Agencies are required to release records and documents pertaining to allegations of abuse which occurred or were discovered on or after January 1, 2003 but prior to May 5, 2007, if the written request is submitted on or before December 31, 2012.

(d) Records subject to release concerning reportable incidents that occurred on or after June 30, 2013. Agencies are required to release all records and documents pertaining to reportable incidents to eligible requestors who make a request in accordance with the provisions of this section.

(e) Procedures.

Eligible requestors shall submit a written request to staff designated by agency policy/procedures. If the request is made prior to the closure of the incident, the parties specified by agency policy/procedures must provide the requested records no later than 21 days after the closure of the incident. If the request is made at or subsequent to the closure of the incident, the agency must provide the requested records no later than 21 days after the request is made. The written request must specify the records that are requested.

Note:

The criteria for closure of an incident are in subdivision 624.5(o) of this Part.

(f) Redaction of records.

(1) Prior to the release of records, agencies must redact the names of employees who are involved in the incident or the investigation or who are interviewed as a part of the investigation, persons receiving services (or who formerly received services), and any information tending to identify such employees or persons. For the purpose of this section, employee has the same meaning as in section 624.6(f)(10) of this Part. Redaction may be waived if the employee or person authorizes disclosure, unless redaction of the specific information is necessary because it tends to identify another employee or person who has not authorized disclosure or for another reason specified in this subdivision.

(2) In addition, if any records that are subject to release identify a particular party as having made a child abuse or maltreatment report to the Statewide Central Register of Child Abuse and Maltreatment (SCR), contacted the SCR, or otherwise cooperated in a child abuse/maltreatment investigation, that name as well as any information tending to identify the party must be redacted.

(g) Cover letter and dissemination restrictions.

The release of records to recipients must be in accordance with the following:

(1) The release of records must be accompanied by a cover letter to the recipient which includes the following statement: "pursuant to section 33.25 of the Mental Hygiene Law, the enclosed records and reports shall not be further disseminated, except that you may share the report with:

(i) a health care provider;

(ii) a behavioral health care provider;



(iii) law enforcement, if you believe a crime has been committed; or

(iv) your attorney.”

(2) Pursuant to New York State law, the recipient, parties with whom the recipient shared records, or the individual receiving services may use records and documents released in accordance with this section in any legal action or proceeding brought by or on behalf of the individual receiving services.

(h) Documentation.

(1) The written request for the release of records must be maintained and the time the request was received must be documented.

(2) A copy of the redacted records that were released must be maintained and the time the records were provided must be documented.

(i) Administrative appeal process—denial of requested records/documents.

(1) A requestor denied access to the records and documents requested pursuant to this section may appeal, in writing, such denial to the incident records appeals officer designated by OPWDD.

(2) Upon receipt of the appeal, the agency issuing the denial will be notified of the appeal and given an opportunity to submit relevant information to the incident records appeals officer, including the reasons for denial, within 10 business days of the receipt of such appeal. The incident records appeals officer may also request additional information from the requestor as may be necessary to resolve the appeal.

(3) Within 10 business days of the receipt of complete information, the incident records appeals officer will make a determination about whether the requested records and/or documents should be released. The incident records appeals officer will issue his or her determination with an explanation of the reasons for the determination to the requestor and the agency. If so directed by the incident records appeals officer, the agency must provide the requested records and/or documents to the requestor.

(j) Note that records maintained by the agency may also be available under section 496 of the Social Services Law to other persons named in the report as defined in section 488 of the Social Services Law.

624.20 Glossary.

The glossary is arranged so that the last word in a title of phrase is the key word to look up, and those words are arranged alphabetically.

(a) Abuse or neglect.

Those reportable incidents defined in section 624.3(b)(1)–(8) of this Part.

(b) Administrator, program.



Someone designated by the governing body and/or the chief executive officer to be responsible and accountable for the daily operation of one or more types services provided by an agency (e.g., ICF program, community residence program, residential habilitation program, respite program, family support program).

(c) Adult, capable.

