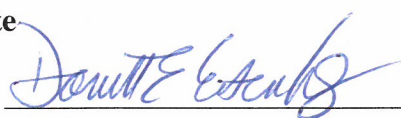


## DAUPHIN COUNTY MH/MR PROGRAM MATP POLICY AND PROCEDURE

Agency	<u>  X  </u> CCB	Policy No.	<u>  07-01  </u>
	<u>  X  </u> County	Effective Date	<u>  February 1, 2007  </u>
	<u>  X  </u> CAT	Revision Date	
	<u>      </u> Other	Approved	

**Title:** MATP Incident Reporting and Management

**Policy:** The Dauphin County MH/MR Program requires the proper documentation, reporting, and investigation of all unusual incidents involving the Medical Assistance Transportation Program (MATP).

### Definitions:

**MATP Consumer:** An MATP consumer is any consumer who is registered and determined to be eligible for any MATP service with the County, or its MATP Providers.

**MATP Providers:** All providers/agencies that are under contract with the Dauphin County MH/MR Program to provide Medical Assistance Transportation services.

**MATP Provider Sub-Contractor:** All providers or agencies sub-contracted for MATP services by any agency that has a contract with the County for the MATP.

**Child:** An MATP eligible consumer under age 18 who receives an MATP funded transportation service or a family member under the age of 18 who accompanies an MATP consumer who receives an MATP funded transportation service.

**Reportable Incidents:** DPW has defined the following events as reportable incidents:

1. Assaults (either on a consumer or staff member)
2. Threats of assault or injury
3. Injury to a consumer or to a staff member by a consumer
4. Accidents while consumers are on board that might require medical attention
5. Involvement of law enforcement officials
6. Allegation of abuse
7. Medical attention being needed while en route

**Procedure:**

1. MATP Providers shall report all reportable incidents to the Dauphin County MATP Program in writing using the MATP Incident Reporting form provided as Attachment 1 to this policy within seven days of the reportable incident.
2. Written reports on the approved form (Attachment 1) shall be addressed to the MH/MR Administrator.
3. In addition to providing a written report on all incidents, MATP Providers shall also verbally report all incidents involving a child to the Dauphin County MATP Program Coordinator or the MH/MR Administrator immediately upon knowledge of an incident, but in no case shall the provider notify the Dauphin County MATP Program later than 24 hours after the incident.
4. The verbal report of an incident involving a child will include a brief summary of the incident, the name of the child, SS# and DOB of the child, date, time and location of the incident, MATP transportation provider information and name of person making the report.
5. When the Dauphin County MH/MR Program receives a verbal notification from an MATP Provider, the County will subsequently notify the State MATP Program Manager.
6. Providers must also complete an Incident Summary Report on the form provided as Attachment 2 within two weeks of the reportable incident. This report shall indicate any findings or actions taken as a result of the reportable incident. An extension of this deadline may be granted by the MH/MR Administrator.
7. The MH/MR Administrator may initiate further investigation or action as he or she deems appropriate in response to any incidents, findings, and recommendations.
8. Provider organizations shall cooperate with all investigations in response to a reportable incident. Additionally, provider organizations shall support cooperation of their staff members with all investigations.
9. The Dauphin County MH/MR MATP Program will coordinate all investigative activities with any outside investigating entity, including, but not limited to, formal advocacy groups, law enforcement agencies and regulatory entities.
10. The following steps will be taken when the Dauphin County MH/MR MATP Program has determined that an investigation is necessary:
  - A. The Administrator will designate a staff person (Investigator) who will be responsible for conducting the investigation.
  - B. The Investigator will notify all involved parties in writing that he or she is conducting an investigation of the unusual incident.
  - C. The provider shall inform the Investigator of a single point of contact who shall be responsible to coordinate the provider's response to the investigation.

- D. The Investigator will collect and review all written material relevant to the incident to which the Dauphin County MH/MR Program is entitled.
  - E. The Investigator will conduct interviews with involved parties as necessary.
  - F. The Investigator will complete a written summary of findings and recommendations to the Administrator within two weeks of notice of appointment as Investigator. This deadline may be extended by the Administrator.
11. The written summary of findings will include the following information:
- A. Identifying information regarding the parties involved and the date of the incident.
  - B. A description of the incident.
  - C. A statement of the issue in question for the investigation.
  - D. A description of the investigation process.
  - E. A summary of findings.
  - F. A list of recommendations as a result of the investigation. The recommendations may be of the following types:
    - i. All findings are acceptable and no further actions are necessary.
    - ii. The findings reveal practice that may need improvement. Recommendations are made to the parties involved.
    - iii. The findings reveal actions that are in violation of the contract between the provider and the Dauphin County MH/MR Program. An official notice of non-compliance will be issued to the provider by the Administrator with a corrective action plan required.
12. The written summary of findings will be distributed to the parties involved after approval by the Administrator.

## DAUPHIN COUNTY MH/MR MATP PROGRAM

### INCIDENT REPORT

Date of Report:	Time:
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Name of Client (Last, First, M.I.)		Provider Name:	
Client Address:		Provider Address:	
City:	State:	Zip Code:	
City:	State:	Zip Code:	
Phone:		Phone:	
MA ID #			
Date of Birth/Age:		Sex:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Incident:		Time:	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Location of Incident:			
Describe in detail exactly what happened and any circumstances which may have precipitated the incident (attach additional sheets and relevant documents if necessary).			
Description of Any Injury:			
Physician's Name and Statement (if applicable) - include treatment and follow-up action:			
Action Taken:			
Other pertinent information:			
Relative or Guardian Notified:		Relationship:	Address:
			Phone:
Name and Signature of Person Reporting:		Title:	Phone:
Typed Name:	Signature:		

*Note: Incident Report due to County within seven (7) days of incident*

1/1/07

# DAUPHIN COUNTY MH/MR PROGRAM

## INCIDENT SUMMARY REPORT

Date of Summary Report:

Name of Client (Last, First, M.I.)	Provider Name:
Address:	Address:
City:                      State:      Zip Code:	City:                      State:      Zip Code:
Phone:	Phone:
MA ID Number:	
Date of Incident:	
List names and titles of agency staff members involved in the investigation/analysis process:	
Describe in detail the steps taken in the investigation/analysis process:	

Describe in detail any conclusions drawn from the investigation/analysis process:

Describe any recommendations for change in agency policy & procedure as a result of the investigation/analysis process:

Name and Signature of Person Reporting:

Typed Name:

Signature: