

REPORTABLE EVENT MANAGEMENT DEFINITIONS

EFFECTIVE DATE: 03/16/2026

Abuse: “Abuse”, as defined in Tennessee Code Annotated (T.C.A.) § 52-2-402(1), is the knowing infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

“Mental anguish” shall mean significant psychological distress that is intense or persistent, and may include fear, anxiety, stress, humiliation, depression, trauma, or grief. In order to be considered mental anguish, the psychological distress experienced must be intense or persistent and linked to the actions of the alleged perpetrator. It includes instances of intentional abuse that would result in such mental anguish in a reasonable adult regardless of age or disability (**Note:** *This definition of mental anguish applies to the term’s use throughout this document*).

TennCare and DDA recognize three subcategories of abuse:

1. **Physical Abuse** shall mean actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. It includes the use of any unauthorized restrictive or intrusive procedure to control the behavior of or punish the person. Corporal punishment, takedowns, and prone and supine restraints are considered physical abuse.
2. **Sexual Abuse** shall mean any type of sexual activity or contact with sexual intent or motivation between a person, and anyone affiliated with DDA, CHOICES, ECF CHOICES as a staff person, contracted provider, or volunteer. This includes, but is not limited to, actions taken to coerce a person into sexual activity or expose them to sexually explicit material or language. Sexual battery, by an authority figure, as defined in T.C.A. § 39-13-527, is also considered sexual abuse. Sexual abuse occurs regardless of a person’s ability to consent to such activities.
3. **Emotional/Psychological Abuse** shall mean actions including, but not limited to, humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (verbal, written, and gestures) directed to or within eyesight or audible range of the person.

Anchor Date: The date the investigative entity receives notification of the investigation assignment/ opening. The anchor date is used to calculate the expected date of completion for the investigative process and final report.

Circle of Support (COS): A group of people who regularly meet to help a person receiving services develop their support plan and accomplish their personal outcomes. The COS should be led by the person receiving services and include, at minimum, the person’s family member(s) and/or conservator(s), case manager or care/support coordinator, and service providers. Friends, advocates, and other unpaid supports are included at the invitation of the person.

Class 1 Substantiation: An investigation outcome that indicates there is clear and convincing evidence that the identified staff perpetrated wrongful conduct affecting the person that constituted abuse, neglect, exploitation, or misappropriation of money or property, and resulted in one or more of the following

consequences to the person: death, serious injury, or physical harm; physical or sexual abuse; significant pain, intimidation or mental anguish; probable risk of serious harm; loss of funds, property, or prescription-controlled medications valued at greater than \$1,000; or, through supervision neglect, resulted in the person harming a citizen in the community or engaging in criminal acts that led to arrest and confinement. Wrongful conduct in this category is of a nature serious enough to call into question whether the offender should be entrusted with the care of a vulnerable person.

Class 2 Substantiation: An investigation outcome that indicates there is a preponderance of evidence that the identified staff perpetrated wrongful conduct affecting the person that constituted abuse, neglect, exploitation, or misappropriation of money or property, but resulted in minimal or no physical harm or injury, pain or mental anguish; minimal risk of serious harm; loss of funds or property of up to \$1,000 in value; or violation of plans of care with minimal or no adverse consequences. Wrongful conduct in this category is of a nature that disciplinary action and/or additional training may reasonably be deemed sufficient to address.

Dignity of Choice: The right of a person to make an informed decision to engage in experiences of his or her own choosing, which are necessary for personal growth and development. Supporting dignity of choice means honoring a person's right to make choices and engage in activities that may involve risk associated with these types of choices and activities, and committing to assist the person to identify, consider, and implement strategies to mitigate the identified potential negative consequences of these choices.

Exploitation (Misappropriation of Property): "Exploitation", as defined by T.C.A. § 52-2-402(5), is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money with or without consent. It is further defined as the illegal or improper use of a person's resources or status for another's benefit or advantage.

For tracking and trending, DDA and TennCare subcategorize exploitation as follows:

1. **Financial:** The misplacement, misappropriation or wrongful temporary or permanent use of the person's funds.
2. **Exploitation:** The illegal or improper use of a person's resources, property, or status for another's benefit or advantage is considered exploitation.

Accidental or unintentional misplacement of belongings or money does not rise to the level of being considered "Exploitation." Further, the temporary or permanent use of belongings or money, where such use is not *wrongful* and consent *has* been given by a person capable of giving consent, shall not be considered "Exploitation." Therefore, "Exploitation" shall not include the use, by someone other than an employee or volunteer of DDA, an MCO, or a provider organization, of a person's belongings or money, either temporarily or permanently, when the use is not wrongful and a person who is able to give consent has given consent. For example, a person may wish to temporarily loan their lawnmower to their neighbor or may wish to loan a friend money for bus fare without expectation of repayment. Such voluntary acts of kindness, where the person is able to and has given consent, and the recipient is not wrongfully using what has been loaned or given, either temporarily or permanently, shall not be considered "Exploitation."

Highly Restrictive or Intrusive Behavioral Safety Interventions: Techniques that are only used in emergency circumstances (i.e., supported recovery-separation, mechanical restraint, protective equipment, specialized behavioral safety interventions) and go beyond what is required to resolve the immediate crisis due to the persistent and ongoing risk of harm to the person or others.

Informed Choice: An educated and voluntary decision made by person about moving forward with their goal or planned activity after they have been well-informed and had a meaningful discussion about, risks and potential outcomes (both positive and negative) that may result. ***Only after the person understands how the identified risks could be mitigated can they make a truly informed decision about whether a particular risk is one they deem tolerable to accept/take.***

Having an intellectual or developmental disability does not necessarily preclude a person from being able to make an informed choice, as decision-making abilities are individualized and can vary with the person depending on topic, skills that have been developed, or other factors. A person may be capable of understanding risk or making a choice with or without a conservator. If a person has a conservator that does not create the presumption that the person is incapable of making a choice, understanding risk, or giving consent. Each case must be assessed individually and should include a review of the conservatorship order. Depending on the strengths and needs of the person, they may utilize decision-making supports to understand potential risks and outcomes before taking action.

Informed Choice to Accept a Rights Restriction: A voluntary agreement made by a well-advised and well-informed person or, if applicable, the person's legal representative or desired representative to accept a restriction or modification of their rights, as outlined in 42 C.F.R. 441.301(c)(4) of the HCBS Final Rule .

- Well-advised and well-informed means the person or, if applicable, their legal representative or desired representative, has been informed of and understands the assessed need for a limitation of their rights (the rights restriction) and that their behavioral and/or medical condition is directly proportionate to the specific assessed need.
- The person or, if applicable, legal representative or desired representative, has also been informed and understands that positive interventions and supports and less intrusive methods of meeting the assessed need have been tried but did not work. The person or, if applicable, legal representative or desired representative has also been informed and understands that the rights restriction will be reviewed by the Circle of Support on at least an annual basis to evaluate its ongoing effectiveness and necessity of the restriction and to determine if it can be terminated or made less restrictive. With the provision of this information, the person or, if applicable, legal representative or desired representative, can make an informed choice to either accept or refuse a rights restriction.

Investigation: A formal procedure for the collection, review, and examination of evidence regarding allegations against provider staff or provider volunteers of abuse, neglect, exploitation, serious injury of unknown cause, suspicious injury, or unexpected or unexplained death of an individual receiving services and supports through the 1915(c), ECF CHOICES, CHOICES, and Katie Beckett programs, or in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

Note: *Allegations against unpaid caregivers (e.g, family member, spouse, significant other) should not be reported through the Reportable Event Management system as DDA has no jurisdiction. These allegations are to be reported solely to Adult Protective Services (or Child Protective Services, if applicable) and/or Law Enforcement, if applicable.*

Investigation Review: A review of the investigative report that may be requested by program providers, persons supported, legal representatives, case managers or care/support coordinators, MCOs, DDA, or TennCare representatives. A request for an Investigation Review must be made within fifteen (15) days of an investigation closing. Requests must be based on new or additional information or evidence that was not considered during the investigative process, and which bring into question the integrity of the investigation

or provide a basis for disputing the investigative conclusion. All Investigation Review requests must be submitted in writing and include the reason for the request and the new or additional evidence, if applicable.

