



Employment and Community First (ECF) CHOICES Tier 2 Reportable Event - Provider Investigation Report Form

As specified in section 2.15.7.7.4.1 of the Contractor Risk Agreement, the provider will notify DIDD and the MCO by close of business day counting from the date the provider witnessed or discovered the reportable event. In addition, per section 2.15.7.7.4.2 of the Contractor Risk Agreement, the provider submission of the Tier 2 Reportable Event form to DIDD and the MCO shall be the anchor date for purposes of Tier 2 review timeliness. ECF CHOICES providers shall complete all Tier 2 investigations and submit an investigation report within fourteen (14) calendar days of the anchor date. The MCO may grant a seven (7) day extension at its discretion.

**Submit typed ECF CHOICES Tier 2 Reportable Event – Provider Investigation Report Form to:
BlueCare Tennessee via email ECFREF@bcbst.com or fax if email is not available to 1-855-472-0156**

Member Information

Last Name _____ First Name _____ Middle Initial ____ DOB _____

Address _____ City _____ State _____ Zip code _____

SSN _____

County _____ Member Subscriber Number _____

Managed Care Organization _____ Region _____

Provider Information

Provider Name _____ Medicaid ID _____

Provider Phone Number _____

Person completing form _____ Title or Role _____

Contact Phone Number _____

Discovery Information:

Provider's Discovery Date _____ Name of HCBS/FEA Worker _____

Submission Date _____ HCBS Worker Removed? _____

Date Worker Removed _____ Time Worker Removed _____

Reportable Event Date _____ Reported to DIDD? _____

Please select the Reportable Event type and description below:

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

Person whose whereabouts are unknown and could likely place him/her in a dangerous situation for self or others. This event is reportable if the whereabouts of the member are unknown for 60 minutes or more if the absence is unusual, unless a shorter time is specified in the person's PCSP or Behavior Support Plan (BSP), or the absence is a known risk as specified in the person's PCSP or the BSP. Reporting that a member's whereabouts are unknown is in addition to, and not a substitute for or priority over, actively looking for the member and contacting law enforcement if necessary.

Minor vehicle accident not resulting in injury that requires face-to-face medical treatment by someone other than a lay person

Victim of Fire

N/A

Location of the Reportable Event:

If other, please specify:

Address where the Reportable Event occurred:

Medication variance resulting in the need for observation, which may include the need to seek practitioner care or advice, but does not require face-to-face medical treatment (including treatment by provider's trained medical staff, physician services, emergency assistance or transfer to an acute inpatient facility for stabilization) because there is no injury or probable risk of serious harm.

Unsafe environment (cleanliness/hazardous conditions not otherwise expected to normally exist in the environment)

The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money valued at less than \$500, i.e., less than the threshold for misappropriation.

Use of manual restraint, mechanical restraint and/or protective equipment that has been approved for use in the person's PCSP or BSP, but used incorrectly or other than as intended. NOTE: Events determined to be completely outside of an approved PCSP or BSP or intentionally inappropriate or intentionally in violation of guidelines specified in the person's PCSP or BSP shall be considered Tier 1 and therefore, Tier 1 reporting requirements must be followed.

N/A

Brief description of Event:

Please include details of the event, such as events leading up, during and after the event. Please provide as much detail as possible. You may use an additional page if necessary.

Medical Records Information

Please select the following as applicable to the Reportable Event

Documentation of Worker Interview

Written Worker Statement

Copy of Provider Investigation

Applicable Policies and Procedures

Copy of Worker Disciplinary Actions
(counseling, education, disciplinary action, Termination if applicable)

Drug Screen

Documentation of Provider Follow up

Police Report

APS Report

CPS Report

Details of Provider's Investigation:

Details of Provider's Follow up Actions

Counseling

Education

Disciplinary Action

Termination

Drug Screen

Provider Requesting Extension Yes

No

According to section 2.15.7.7.4.2 of the Contractor Risk Agreement, the Managed Care Organization may grant one seven (7) day extension to the provider based on extenuating circumstances out of the provider's control.

If you are requesting an extension, please provide the reason for the extension to the right. Please include details of all completed actions, as well as the status of the completed actions up to the point of the request for extension. The extension request is due no later than two (2) business days prior to the original due date.

- Autopsy Pending
- APS Investigation Pending
- CPS Investigation Pending
- Police Report Pending
- Pending Other If other, please provide description

Details of Reason for Extension

Provider Extension Approved or Denied by MCO

Date of MCO Decision

If Approved, Due date for final investigation report will be due to the MCO in seven (7) days from the original due date.

MCO Comments

MCO Review

According to section 2.15.7.7.4.3 of the Contractor Risk Agreement, the MCO shall have thirty (30) calendar days from the anchor date to review the provider's investigation. The MCO may request one (1) seven (7) day extension from TennCare to complete the review process based on extenuating circumstances out of the control of the MCO. The MCO will be required to make one of the following determinations:

- Accept the Report
- Submit Findings to the Provider (Sanctions or Corrective Actions)
- Request additional information from the provider to make a determination. In addition, per section 2.15.7.7.4.3 of the Contractor Risk Agreement, the MCO will notify the provider in writing and will have fourteen (14) calendar days from the date of such notification to complete a review of the provider's investigation and to determine whether or not to accept or make findings on the report and notify the provider.

For MCO Use Only

Date Review Completed _____

Name of Reviewer _____

Contact Number _____

Review Decision

Report Accepted

Corrective Action Needed

Details _____

Network Manager Engaged

Additional Information Needed _____

Details

MCO Extension Requested

If Yes, Date Extension Request Submitted to TennCare _____

Reason for MCO Extension

- Autopsy Report Pending
- CPS Investigation Pending
- Police Report Pending
- Further MCO Review Required
- APS Investigation Pending
- Other _____

Date Form Sent to Provider _____

Date Form Sent to DIDD (Once review is completed, the MCO must provide a copy to DIDD within seven (7) business days. _____

Signature of Reviewer _____

Title _____

