Provider Initial Incident Reporting Process

PROCESS FOR FILING FOLLOW-UP INCIDENT REPORTS FOR PROVIDERS

INDIANA DIVISION OF AGING

TOWER, DARCY E
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Process for Reporting an Initial Incident

1. Anyone with direct monitoring responsibility shall determine whether the event or concern represents:
   - A reportable unusual occurrence
   - Suspected or actual Abuse
   - Suspected or actual Exploitation
   - Suspected or actual Neglect
   - Death

2. All Reportable Unusual Occurrence (RUO) for consumers receiving funding under the Aged and Disabled (A&D), Traumatic Brain Injury (TBI), and Money Follows the Person (MFP) waiver shall be submitted over the internet through the Incidents & Follow-Up Reporting (IFUR) Tool. The address for the IFUR tool is as follows: https://ddrsprovider.fssa.in.gov/IFUR/


4. Initial Incident
   The following screen will appear for the reporter to submit information about the participant for which the incident report is being filed:

5. Consumer Information Section
5a) Make sure to choose the correct division when beginning the report.
   - Select the Division of Aging if the participant receives funding through the Aged & Disabled Waiver, Traumatic Brain Injury Waiver, Choice, Money Follows the Person, Social Security Block Grant, Title III, or Title III E.

5b) Abuse/Neglect or Exploitation (A/N/E)
   - A/N/E applies only to the Division of Aging, and will remain grayed out if DDRS is chosen.
   - If A/N/E is selected, you cannot continue without entering APS or CPS information.

5c) The Incident Initial Report and Incident Follow-Up Report contain several fields that require an entry. If you select the Continue Report button to move to the next page and have not completed one or more required fields, the system displays a message in red text at the top of the page and marks each required field with a red asterisk. You must complete the missing fields before the system will move to the next page.

5d) Once you have completed the consumer information, click “continue report” at the bottom of the screen.

6. Informed Section

6a) Below is the Informed Section of the incident initial report.

6b) This section of the report disables the fields that are not required, based on the funding source (Aged & Disabled Waiver, Traumatic Brain Injury Waiver, Choice, Money Follows the Person, Social Security Block Grant, Title III, or Title III E) that you selected.

6c) Disabled fields appear gray in color, as shown in the following illustration of the waiver funding source fields:
6d) After completing the Informed Section, click “Continue Report” at the bottom of the page.

7. Contingency Fields

7a) Below is the Contingency Fields for Consumer Information and Informed Sections of the incident initial report.

7b) The requirement for some fields is contingent on other selections. For example, if you select a waiver funding source from the Primary Funding Source field, in the Consumer Information section, you must complete the Case Manager, Name, and Date fields in the Informed Section.
### Contingency Fields for Consumer Information and Informed Sections

<table>
<thead>
<tr>
<th>If this Field</th>
<th>Contains</th>
<th>Then</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Funding Source</strong></td>
<td>One of the following entries: A&amp;D WAIVER, CHI WVR, FS WVR, TBI WAIVER</td>
<td><strong>Case Manager</strong> field contains <strong>Yes</strong>&lt;br&gt;You must select the Case Manager and complete the corresponding <strong>Date</strong> field.&lt;br&gt;To select the Case Manager, click the <strong>Select</strong> button. A search window appears. Enter the first 1 to 3 characters of the Case Manager’s last name in the text box and select <strong>Search</strong>. The system uses the entry to populate the drop down list in the <strong>Select Case Manager</strong> field, as shown in the following illustration:&lt;br&gt;&lt;br&gt;<strong>Important</strong>&lt;br&gt;If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter St. and include the period.&lt;br&gt;Select a case manager name from the list and then select the <strong>Submit</strong> button.</td>
</tr>
<tr>
<td><strong>Primary Funding Source</strong></td>
<td><strong>SGL</strong></td>
<td><strong>QMRP</strong> field must contain <strong>Yes</strong>.</td>
</tr>
</tbody>
</table>

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### Contingency Fields for Consumer Information and Informed Sections (continued)

<table>
<thead>
<tr>
<th>If this Field</th>
<th>Contains</th>
<th>Then</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Funding Source</strong></td>
<td>One of the following entries: A&amp;D WAIVER, TBI WAIVER</td>
<td><strong>The following BDSS fields must contain N/A or be left blank:</strong>&lt;br&gt;• MES, Provider(BDSS)&lt;br&gt;• HAB/VOC Provider(BDSS)&lt;br&gt;• BDSS SC(BDSS) Name&lt;br&gt;• BDSS SC(BDSS) Date&lt;br&gt;• Individual supervising at time of incident(BDSS)&lt;br&gt;• Responsible Supervisor provider (BDSS)</td>
</tr>
<tr>
<td><strong>Primary Funding Source</strong></td>
<td>One of the following entries: AFC, CHI WVR, LNCHFM, NURSING HOME, SDC90F, SGL, SLE, FS WVR, TITLE XX</td>
<td><strong>You must select a Service Coordinator and complete the corresponding <strong>Date</strong> field.</strong>&lt;br&gt;To select the Service Coordinator, click the <strong>Select</strong> button. A search window appears. Enter the first 1 to 3 characters of the Service Coordinator’s last name in the text box and select <strong>Search</strong>. The system uses the entry to populate the drop down list in the <strong>Select BDSS SC</strong> field, as shown in the following illustration:&lt;br&gt;&lt;br&gt;<strong>Important</strong>&lt;br&gt;If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter St. and include the period.&lt;br&gt;Select a case manager name from the list and then select the <strong>Submit</strong> button.</td>
</tr>
</tbody>
</table>
7c) After completing the Informed Section, click “Continue Report” at the bottom of the page.