Investigation Review Committee (IRC): The committee responsible for reviewing and making determinations on Investigation Review requests. The committee's voting membership shall consist of eleven (11) persons appointed by the DDA Commissioner, representing the following DDA offices or areas of operation and outside entities: DDA's Deputy Commissioner of Program Operations; DDA's Director of Behavior and Psychological Services; DDA's Director of Nursing; DDA's ICF/IID Liaison; DDA's Deputy Director of Quality Assurance; DDA's Director of Person Centered Practices; a designated representative from a DDA-contracted provider of services; a designated representative of the Adult Protective Services unit of the Tennessee Department of Human Services; a designated representative of the Disability Law & Advocacy Center of Tennessee; a designated representative of the Arc of Tennessee; and a designated representative of the Tennessee Council on Developmental Disabilities.

Medical Treatment: Face-to-face treatment—beyond basic first aid—of an illness or injury that is performed by a medical professional (e.g., RN, EMT, Physician's Assistant, Medical Doctor, or similarly qualified and licensed professional) and is not evaluative or diagnostic in nature. If a medical professional employed by a provider or MCO **evaluates** a person to determine whether medical treatment is required, this evaluation does not constitute medical treatment.

Medication Variances and Omissions: Improper administration, or the absence of administration, of medications that result in serious injury or harm to a person. Medication variances and omissions listed below are considered Tier 1 reportable events:

1. Variance or omission requires intervention and caused, or is likely to cause, temporary harm to the person
2. Variance or omission caused, or is likely to cause, temporary harm requiring hospitalization of the person
3. Variance or omission caused, or is likely to cause, permanent harm to the person
4. Variance or omission resulted in or contributed to a near death event (e.g., anaphylaxis, cardiac arrest)
5. Variance or omission resulted in or contributed to the person's death

A REF submission is also required for any medication variance resulting in the need for observation, but which 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) due to lack of injury or probable risk of serious harm. Such variances shall include: medication omission; administering the wrong drug; administering the wrong drug dosage; administering the drug to the wrong person; administering the drug at the wrong time; administering the drug at the wrong rate; administering the drug following improper or inadequate preparation; or administering the drug via the incorrect route.

Observation: Monitoring a person, as directed by a medical professional, for potential negative consequences that can result from a medication variance or omission. In these instances, a REF is required. Medication Certification notes that the person is automatically observed but being directed to by the prescribing physician or reviewing medical personnel indicates a higher degree of risk.

In all cases, medication administration by a person who is not trained and certified through the DDA Medication Administration Program—authorized under T.C.A. Title 71 regarding Self-Directed Health Care—or who is not licensed by the State of Tennessee to administer medications, requires the completion of a Reportable Event Form (REF) for alleged training neglect, which could result in a Tier 1 or Tier 2 investigation, depending on the findings during the triage process.

Minor Injury: Apparent or confirmed physical harm that does not require assessment and treatment beyond basic first aid which could be administered by a lay person. A minor injury may be self-inflicted, inflicted by another person, or the result of an unknown cause and may be caused accidentally or intentionally. An assessment of the injury by a medical professional does not constitute treatment.

Natural Supports: Unpaid individuals or resources with whom the person receiving services has a personal relationship and who assist with ensuring the person's health, safety, welfare, and quality of life in their home or community setting. Natural Supports may include but are not limited to family members, friends, neighbors, and other entities including clubs, churches, and community organizations.

Neglect: "Neglect", as defined in T.C.A. § 52-2-402(6), means failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm.

Neglect Threshold: In order to be considered neglect, an omission of an act must have led to physical harm, mental anguish, or mental illness, resulting in either 1) serious injury to the person or another person (e.g. housemate, community member, staff, etc.), or 2) probable risk that serious injury could have occurred. Except for persons with extenuating medical circumstances (e.g., a compromised immune system), the failure to seek medical attention for a cold, minor illness, or minor injury is not neglect, as there is not probable risk of serious injury. Conversely, failing to warn a person not to cross a street in an area where traffic is passing at high speed would constitute neglect, even if the person did not get hit by a car, as a reasonable person would conclude there was probable risk of serious injury due to the lack of the warning.

