	STARBRIDGE **POLICIES & PROCEDURES MANUAL**
SECTION:	**Part 625 – Events and Situations Not Under the Auspices of Starbridge (Incident Management)**
SITE(S) / PROGRAM(S):	All Sites/Programs Certified or Funded by OPWDD
President/CEO Approval:	Date Approved: 05/27/2026
Board of Directors Approval: (Meeting Minutes)	Date Approved: 05/27/2026
Date(s) Reviewed and/or Revised: 05/22/2024, 05/15/2025, 05/19/2026	

Starbridge's Part 625 policy and procedures apply to services that are certified or funded by the Office of People with Developmental Disabilities (OPWDD) for the provision of services to individuals with developmental disabilities. The requirement of Part 625 applies to events and situations that do not occur under the auspices of Starbridge.

The purpose of reporting, investigating, reviewing, correcting, and/or monitoring certain events or situations is to enhance the quality of care provided to persons with developmental disabilities to protect them (to the extent possible) from harm, and to ensure that each individual supported is free from abuse and neglect.

Events or situations that are **not under the auspices** of an agency include:

- Any event or situation that exclusively involves the family, friends, employers, or co-workers of an individual supported (other than a custodian or another supported individual), whether or not in the presence of agency personnel or a family care provider or at a certified site.
- Any report of neglect that is based on conditions in a private home (excluding a family care home).
- Any event or situation that directly involves or may have involved agency personnel during the time he or she was acting under the supervision of a State agency other than Starbridge (e.g. an agency employee has a second job at a hospital and an incident occurred while he or she was providing care to an individual supported during the supported individual's hospitalization).
- Any event or situation that occurs in the context of the provision of services that are subject to the oversight of a State agency other than OPWDD (e.g. special education, article 28 clinic, hospital, physician's office), whether or not in the presence of agency personnel.
- The death of an individual supported who received OPWDD operated, certified, or funded services, except deaths that occurred under the auspices of an agency.

Starbridge shall intervene if it has reason to believe (e.g. a report or complaint is made to the agency, etc.) that the event or situation meets the definition of physical, sexual, or emotional abuse; active, passive, or self neglect; or financial exploitation as defined below.

The following definitions apply to the terms in Part 625:

Physical abuse – The non-accidental use of force that results in bodily injury, pain, or impairment, including but not limited to, being slapped, burned, cut, bruised or improperly physically restrained.

Sexual abuse – Non-consensual sexual contact of any kind, including but not limited to, forcing sexual contact or forcing sex with a third party.

Emotional abuse – The willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other abusive conduct, including but not limited to, frightening or isolating an adult.

Active neglect – The willful failure by the caregiver to fulfill the care-taking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses or dentures, or health related services.

Passive neglect – The non-willful failure of a caregiver to fulfill care-taking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment or denial of food or health related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.

Self-neglect – An adult's inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself, including but not limited to, providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; or managing financial affairs.

Financial exploitation – The use of an adult's funds, property, or resources by another individual, including but not limited to, fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers, or denial of access to assets.

Death – The end of life, expected or unexpected, regardless of cause.

PROCEDURES TO IMPLEMENT IMMEDIATELY UPON OCCURRENCE OR DISCOVERY OF EVENT OR SITUATION THAT IS NOT UNDER THE AUSPICES OF STARBRIDGE

STAFF RESPONSIBLE	PROCEDURES
ALL present when event occurs or discovered	1. Renders assistance to the supported individual immediately, intervening or terminating the situation if necessary. Calls for additional assistance from others if needed. 2. If medical examination or treatment is thought to be necessary, calls to obtain emergency care (911) or notifies the primary care physician. If individual supported receives residential services, contacts the RN or On-Call.

3. If law enforcement assistance is thought to be immediately necessary, call to obtain emergency support (911).

4. Immediately notifies Program Director/Manager/Coordinator of the situation. If unable to contact Program Director/Manager/ Coordinator, notifies Quality Improvement Director, Chief Program Officer, VP of Corporate Compliance, or President/CEO.