For purposes of this Part, a person 18 years of age or older who is able to understand the nature and implication of an issue. The assessment of capability in relation to each issue as it arises will be made by the person's program planning team (see glossary). Capability, as stipulated by this definition, does not mean legal competency; nor does it necessarily relate to a person's capability to independently handle his or her own financial affairs; nor does it relate to the person's capacity to understand appropriate disclosures regarding proposed professional medical treatment. Whenever there is doubt on the part of any other party interested in the welfare of the person as to that person's ability to make decisions, as ascertained by the program planning team or others called upon by and agency, a determination of capability for a specific issue or issues may be made by a Capability Review Board (see glossary) designated by the commissioner, except, prior to May 31, 2014, that in an ICF/DD facility the requirements of section 681.13 of this Title may apply. A capable adult person cannot override the authority granted a guardian pursuant to article 81 of the Mental Hygiene Law or of a conservator or a committee; or the authority granted a guardian in accordance with the Surrogate Court Procedure Act.

(d) Advocate.

As used in this Part, someone who has volunteered to help a person apply for HCBS waiver services who gives advice and support, who helps the person make informed choices, and who acts on behalf of the person when that person is unable to do so by himself or herself. While an advocate plays an active role in promoting self-advocacy and in assisting with service planning, implementation, and monitoring, he or she has no legal authority over a person's affairs unless designated as the legal guardian.

(e) Agency.

The operator of a facility, program or service operated, certified, authorized, or funded through contract by OPWDD. In the case of State-operated facilities, the Developmental Disabilities State Operations Office (DDSOO) is considered to be the agency. Family care providers are not considered to be an agency (also see agency, sponsoring). The term agency as used in this Part includes sponsoring agencies.

(f) Agency, sponsoring.

An oversight entity of one or more OPWDD certified family care homes. In the case of family care homes operated under state sponsorship, the DDSOO is considered to be the sponsoring agency.

(g) Agency, State.

A New York State governmental unit created for the management/delivery of services to the citizens of the State.

(h) Allegation (of abuse or neglect).

For purposes of this Part, the implication that abuse or neglect of a person may have occurred, based upon the report of a witness, upon a person's own account, or upon physical evidence of probable abuse or neglect.



(i) Application, Incident Report and Management (IRMA).

A secure web-based statewide database for incident reporting that is used by providers in the OPWDD system.

(j) Auspices, under the.

For the purposes of this Part and Part 625 of this Title, an event or situation in which the agency or family care provider is providing services to a person. The event or situation can occur whether or not the person is physically at a site owned, leased, or operated by the agency or family care provider.

(1) Events or situations that are under the auspices of the agency or family care provider include but are not limited to:

(i) An event or situation in which agency personnel (staff, interns, contractors, consultants, and/or volunteers) or a family care provider (or respite/substitute provider) are, or should have been, physically present and providing services at that point in time.

(ii) Any situation involving physical conditions at the site provided by the agency or family care home, even in the absence of agency personnel or the family care provider.

(iii) The death of an individual that occurred while the individual was receiving services or that was caused by or resulted from a reportable incident or notable occurrence defined in sections 624.3 and 624.4 of this Title.

(iv) Notwithstanding any other requirement in this subdivision, the death of an individual receiving services who lived in a residential facility operated or certified by OPWDD, including a family care home, is always under the auspices of the agency. The death is also under the auspices of the agency if the death occurred up to 30 days after the discharge of the individual from the residential facility (unless the person was admitted to a different residential facility in the OPWDD system). (Note: this does not include free-standing respite facilities.)

(v) Related to reportable incidents and notable occurrences as defined in sections 624.3 and 624.4 of this Title, any event that directly involves or may have involved agency personnel or a family care provider (or respite/substitute provider) or someone who lives in the home of the family care provider.

(2) Events or situations that are not under the auspices of an agency include:

(i) Any event or situation that directly involves or may have involved agency personnel or a family care provider (or respite/substitute provider) during the time he or she was acting under the supervision of a State agency other than OPWDD (e.g., an agency employee has a second job at a hospital and an incident occurred while he or she was providing care to an individual receiving services during the individual's hospitalization).



(ii) Any event or situation that exclusively involves the family, friends, employers, or co-workers of an individual receiving services (other than a custodian or another individual receiving services), whether or not in the presence of agency personnel or a family care provider or at a certified site.

(iii) Any event or situation that occurs in the context of the provision of services that are subject to the oversight of a State agency other than OPWDD (e.g., special education, article 28 clinic, hospital, physician's office), whether or not in the presence of agency personnel or a family care provider.

(iv) Any report of neglect that is based on conditions in a private home (excluding a family care home).

(v) The death of an individual who received OPWDD operated, certified, or funded services, except deaths that occurred under the auspices of an agency as specified in paragraph (1) of this subdivision.

(k) Board, capability review.

Those designated by OPWDD to review the ability of a person to consent to a particular situation when there is a dispute as to that person's ability.

(l) Body, governing.

The over-all policy-making authority, whether an individual or a group, that exercises general direction over the affairs of an agency and establishes policies concerning its operation for the welfare of the persons it serves. In State-operated services, the governing body shall be the central office of OPWDD. For purposes of this Part, a family care home does not have a governing body.

(m) Contact, sexual.

As specified in Penal Law section 130.00(3), the touching or fondling of the sexual or other intimate parts of a person not married to the actor for the purpose of gratifying the sexual desire of either party, whether directly or through clothing. It also includes causing a person to touch anyone else for the purpose of arousing or gratifying personal sexual desires.

(n) Correspondent.

Someone (not on the staff of the facility) who may assist a person in obtaining necessary services and participate in the person's program planning process, and who receives notification of certain significant events in the life of the person. The fact that a correspondent is providing advocacy for a person as a correspondent does not endow that individual with any legal authority over a person's affairs.

(o) Crime.

An act that is forbidden by law that makes the offender liable to punishment pursuant to that law. In New York State, the Penal Law defines a crime as a misdemeanor or a felony, but does not include a traffic infraction.

(p) Custodian.

A party that meets one of the following criteria:

(1) a director, operator, employee or volunteer of an agency; or



(2) a consultant or an employee or volunteer of a corporation, partnership, organization or governmental entity that provides goods or services to an agency pursuant to contract or other arrangement that permits such party to have regular and substantial contact with individuals receiving services; or

(3) a family care provider; or

(4) a family care respite/substitute provider.

(q) Disability, developmental.

A developmental disability as defined in section 1.03(22) of the Mental Hygiene Law.

(r) Facility.

Unless otherwise defined or modified, facility means a developmental center or any other site certified by OPWDD in which either residential or non-residential services are provided to persons with developmental disabilities (e.g., community residence including an individualized residential alternative [IRA], intermediate care facility [ICF/DD], day treatment, workshop, clinic, family care home, or a day habilitation site).

(s) Injury, physical and "impairment of physical condition."

Any confirmed harm, hurt or damage resulting in a significant worsening or diminution of an individual's physical condition.

(t) Intentionally.

For the purposes of this Part, this term is used in accordance with subdivision one of section 15.05 of the Penal Law which states: "A person acts intentionally with respect to a result or to conduct described by a statute defining an offense when his conscious objective is to cause such result or to engage in such conduct."

(u) Investigate/investigation.

That systematic process whereby information about the circumstances surrounding an event/situation are examined and scrutinized, whether by a chief executive officer, designated staff, or a trained investigator (see glossary). The intensity of any investigation is decided by the event/situation under study.

(v) Investigator.

That party or parties, designated by the chief executive officer (or designee), by the central office of OPWDD, or by the Justice Center, responsible for collecting information to establish the facts relative to an event/situation, whether immediately following or subsequent to that event/situation. Investigators may be required to have training as specified by OPWDD or the Justice Center.

(w) Justice Center for the Protection of People with Special Needs (Justice Center).

An entity established by article 20 of the Executive Law for the protection of people who are vulnerable because of their reliance on professional caregivers to help them overcome physical, cognitive and other challenges. The Justice Center contains the Vulnerable Persons' Central Register (VPCR) as established by article 11 of the Social Services Law and receives requests for criminal history record checks pursuant to section 16.33 of the Mental Hygiene Law.



(x) Office, Developmental Disabilities State Operations (DDSOO).

The local administrative unit of OPWDD responsible for the provision of State-operated services within a particular geographic area.

(y) Officer, chief executive.

Someone (by whatever name or title known) designated by the governing body (see glossary) with overall and ultimate responsibility for the operation of one or more classes of facility, for the delivery of other services to persons with developmental with developmental disabilities, and with control over any and all equipment used in the care and treatment of such persons, or a designee with specific responsibilities as specified in agency policy/procedure. In a DDSOO, this party is referred to as the director.