For tracking and trending, DDA and TennCare subcategorize neglect as follows:

1. **Training Neglect** – Failure to provide training necessary for a staff person to meet the health, safety, and welfare needs of the person receiving services, resulting in, or placing the person at, probable risk of serious harm.
2. **Treatment Neglect** – Failure to provide specified care to a person that either resulted in, or placed the person at, probable risk of serious harm.
3. **Communication Neglect** – Failure to convey critical or vital information that either resulted in, or placed the person at, probable risk of serious harm.
4. **Supervision Neglect** – Failure to provide adequate support that resulted in harm or placed the person at probable risk of serious harm.

Non-Reportable Events: An event that does not require reporting to the MCO or DDA, but for which the provider shall be responsible for documenting, performing data collection and trend analysis, and addressing in order to prevent similar occurrences in the future. Staff misconduct is an example of a non-reportable event.

Private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): A facility for persons with intellectual disabilities that is owned and operated by an entity other than the state.

Probable Risk of Harm: The high likelihood that the individual will be subjected to an unacceptable risk of serious injury or harm.

Probable Risk of Serious Injury: A reasonable person would conclude serious injury was more likely than not (a greater than 50% chance of occurrence). A reasonable person exercises average care, skill, and judgment in conduct that society requires of its members for the protection of their own and of others' interests.

Provider Reportable Event Review Team (PRERT): A team of designated persons, as defined in the provider's Reportable Event Management policy, assigned to monitor the reporting of events, review event and investigation reports, provide recommendations, and identify trends regarding reportable and non-reportable events.

Public Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): shall mean a DDA-operated and state-owned intermediate care facility for persons with intellectual disabilities.

Reportable Events: An event classified as Tier 1, Tier 2, or an Additional Reportable Event, that the provider, MCO, or FEA staff shall be responsible for reporting, as specified in the Reportable Event Management (REM) protocol.

Additional Reportable Events and Interventions: A reportable event that the provider, MCO, or FEA staff shall be responsible for reporting to the DDA, as specified in the Reportable Event Management (REM) protocol. Additional Reportable Events include:

1. **Reportable Behavioral Events** are events in which a person presents a challenging action(s), requiring use of a behavior safety intervention or a restrictive behavioral procedure. A REF is required within one (1) business day for Reportable Behavioral Events that are **not** documented as an appropriate response in a person's plan(s) of care (e.g., PCSP, BSP, Behavioral Health Plan of Care, etc.). Reportable Behavioral Events that **are** documented as an appropriate response in a person's plan(s) of care may be submitted via a consolidated REF by the provider's Event Management Coordinator. The PRERT is required to review all Reportable Behavioral Events at least monthly to ensure that behavior interventions are used appropriately and performed correctly.
2. **Reportable Psychiatric Events** are events in which a person presents evidence of psychiatric destabilization which requires the use of a psychiatric intervention or crisis services that is **not** documented as an appropriate response in the person's plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.). Reportable Behavioral/Psychiatric Events include:
 - Behavioral Crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by plan of care (all takedowns or prone restraints are prohibited)
 - Behavioral Crisis requiring emergency psychotropic medication
 - Behavioral Crisis requiring crisis intervention
 - Criminal Conduct/Probable Criminal Conduct: shall mean acts which violate existing criminal

codes which lead to or can reasonably be expected to lead to police involvement, arrest, or incarceration of a person using services or an employee, during the provision of services.

- Engagement with law enforcement
- Physical Aggression: shall mean hostile, injurious, or destructive challenging action(s) that are not directly related to property destruction. Physical aggression is reportable with or without injury to the person supported or others (e.g. staff).
- Property Destruction exceeding \$100
- Psychiatric Admission (or observation), including in an acute care hospital
- Reportable Behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person (housemate, staff, private citizen/other)
- Self-Injurious Behavior (SIB): shall mean a self-inflicted physical injury (**Note:** For SIB to be reportable via REF, there must be an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person.)
- Sexual Aggression: shall mean acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.
- Suicide attempt

Note: The following events are also considered Reportable Behavior/Psychiatric Events, even if they did not require use of a behavior safety intervention, restrictive behavioral procedure, or crisis services: engagement with law enforcement, property destruction exceeding \$100, psychiatric admission, sexual aggression, suicide attempt, and Reportable Behaviors involving physical aggression and/or self-injurious behavior resulting in injury to another person.

