



Enterprise Incident Management (EIM)

Administration Manual

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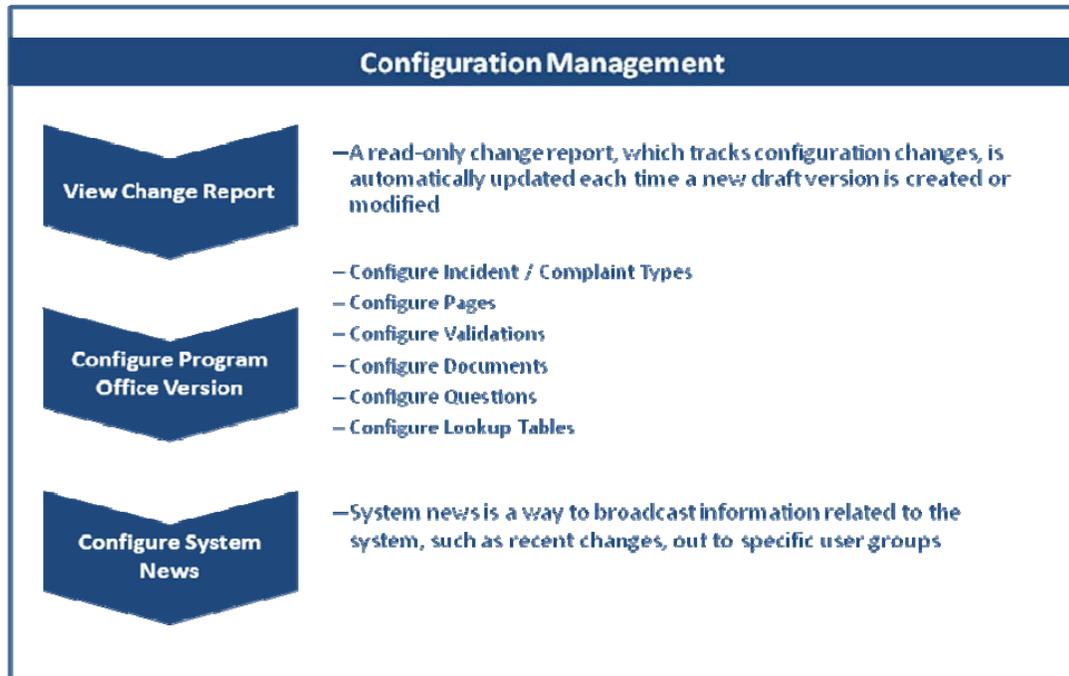
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1 INTRODUCTION

In order to allow the Enterprise Incident Management (EIM) system to meet the needs of each program office, a configuration tool (EIM Administration Tool) has been made available for program office administrators. This tool, which is accessed and operates separately from EIM, includes a number of screens to make configuration changes to the EIM system. Changes made through the EIM Administration Tool are subsequently reflected in the user interface of the EIM system once the changes are published.

This document provides a detailed outline of each of the screens that program office administrators can use to configure screens in the EIM system.

The following diagram depicts screens and functionality available within the EIM Administration Tool:



Note: Changes to business rules and logic are administered through the Corticon application after changes to the EIM system have been made through the EIM Administration Tool. For example, if the program office wants to make the following changes to an existing EIM screen:

- Add two questions:
 - Question 1: “Is the individual safe (yes/no)?”
 - Question 2: “If no, please explain.”
- Set up the following rule: If the response to Question 1 is no, then Question 2 must be answered (becomes mandatory). If response to Question 1 is yes, then question 2 must be blank.

The EIM Program Office Configuration Administrator must first add the two new questions to the EIM screen using the EIM Administration Tool. Then, the administrator must set up the rule using the Corticon application.

This document does not cover the functionality available through Corticon.

2 CONFIGURATION MANAGEMENT

The EIM Administration Tool is accessed by logging in from a separate link than the one used to access the EIM system. The EIM Administration Tool login page for administrative users is located at <https://www.hhsapps.state.pa.us/eimadmin/login.aspx>. On the login page, users enter their EIM user ID and password.

