

Death or Serious Injury Report

Fax Transmission Cover Sheet

Date: _____

Number of pages: _____ (including this cover sheet)

Destination information (check destination)

- | | | |
|---|---|---|
| <input type="checkbox"/> Dept. of Human Services (DHS)
PO Box 64242, St. Paul, MN 55164-0242
Phone: 651-431-6500
Fax: 651-431-7673 | <input type="checkbox"/> Ombudsman for Mental Health and Developmental Disabilities
121 7th Place East, Suite 420, St. Paul, MN 55101-2117
Phone: 651-757-1800 or 1-800-657-3506
Fax: 651-797-1950 | <input type="checkbox"/> Office of Health Facilities Complaints (OHFC)
PO Box 64970, St. Paul, MN 55164-0970
Phone: 651-201-4201 or 1-800-369-7994
Fax: 651-281-9796 |
|---|---|---|

Sender information

SENDER'S NAME		PHONE NUMBER	FAX NUMBER
PROGRAM NAME		245D-HCBS PROGRAM LICENSE NUMBER	
FACILITY LICENSE NUMBER	(check the applicable box)		
<input type="checkbox"/> Adult Foster Care (AFC)	<input type="checkbox"/> Community residential Setting (CRS)	<input type="checkbox"/> Child Foster care (CFC)	
<input type="checkbox"/> Supervised Living Facility (SLF)	<input type="checkbox"/> Day Services Facility (DSF)		

Home and community-based services licensed under Minnesota Statutes, Chapter 245D

Use this cover sheet when reporting a death or serious injury of a person receiving services licensed under 245D (check the applicable service):

Basic support services

- ☐ 24-hour emergency assistance
- ☐ Adult companion services
- ☐ Homemaker services
- ☐ Night Supervision
- ☐ Personal support
- ☐ Respite care services

Intervention support services

- ☐ Behavioral support
- ☐ Specialist services
- ☐ Crisis respite

In-home support services

- ☐ Independent living skills (ILS) training
- ☐ Semi-independent living skills (SILS)
- ☐ Residential-based habilitation: in-home family support & supported living services (SLS) for adults in their own home

Day services

- ☐ Day training and habilitation
- ☐ Pre-vocational
- ☐ Structured day

Employment services

- ☐ Supported employment

Residential supports and services

- ☐ Residential-based habilitation: SLS provided in a licensed foster care home, community residential setting, or supervised living facility
- ☐ Foster care services funded under a disability waiver and provided in a licensed foster care home or a community residential setting; excluding foster care services funded under the Elderly Waiver (EW) or the Alternative Care (AC) programs
- ☐ ICF/DD

Instructions

- Complete the report form and this fax cover sheet.** Use the Ombudsman's death or serious injury report form available online at: [Ombudsman's death or serious injury online report form](#).
- Send the completed report and fax cover to the required agencies/parties within 24 hours.** You must report incidents to the person's legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the license holder has reason to know that the incident has already been reported, or as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum. If the report is mailed to the agencies or parties, a phone call must be made within 24 hours to meet the mandatory reporting requirements. Reports from ICFs/DD must be submitted to the Ombudsman and OHFC. You must maintain information about incident reports.
- Report suspected or alleged maltreatment.** Is maltreatment suspected or alleged? ☐ Yes ☐ No
If yes, you must make a report of child maltreatment to the Common Entry Point (CEP) in the county where the incident occurred. If it is adult abuse or neglect, you must report to the Minnesota Adult Reporting Center (MAARC).
- Complete an internal review.** An internal review is required for all deaths and serious injuries, including those involving reports of maltreatment (MS § 245D.06, Subd. 1 and MS § 245A.65, Subd. 1).
- Complete the online Behavior Intervention Report Form.** If the death or serious injury occurred as a result of a behavior intervention procedure you must complete and submit a Behavior Intervention Report. The report form, DHS-5148, is available online from the DHS website at: [online Behavior Intervention Report Form](#).

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