



Long-Term Care Regulation Provider Letter

Number: PL 18-20 (ALL) (Revised) (Replaces PL 13-04 and 18-07)

Title: Incident Reporting Requirements

Provider Types: Assisted Living Facilities (ALFs), Day Activity and Health Services (DAHS) Facilities, Home and Community Support Services Agencies (HCSSAs), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICFs/IID), Prescribed Pediatric Extended Care Centers (PPECCs) and Nursing Facilities (NFs)

Date Issued: Revised October 20, 2022

1.0 Subject and Purpose

This letter describes the information that a provider must include in an initial reportable incident report made to HHSC Complaint and Incident Intake (CII) and in the provider investigation report (PIR) submitted to CII. **This revised version updates the Texas Administrative Code references of the current programs.**

2.0 Policy Details & Provider Responsibilities

A provider must:

- • report reportable incidents to CII¹;
- • ensure a thorough investigation is conducted and documented in the PIR; and²
- • submit the PIR to CII within the regulatory timeframe that applies to the provider type³.

¹ See 42 Code of Federal Regulations (CFR) §483.12(c)(1) (F609), §483.420(d)(2) (W153); [§554.602\(a\)](#), [§551.213\(b\)](#), [§553.273 \(a\)](#), [§558.249\(c\)](#) [§559.92\(a\)](#), and [§550.903\(d\)\(1\)](#).

² See 42 CFR §483.12(c)(2) (F610), §483.430(d)(4) (W154); [§554.602\(a\)\(c\)](#), [§551.213\(c\)](#), [§553.273\(d\)](#), [§558.250\(b\)\(1\)](#), [§559.92\(c\)](#), [§261.225\(c\)](#) and [§550.903\(f\)](#).

³ See 42 CFR §483.12(c)(4) (F610), §483.420(d)(4) (W156); [§554.602\(c\)\(d\)](#), [§551.213\(c\)](#), [§553.273 \(d\)](#), [§558.250\(b\)\(3\)](#), [§559.92\(c\)](#), [§261.225\(c\)](#) and [§550.903\(f\)](#).

A provider should include, in its initial report to CII, and in the PIR, as much of the following information as is known:

- the name and title of the person making the initial report;
- the name of the provider on behalf of which the report is being made;
- the facility ID number for an ALF, DAHS facility, ICF/IID, PPECC or NF;
- the license number for a HCSSA or PPECC;
- the address of the ALF, DAHS facility, HCSSA, ICF/IID, NF or PPECC;
- primary **and** alternate phone numbers, including the area code, of the person making the report;
- the date and time the person became aware of the reportable incident;
- the date, time and location of the reportable incident;
- the following information about any person involved in the incident who resides in the ALF, ICF/IID or NF or who is provided services by the DAHS facility, PPECC or HCSSA:
 - name;
 - date of birth;
 - address of the alleged victim and nature of the alleged act for a PPECC;
 - significant medical information;
 - cognitive status, including decision-making capacity;
 - level of care and special service needs;
 - level of supervision; and
 - unit, room and/or floor number (if applicable);
- a detailed narrative of the incident;
- the name and phone number of any witnesses, alleged perpetrators, or other persons who may have knowledge of the incident or other relevant information;
- any adverse consequences to the mental, physical or psychosocial well-being, or functional status, of a resident or individual;
- any injuries or medical treatment required or provided to an individual, resident, or other person involved in the incident and the location where the treatment was provided;
- any systemic issues associated with the incident, or which increased the likelihood that the incident would occur;

- any identified patterns associated with the incident;
- any actions taken by the provider to protect the health and/or safety of a resident or individual, or to prevent another incident from happening (e.g., suspension or termination of an employee, in-service training specific to the incident or to an involved individual or resident, a change in the individual's or resident's care or service plan, a change in individual's or resident's level of supervision);
- the current status of an individual or resident involved in the incident (e.g., admitted to the local hospital, discharged to another NF, etc.) and the current status of any alleged perpetrators; and
- the name and title of any persons who have been notified of the incident (e.g., administrator, police, ombudsman, other state agency).

Providers can report incidents to CII:

- online through the TULIP (Texas Unified Licensure Information Portal) system at <https://txhhs.force.com/TULIP/> (preferred method)
- or by calling 1-800-458-9858. Live agents are available Monday - Friday, 7 am-pm. Voicemail is available 24/7.

In addition to reporting an incident, a provider must investigate, or ensure that an investigation was completed, to determine why it occurred, what actions the provider will take in response to the incident and what changes will be made to help prevent a similar incident from occurring.⁴

A provider must submit a PIR to CII using HHSC Form [3613-A](#) (for use by an ALF, DAHS facility, ICF/IID, NF or PPECC) or HHSC Form [3613](#) (for use by a HCSSA). **Please ensure you use the correct form for your provider type.** The PIR must include all information from the initial incident report and any additional information the provider has obtained since making the initial report, including witness statements. The provider must submit the PIR within the applicable required time frame, as follows:

- Five working days for an ICF/IID, NF or skilled NF;

⁴ See 42 Code of Federal Regulations (CFR) §483.12(c)(1) (F609), §483.420(d)(2) (W153); [§554.602\(a\)\(b\)](#), [§551.213\(b\)](#), [§553.273 \(a\)](#), [§558.249\(c\)](#), [§559.92\(a\)](#), [§261.225\(b\)](#) and [§550.903\(d\)\(1\)](#).

- Five calendar days for an ALF, DAHS facility or PPECC; and
- Ten calendar days for a HCSSA.

Each intake submitted to CII requires a separate PIR. Please ensure the PIR is signed and includes the CII intake number from the initial report. PIRs should be submitted once through TULIP, fax, or email; please avoid multiple submissions.

Providers can submit their PIR to CII:

- If the incident was reported initially through [TULIP](#), the PIR and supporting documentation can be submitted through [TULIP](#);
- By email to ciiprovider@hhs.texas.gov (Attachments must be less than 20 MB;)
- By fax, if the report with statements and other relevant documentation, is 15 pages or fewer, to 877-438-5827; or
- By mail:

Texas Health and Human Services

Complaint and Incident Intake

Mail Code E249

P.O. Box 149030

Austin, TX 78714-9030

After **Long-term Regulation (LTCR) Provider Investigations (PI)** completes the final investigation for an ICF/IID, a second 3613-A should be submitted which includes the LTCR PI Final Findings. **Please do not send notifications of PI extension requests. In addition, providers should not send an Unusual Incident Report (UIR) in the place of a 3613-A.**

The [HHSC website](#) has additional information about reporting incidents. The site provides information on how to identify a reportable incident, deadlines for reporting and investigating incidents, instructions for using the CII

telephone voice-prompted reporting system, program-specific instructions and links to required forms.

A web-based training, "Provider Incident and Self-reporting," is also available on the [HHSC website](#).

3.0 Background/History

Increasingly, providers have been reporting incidents without providing all of the information necessary for CII to properly prioritize its review of those incidents. Initially providing as much information as possible is very important, as it facilitates the processing and management of the self-reported incidents and helps provide CII with enough information to review and accurately prioritize the incidents.

4.0 Resources

None.

5.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.