Note: Users without the appropriate administrative roles will not be able to access the EIM Administration Tool.

The *Manage Versions* screen is the first screen that users see when they log into the EIM Administration Tool. It allows users to perform the following actions:

- View the list of existing versions
- Create a draft version
- Edit a draft version
- Delete a draft version or a version where the effective start date is in the future
- Publish a draft version
- View the change report for a particular version

To make any configuration changes, the user must first create a draft version by selecting a base version. The draft version will be a copy of the selected base version, and changes made to the draft version will not affect the existing incidents and complaints in the system.

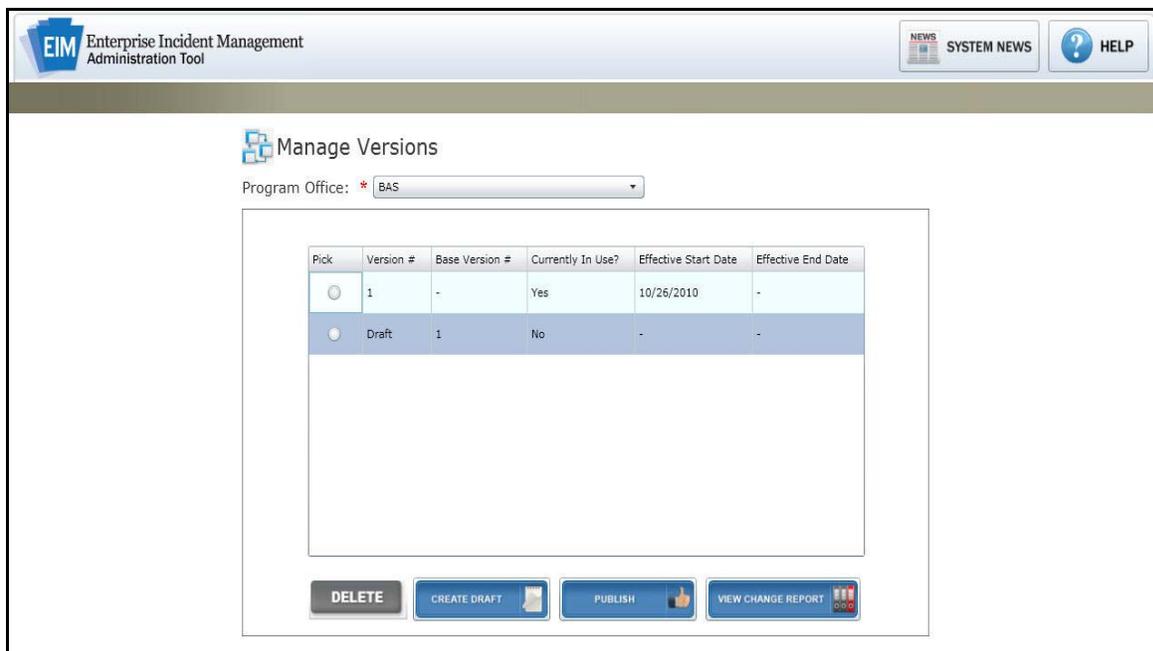
Note: Each program office may only have one draft version at a time.

After all changes have been made, the user can publish the draft version.

Note: The **PUBLISH** option is enabled only if a draft version is selected on the screen.