(z) Person/persons.

For purposes of this Part, a child or adult with a developmental disability, who has been or is receiving services that are operated, certified, sponsored, or funded by OPWDD.

(aa) Procedures, formal search.

A systematic process involving employees with specific responsibilities (e.g., security personnel), law enforcement agencies, and any others designated by agency policy and which is initiated for the purpose of locating a person who has not been found in response to an informal search.

(ab) Provider, family care.

One or more adults age 21 or over to whom an operating certificate has been issued by OPWDD to operate a family care home. A family care provider is an independent contractor.

(ac) Recklessly.

For the purposes of this Part, this term is used in accordance with subdivision three of section 15.05 of the Penal Law, which states: "A person acts recklessly with respect to a result or to a circumstance described by a statute defining an offense when he is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregard thereof constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation. A person who creates such a risk but is unaware thereof solely by reason of voluntary intoxication also acts recklessly with respect thereto."

(ad) Report, investigative.

A comprehensive record of a completed investigation of an event or situation. The purpose of this report is to formalize an investigator's methodology, findings, conclusions, and recommendations upon the completion of an investigation.

(ae) Report, initial incident/occurrence.

The document that records initial information about a reportable incident or notable occurrence, in conformance with this Part.

(af) Service, Mental Hygiene Legal (MHLS).



A service of the appellate division of the State Supreme Court established pursuant to article 47 of the Mental Hygiene Law. (Formerly, Mental Health Information Service - MHIS.)

(ag) Services, plan of.

An individualized record system, by whatever name known, which documents the process of developing, implementing, coordinating, reviewing, and modifying an individual's total plan of care, including, but not limited to, health care, clinical, and habilitation services (as applicable) to address the individual's needs.

(ah) Subject (of a report).

A custodian who is reported to the VPCR for the alleged abuse or neglect of a person receiving services.

(ai) Substantiated.

A finding concerning a report of abuse or neglect based on a preponderance of the evidence. The report of abuse or neglect is substantiated when it is determined that the incident occurred and the subject of the report was responsible or, if no subject can be identified and an incident occurred, that, the facility or provider agency was responsible.

(aj) Team, program planning.

Those, by whatever name known, acting as a unit, responsible for identifying a person's needs for developing, implementing and evaluating the plan of services for that person; and ensuring that the current setting and/or services received are appropriate. Regulations for a specific class of facility are to be referenced for specific details. For those enrolled in the Home and Community-Based waiver (HCBS), the program planning team is defined as the person (consumer) and the waiver case manager, and the advocate (if appropriate) as well as any other party or parties considered, at any given time, as being appropriate for participation by that group.

(ak) Treatment, requiring medical or dental.

For the purposes of this Part, a situation in which a person who, by virtue of his or her condition as a result of an injury, must see a physician, dentist, physician's assistant, or nurse practitioner to have the condition controlled and/or attended to with more than first-aid procedures. While an agency's policy and procedures may direct that a person who is in any way injured or has suffered any ill effects is to see a medical professional, even though first-aid has adequately addressed the injury, this does not always constitute requiring medical or dental treatment in terms of defining a notable occurrence. If a person is retained in a hospital overnight for observation, this would be considered a situation that required medical treatment, and be reported as a serious notable occurrence.

(al) Unsubstantiated.

A finding concerning a report of abuse or neglect based on a preponderance of the evidence. The report of abuse or neglect is unsubstantiated because it is determined not to have occurred or the subject of the report was not responsible, or because it cannot be determined that the incident occurred or that the subject of the report was responsible.

(am) Vulnerable Persons' Central Register (VPCR).

An entity established in the Justice Center by section 492 of the Social Services Law. The VPCR shall:



- (1) receive reports of reportable incidents involving persons receiving services in facilities and programs operated or certified by OPWDD (and specified programs subject to the oversight of other State agencies);
- (2) as warranted, refer reports alleging crimes to appropriate law enforcement authorities;
- (3) notify appropriate parties and officials of received and accepted reports; and
- (4) maintain an electronic database of each report and the finding associated with each report.