3. **Reportable Medical Events** are medical events, outside of a diagnosed chronic condition, that occur or are discovered during the delivery of services, and which require treatment in an emergency room or urgent care facility.¹ Reportable Medical Events include:

- Cellulitis
- Choking episode requiring physical intervention (e.g., use of abdominal thrust, back blows, or Heimlich maneuver)²
- Death (other than those that are unexpected/unexplained)
- Fecal impaction
- Flu
- Insect or animal bite requiring treatment by a medical professional
- MRSA
- Pneumonia
- Pressure Ulcer/Decubitus Ulcer

¹ A "chronic condition" in relation to this protocol is defined as a health condition or disease that is persistent or has otherwise long lasting effects, or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than 3 months.

² Choking episodes are Reportable Medical Events if they require physical intervention, even if the intervention or treatment does not occur at an emergency room or urgent care facility.

- Seizure progressing to status epilepticus
- Sepsis
- Serious injury of known cause
- Severe allergic reaction requiring treatment by a medical professional
- Severe dehydration requiring treatment by a medical professional
- Skin Infection (other than Cellulitis & MRSA)
- UTI
- Other (please provide treated diagnoses)

4. **Other Additional Reportable Events** include:

- Administration of Routine Psychotropic Medication without Consent
- Emergency Situations, including fire, flooding, and serious property damage, that result in harm or risk of harm to persons supported
- Enabling Technology Remote Supports: failure to implement Emergency Back-up Plans
- Fall with Injury -Minor (an injury that is treatable by a lay person) and Serious (resulting in medical intervention and treatment)
- Medication Variance and Omission (refer to definition above)
- Missing Person > (greater than) 1 hour: shall mean any person receiving services who is unexpectedly absent for longer than 60 continuous minutes after a reasonable search was conducted.
- Unsafe Environment (lack of cleanliness/hazardous conditions not otherwise expected to normally exist in the environment)
- Vehicle Accident- Minor (not resulting in an injury; treatable by a lay person) and Serious (resulting in medical intervention and treatment)
- Victim of fire

5. **Reportable Intervention** are measures taken to promote the health and safety of the person, unrelated to incidents of abuse, neglect, or exploitation. Reportable Interventions include:

- Abdominal Thrust/Back Blows/Heimlich Maneuver
- Administration of PRN Psychotropic Medication
- Admission to: Incarceration,
- CPR or an Automated External Defibrillator (AED)
- Crisis Services: 911 Call, EMT, ER Visit, Fire Department, Mobile Crisis Services, Police, and Urgent Care Facility
- Discharge from: Incarceration,
- Manual Restraint (regardless of type, of time used, or approved by plan of care)
- Mechanical Restraint (regardless of type, of time used, or approved by plan of care)
- Protective Equipment (regardless of type, of time used, or approved by plan of care)
- X-Ray (to rule out fracture)

Reportable Event Form (REF): The form that is submitted to notify DDA of the occurrence of a reportable

event. This form is submitted through PERLSS. The link for submitting the REF, as well as guidance on completing the REF through PERLSS, will be located on the [Event Management page](#) of the DDA website.

Restricted Interventions: A restrictive behavior analytic procedure that may only be authorized by a licensed practitioner of behavior analysis. Restrictive Interventions must be approved by a behavior support committee and appear on the DDA list of restricted procedures.

Rights Restriction: Any action that limits or prevents the person from freely exercising his or her human and civil rights and privileges. Rights Restrictions must be reviewed and approved by the Human Rights Committee for individuals in 1915(c) waiver programs or the applicable MCO's HCBS Settings Committee and may only be implemented in response to a risk to the health, safety, or welfare of the person, or other individuals around the person.

Serious Injury of Known Cause: An injury for which the source or cause is known to the individual or reporter and that requires assessment and treatment beyond first aid that can be administered by a lay person (i.e., requires assessment and treatment in a hospital emergency room, urgent care center, or from a medical professional). Serious Injury of a Known Cause may include, but is not limited to: decubitus ulcers; fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair; 2nd and 3rd degree burns; and loss of consciousness.

Serious Injury of Unknown Cause: An injury for which the source or cause is unknown to the individual or reporter and that requires assessment and treatment beyond first aid that can be administered by a lay person (i.e., requires assessment and treatment in a hospital emergency room, urgent care center, or from a medical professional). Serious Injury of an Unknown Cause may include, but is not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair, 2nd and 3rd degree burns, and loss of consciousness. Serious injuries of unknown cause, or that are suspected to be the result of abuse and/or neglect, shall be investigated in accordance with the REM Protocol.