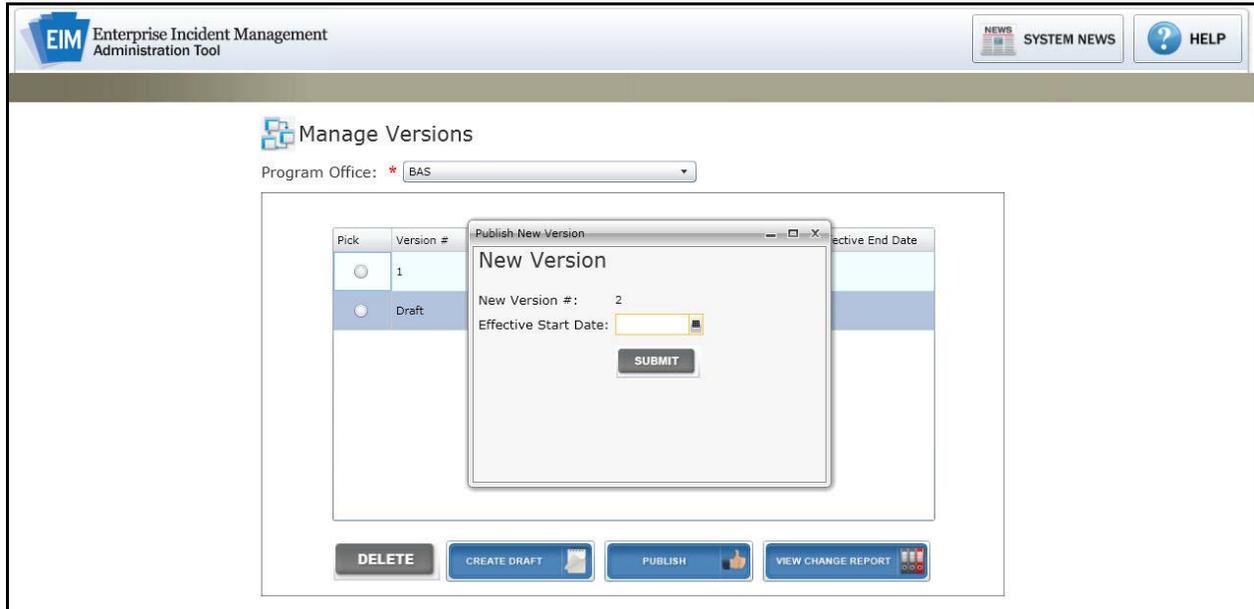
The user can also delete a draft version or a version that has an effective start date in the future. If the user deletes a version with an effective date in the future, the effective end of the version that is currently in use will be set to null. This means the current version will not be end-dated and it will ensure that there will be one version that will be effective at any point in time.

As the user makes updates to the draft version, the system records the changes made in an audit log. The **VIEW CHANGE REPORT** option allows the user to view the changes made to the draft version.



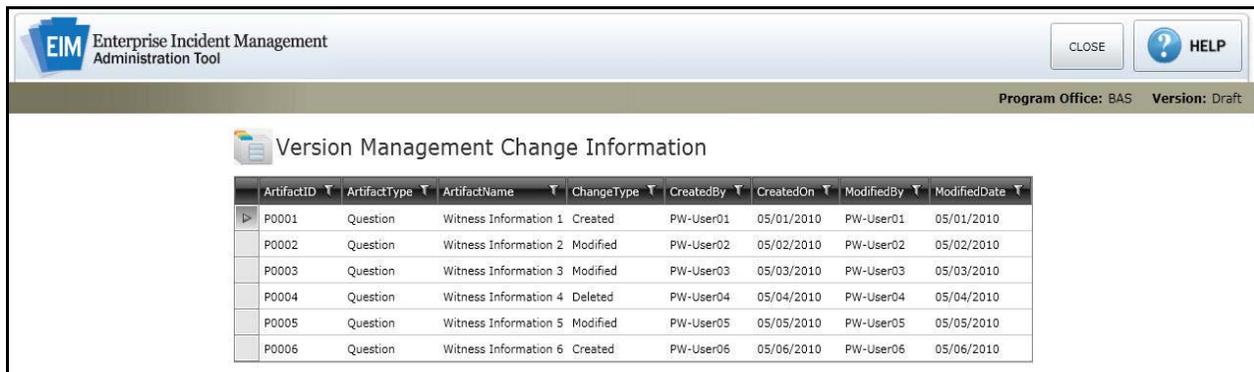
2.1 PUBLISH NEW VERSION

By clicking [PUBLISH] on the *Manage Versions* screen, the user can navigate to the *New Version* screen, which allows an authorized user to publish a draft version of the configuration. The only field available for editing in this screen is the **Effective Start Date**. The user will enter the date when the new version will take effect in this field. For the version that is currently in use, the system will mark the end date to be one day prior to the effective start date of the new version. Additionally, the system will automatically assign the next version number to the draft.



