

EOR Reporting Guide

Why Is Reporting Necessary?

Federal rules require all states to ensure that individuals receiving Medicaid funded services are being properly supported within established funding limits. This includes protecting individuals from abuse, neglect, and exploitation as well as monitoring the quality and use of self-directed services.

Submitting Provider Progress Reports, Incident Reports, and keeping a Home Record are requirements for participation in the Self-Directed Services program.

REPORTING TOOLS

1 Provider Progress Reports ([DDS-62](#))



This report is used to:

- Outline quarterly progress on assigned outcomes and actions steps that self-directed staff have completed while working with the recipient.

AND/OR

- Detail how and when self-directed goods and services were utilized along with an assessment of the quality of these supports.
- Progress Reports are completed by the Employer of Record (EOR) and submitted to DDS quarterly throughout the calendar year.
- Important updates or concerns about your Self-Directed Service Plan should be shared as they occur. Include these interim correspondences in your regularly scheduled quarterly report.

Service Dates	Submit Report By
January–March	April 10
April–June	July 10
July–September	October 10
October–December	January 10

Provider Progress Reports are submitted to the DDS documentation email: dds.documentation@okdhs.org

For detailed instructions on how to complete this form, please reference the “Quarterly Reports” handout available in the EOR Resource Library.

2 Incident Reports ([DDS-46](#))



Incident Reports are situational reports completed by the EOR documenting events that impact the service recipient’s health, safety, or well-being.

Reporting incidents in a timely manner is a federal requirement. DDS has an obligation to report to the Centers for Medicare and Medicaid Services (CMS) if reports are not submitted on time.

- **Critical incident reports** must be submitted within one business day of observing or discovering the event.
- **Non-critical incident reports** must be submitted within three business days of observing or discovering the event.

In your report, you will need to select all critical and non-critical incident categories that apply.

OAC Number: 340:100-3-34 (DDS Policy #)

Non-critical incidents include:

1. an injury or an unplanned health-related event involving a service recipient;
2. physical aggression by a service recipient;
3. fire setting by a service recipient;
4. deliberate harm to an animal by a service recipient;
5. property loss of less than \$500 involving a service recipient;
6. a vehicle accident involving a service recipient;
7. the suspension, termination, or removal of a service recipient's program, including employment; and
8. a medication event involving a service recipient, including:
 - (A) a dose at the wrong time;
 - (B) a missed dose;
 - (C) a wrong dose;
 - (D) the wrong medicine;
 - (E) the wrong route;
 - (F) an incorrect medicine label or instructions;
 - (G) a medication refused by the service recipient;
 - (H) incorrect medication documentation; or
 - (I) any other significant occurrence involving medication.

Critical incidents include:

1. suspected maltreatment including abuse, verbal abuse, sexual abuse, neglect, financial neglect, exploitation, or sexual exploitation of a vulnerable adult per Section 10-103 of Title 43A of the Oklahoma Statutes (43A O.S. § 10-103) or abuse, neglect, sexual abuse, or sexual exploitation of children per 10A O.S. § 1-1-105;
2. threatened or attempted suicide by a service recipient;
3. death of a service recipient;
4. an unplanned hospital admission of a service recipient;
5. a medication event resulting in emergency medical treatment for a service recipient;
6. law enforcement involvement in a situation concerning a service recipient;
7. property loss of more than \$500 involving a service recipient;
8. a service recipient who is missing; and
9. a highly restrictive procedure used on a service recipient, such as:
 - (A) PRN medication for behavioral control; or
 - (B) physical hold.

Your DDS Case Manager will review the incident report and follow up as needed within five days of receiving the report. All critical incidents are reviewed by the DDS Critical Incident Committee (CIC).

Incident Reports are submitted to the DDS documentation email: dds.documentation@okdhs.org

When you email DDS, cc the email to dds.incidentreporting@okdhs.org.

For detailed instructions on how to complete this form, please reference the "Incident Reports" handout available in the EOR Resource Library.

3 The Home Record

As part of DDS policy, every Employer of Record (EOR) is required to keep a Home Record.

This is where you organize and store all the important documents related to your self-directed services journey. This Home Record contains historical information and service records as well as daily logs for current services.

The Home Record should be kept on-site in the home where the person supported receives services unless another location is requested by the team and approved in writing by the DDS Area Field Manager.

A copy of every report submitted to DDS should be kept in the home record.

When your DDS Case Manager or the Quality Assurance team comes for a visit, they will review the Home Record.

A "Home Record Checklist" has been provided in the EOR Resource Library to help you keep an up-to-date and accurate Home Record.

4 OKDHS Adult/Child Abuse and Neglect Hotline

Per OKDHS policy OAC 340:2-3-33, you are required to report any possible abuse, neglect, or exploitation.

Reporting suspected maltreatment is **mandatory**, not optional.

Employers of Record (EORs) must closely monitor the health and safety of the service recipient, even as they are being supported by self-directed staff and vendors who may be close friends or family.

It is not your job to decide if something is abuse. Contacting the hotline creates documentation and allows trained professionals to assess next steps.

Report maltreatment to the OKDHS Adult/Child Abuse and Neglect Hotline at 800-522-3511 or www.okhotline.org