Staff Misconduct: An action(s) or inaction(s) by staff of contracted providers, contracted employees, volunteers or others associated with or providing care for persons supported by DDA, that occur during the provision of services and/or the safeguarding of the person's health, safety, welfare and/or individual rights. Incidents of Staff Misconduct demonstrate a lack of judgment and/or appropriate training but do not rise to the level of abuse, neglect or exploitation or result in injury or adverse effect and have a minimal risk of harm.

Suspicious Death: A fatality occurring under circumstances that are unexpected or unexplained and/or may have been the result of abuse or neglect.

Suspicious Injury: An injury that is suspected to be the result of abuse or neglect and/or is not consistent with the explanation provided.

Tier 1 Reportable Events: Alleged wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property, that resulted in one or more of the

following consequences to the person: death, serious injury, or physical harm; physical or sexual abuse; significant pain, intimidation or mental anguish that required medical intervention; or loss of funds, property, or prescription-controlled medications with a replacement value greater than \$1,000. For Tier 1 Reportable Events, the DDA Investigations (Abuse) Hotline should be notified as soon as possible, but within 4 hours, of the occurrence or discovery of the event. A corresponding REF must be submitted via PERLSS by the Event Management Coordinator (EMC) or designee within one (1) business day of the Hotline report. For reporters with PERLSS access, REFs should be submitted via the [Reporting Link for PERLSS users](#). For reporters without PERLSS access REFs should be submitted via the [PERLSS Link for External Reporters](#).

Examples of a Tier 1 Reportable Event include:

- All allegations of sexual abuse
- Allegations of physical abuse that require medical intervention or treatment
- Allegations of neglect that require medical intervention or treatment
- Exploitation by provider personnel exceeding \$1,000, including prescription-controlled medications with a prescription value of greater than \$1000
- Allegations of emotional/psychological abuse that require medical intervention or treatment³
- Suspicious Injury in which abuse/neglect is suspected and require medical intervention or treatment
- Serious Injury of Unknown Cause
- Unexpected and/or Unexplained Death, including suicide
- All neglect that is potentially felonious in nature when there is not an injury

Note: *There may be circumstances in which something would not fall under physical abuse and/or did not result in an injury, but could meet the legal definition for Abuse of a Vulnerable Adult. With DDA's increased involvement in the Vulnerable Adult Prosecutorial Investigative Team (VAPIT) meetings across the state, the DA may request that DDA, rather than the provider, conducts the investigation in these circumstances.*

Tier 2 Reportable Events: Alleged wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property for which they did not require medical intervention/treatment and are not at continued risk of serious harm, but that resulted in one or more of the following consequences to the person: intimidation or mental anguish; probable risk of serious harm; loss of funds or property between \$250 and \$1,000 in value or prescription-controlled medications with a replacement value of less than \$1000; or, through supervision neglect, resulted in the person harming a citizen in the community or engaging in criminal acts that led to arrest and confinement. For Tier 2 Reportable Events, a REF must be submitted via PERLSS by the Event Management Coordinator (EMC) or designee within one (1) business day of the occurrence or discovery of the event. For reporters with PERLSS access, REFs should be submitted via the [Reporting Link for PERLSS users](#). For reporters without PERLSS access, REFs should be submitted via the [PERLSS Link for External Reporters](#).

Examples of a Tier 2 Reportable Event include:

- Allegations of physical abuse that **do not** require medical intervention or treatment
- Allegations of neglect that **do not** require medical intervention or treatment

³ *Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode **that requires** intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that **would have** elicited mental anguish by a reasonably prudent person.*

- Allegations of emotional/psychological abuse that **do not** require medical intervention or treatment, including allegations that provider personnel (e.g. 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 person⁴
- Suspicious Injury in which abuse/neglect is suspected but did not require medical treatment or intervention
- The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money valued between \$250 and \$1,000 (i.e., less than the threshold for misappropriation) or prescription-controlled medication with a replacement value of less than \$1,000.

⁴ Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode but **does not require** intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that would have elicited mental anguish by a reasonably prudent person.