2.2 VIEW CHANGE REPORT

The *Version Management Change Information* screen allows the user to view the changes made to the draft version. The user can filter on any of the columns by using the pre-built filter options available. When a user navigates to this screen, data displayed on the screen is sorted in chronological order by **Modified Date**. The user can change how the data is sorted by clicking the column header on any other column.



3 CONFIGURE PROGRAM OFFICE VERSION (NAVIGATION)

The *Configure Program Office Version* screen is the main screen in the EIM Administration Tool. It allows users to configure incident and complaint types, documents, pages, questions, validations and reference tables for their program office. This screen is divided into the following three panels:

Navigation Panel:

The panel on the left-hand side of the screen controls navigation. It allows users to access incident and complaint configurations in the following ways:

- Incident Types – This panel lists all of the incident types configured for the version (with sub-folders for documents, pages and questions).
- Complaint Types – This panel lists all of the different complaint types configured for the version (with sub-folders for documents, pages and questions).
- Pages – This panel lists all the screens configured for the program office.
- Questions – This panel lists all the questions configured for the program office.
- Validations – This panel lists all the validations configured for the program office.
- Lookup Tables – This panel lists all the lookup tables configured for the program office.

Main Panel:

The main panel is in the center of the screen, where users can configure the properties of the various elements within EIM. For example, this panel is where users can configure the properties of a screen or a question.

Tile View:

This panel shows a list of the other items that are at the same level as the currently active item. For example, if a user is working on a question within a screen, this bar will show all of the other questions within that screen. In contrast, if a user accesses the same item from the overall question list (i.e., not within a specific screen), this panel will show all of the questions for the program office.

Configure Program Office Version page showing Title View panel (new pages at the same level as the selected item):

The screenshot shows the EIM Administration Tool interface. At the top, there is a header with the EIM logo and 'Enterprise Incident Management Administration Tool', along with 'Close' and 'HELP' buttons. Below the header, the current context is 'Program Office: OLTL' and 'Version: Draft'. The interface is divided into three main sections:

- Navigation Panel (Left):** A tree view showing 'Incident Types', 'Complaint Types', and 'Pages'. Under 'Pages', several categories are listed, including 'Complaint Classification', 'Complaint Reporter', 'Complaint Review', 'Incident Classification', 'Incident Description', 'Individual Information', 'Initial Action Taken', 'Initiator Information', 'Investigation Action Taken', 'Investigation Assignments', 'Investigation Information', and 'Investigation Research'. The 'Incident Description' page is selected.
- Main Panel (Center):** Displays the configuration for the 'Incident Description' page. It shows a 'Manage Page' section with a green header containing 'Page ID: a52c5044-b302-4c70-9c6b-4be478241509' and 'Page Type: Configurable'. Below this, there are fields for 'Page Title' (set to 'Incident Description'), 'Allow multiple sets of data to be collected' (set to 'No'), and 'Questions'. A table lists 'All Questions' and 'Selected Questions'.
- Title View Panel (Right):** Shows a tree view of the page structure. It includes an 'ADD' button at the top. Two 'New Page' items are shown, each with a plus icon, indicating they are being added at the same level as the selected page.

Annotations with arrows point to the 'Incident Description' page in the navigation panel, the 'Incident Description' page in the main panel, and the two 'New Page' items in the title view panel.

This is the Navigation Panel

This is the Main Panel

This is the Title View Panel

3.1 MANAGE INCIDENT/COMPLAINT TYPES

The *Manage Incident Types* and the *Manage Complaint Types* screens allow the user to configure a new incident or complaint type for a program office. Depending on the option selected (incident or complaint), the system will show the fields specific to creating an incident or complaint type. This screen also allows users to specify the primary and secondary categories for the incident or complaint type.