8. Reporting Person/Agency and Incident Information
8a) Required information in the **Reporting Person** Section of the screen includes:
- Name
- Position
- Phone Number
- Reporting Agency
- E-mail Addresses

8b) Required information in the **Incident Information** Section of the screen includes:
- Incident Date
- Time of Incident
- Date of Knowledge
- Where occurred

8c) Required information in the **Incident Regarding** section includes:
- …the Death of a Consumer?
- …a PRN administered?
- …Consumer handcuffed?
- …Consumer tasered?

8d) The following table describes the contingency files in the “**Incident Regarding**” section:
8e) After completing the **Reporting Person/Agency and Incident Information**, click “Continue Report” at the bottom of the page.

9. **Incident Regarding the Death of this Consumer**

9a). If you entered YES in the “Is this Incident regarding the Death of this consumer” field, in the Incident Information section, then the **Narrative: Details – DEATH** section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:
9b). If you entered **YES** in the Is this **Incident regarding a PRN that was administered to this consumer** field in the **Incident Information** section, then the **Narrative: Details** – PRN section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:

![Narrative: Details - PRN](image)

9c). If you entered **YES** in both of the **Is this Incident regarding**… fields in the **Incident Information** section, then both of the **Narrative: Details** sections appear above the **Describe the Incident** and **Plan to Resolve** fields.

9d). After completing the **Reporting Person and Agency** and **Incident Information** Sections, click “**Continue Report**” at the bottom of the page.

10. **Narrative Information**

10a). Complete the “**Describe Incident and Plan to Resolve**” sections

![Describe the Incident](image)

![Plan to Resolve (immediate and long term)](image)
10b) After completing the **Describe the Incident** and **Plan to Resolve** sections, click “**Continue Report**” at the bottom of the page.

11. **Incident Investigation**

11a). Any staff suspected, alleged or involved in incidents of abuse, neglect, or exploitation of an individual will be immediately suspended from duty pending investigation by the provider.

11b) Complete the following section for any allegation of Abuse, Neglect or Exploitation

![Staff Suspended Pending Outcome of Investigation]

11c) After completing the **Incident Investigation** section, click “**Preview Report**” at the bottom of the page.

12. **Incident Initial Report Preview**

12a) When you click “Preview Report” (above), the Incident Initial Report appears.

![Incident Initial Report Preview]

12b) Review the completed Incident Initial Report for accuracy and completeness.
13. Submitting, Saving and Printing an Incident Initial Report

13a) After reviewing the Incident Initial Report, select the Submit Incident Initial Report button above the Incident Initial Report Preview page.

13b) A PDF copy of the report will be created and emailed during the “Submit” process. That may take a few seconds to complete, so please be patient and do not click the submit button multiple times.

13c) When you select the Submit Incident Initial Report button, the system displays:
- A message indicating that the report(s) were submitted to the /DA Central Office
- The confirmation number(s) for the report(s)
- A reminder to print or save a hard copy of the report(s)
- A Save/Print button

13d) The following partial illustration shows the messages that appear when you submit an Incident Initial Report:

13e) After you submit an Incident Initial Report, an email will be sent to you with a .pdf attachment copy of your report:
13f) You can save and print the report by selecting the Save/Print button. The File Download window appears, as shown in the following illustration:

13g) Select “Open” from the tab above. The system will display the report as a PDF document in a separate Adobe Reader window. The following partial illustration shows the top half of a test report in Adobe Reader window.

13h) Use the Print icon on the standard toolbar to print the report.
   - Use the File > Print menu on the menu bar to print the report.
   - Use the File > Save a Copy menu on the menu bar to save a copy of the report.

13i) When you select Save from the File Download window, the Save As window appears so that you can save the report as a PDF file in your desired folder. The following illustration shows an example of the Save As window:
14. Provider and Case Manager Notice Requirements

14a). Case Manager Requirements for Providing Notice of Incident Reports

- Any case manager reporting an incident MUST email a copy of the incident report to the participant’s provider after completion.

- The case manager is responsible for keeping the participant’s provider updated on the status of the incident report until the report is closed with the Division of Aging.

- The case manager is responsible for notifying the participant’s provider when the incident report is closed by the Division of Aging, and confirming the outcome of the incident report with the provider.

14b). Provider Requirements for Providing Notice of Incident Reports

- Any provider reporting an incident MUST email a copy of the incident report to the participant’s case manager after completion.

- The provider is responsible for keeping the participant’s case manager updated on the status of the incident report until the report is closed with the Division of Aging.

- The provider is responsible for notifying the participant’s case manager when the incident report is closed by the Division of Aging, and confirming the outcome of the incident report with the case manager.