5. As soon as possible, all with knowledge of the situation will document in observable terms all details of event/situation, all descriptions provided by other participants/observers, and all actions taken and planned.

Program Director / Manager / Coordinator

1. Immediately responds, observes, provides, or designates staff to provide necessary services to individual supported to ensure, to the extent possible, the individual supported is safe from abuse or neglect. This may include but are not limited to the following:

- Notifying an appropriate party that may be in a position to address the event or situation (e.g. Statewide Central Register of Child Abuse and Maltreatment, Adult Protective Services, law enforcement, school, hospital, or the Office of Professional Discipline);
- Offering to make referrals to appropriate service providers, clinicians, state agencies, or any other appropriate parties;
- Interviewing the involved individual supported and/or witnesses;
- Assessing and monitoring the supported individual;
- Reviewing records and other relevant documentation; and
- Educating the supported individual about his or her choices and options regarding the matter.

3. If medical attention and/or police report has been given, gathers all pertinent reports and documentation and assures that appropriate treatment and/or follow up occurs.

4. Notifies the supported individual's Care Manager/Care Coordinator. Notification should include all the steps taken to protect the individual supported.

5. If the individual supported has been deemed a capable adult, determines if there is a family member, correspondent, or advocate who they would like notified of the event or situation. If the individual supported has a legal guardian, notifies legal guardian of any events or situations that require completion of a 150 form. *Note: This notification will not be made if the legal guardian, family member, correspondent or advocate is the subject of the abuse/neglect.*

	6. Completes Part 1 of the OPWDD 150 form. If someone other than the Program Director is completing the OPWDD 150 form, immediately forwards the completed form to the Program Director.
Program Director	1. Reviews OPWDD 150 form for accuracy and compliance to policy and procedures. Ensures the following has been completed as appropriate: o Notifying an appropriate party that may be in a position to address the event or situation (e.g. Statewide Central Register of Child Abuse and Maltreatment, Adult Protective Services, law enforcement, school, hospital, or the Office of Professional Discipline); o Offering to make referrals to appropriate service providers, clinicians, state agencies, or any other appropriate parties; o Interviewing the involved individual supported and/or witnesses; o Assessing and monitoring the individual supported; o Reviewing records and other relevant documentation; and o Educating the individual supported about his or her choices and options regarding the matter. 2. If a crime has been committed against the individual supported, confer with the individual supported (if they are a capable adult) or with the Legal Guardian to determine if they would like assistance in notifying law enforcement. 3. Signs the 150 form and forwards by email to Quality Improvement Director (or VP, Corporate Compliance in the QID's absence) and the Incident Review Committee Chairperson.
Quality Improvement Director	1. Enters Part 1 of the OPWDD 150 form into IRMA within twenty-four (24) hours of event or situation (or discovery of the event or situation) or by close of the next business day. 2. Completes the 150 Log on the Quality Improvement network folder.
Program Director	1. Completes Part 2 of the OPWDD 150 form within five (5) business days. Updates shall include actions to prevent a reoccurrence, monitoring, subsequent interventions, follow up, and information about the resolution of the event or situation. Adds additional information/recommendations if deemed appropriate. Emails the completed Part 2 to Quality Improvement Director (or VP, Corporate Compliance in the QID's absence) and Incident Review Committee Chairperson.
Quality Improvement	1. Reviews Part 2 of the OPWDD 150 form including actions to

Director	prevent a reoccurrence, monitoring, subsequent interventions, follow up, and information about the resolution of the event or situation. Adds additional information/recommendations if deemed appropriate. 2. Enters Part 2 of the OPWDD150 form into IRMA, including updates on the event or situation until the event or situation is resolved. When event is resolved, closes the event or situation in IRMA. 3. Presents 150 log and information to the Incident Review Committee on a quarterly basis.