Once the users enter the relevant information and save the incident type, the system performs the following tasks:

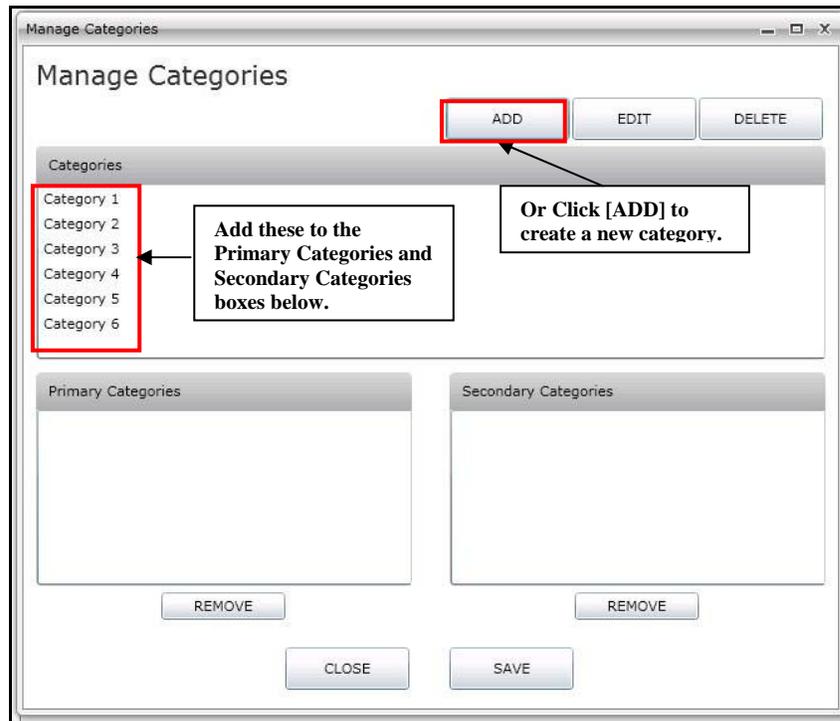
- Creates the documents applicable to the incident or complaint type.
- Creates the pages and the associated core questions for each of the documents created and updates the navigation panel entries accordingly.
Note: Core documents, pages and questions have the same ID across all incident and complaint types within a program office; however they have different IDs across program offices.
- Associates the primary and secondary categories (if any) entered to the incident or complaint type being created.

The properties that can be configured for an incident or complaint type are listed below:

Properties that can be configured when adding a new page	Properties that can be configured when editing an existing page
-Type Name -Is this associated to an individual? (For incidents only) -Waiver/Program -Primary/Secondary Categories	-Waiver/Program -Primary/Secondary Categories

3.2 MANAGE CATEGORIES

When a user clicks the **Manage Categories** link while configuring an incident or complaint type, this popup screen appears. Initially, this screen displays a list of all the primary and secondary categories configured for the program office. As users add primary categories and map them to secondary categories, they may either reuse an existing category or create a new one. If they create a new category, it will be added to the category list for future use.



3.3 MANAGE DOCUMENTS

When a new incident or complaint type is added, EIM automatically creates all the documents for the specified template (e.g. individual incident, site-level incident or complaint). Once these have been created, users cannot add or remove documents; however they can configure the following document properties:

- Document Title
- Determine which configurable pages are in the document
- Determine the order of the configurable pages in the document
- Determine whether users can request timeline extensions for the document

Incident Report First Section

 **Manage Document**

Incident/Complaint Type: Incident **Document ID:** 09365b57-fa9b-4276-9135-748c926c0cc1
Document Type: FirstSection

Document Name: *

Core Pages:

Configurable Pages:

All Pages	Selected Pages
Management Review Details	
Confidential Comments	
Corrective Action	
Additional Information	

[ADD NEW PAGE !\[\]\(a0a43a8de76dd84e9f08c7b3dae26e06_img.jpg\)](#)

Allow Extensions: Yes No

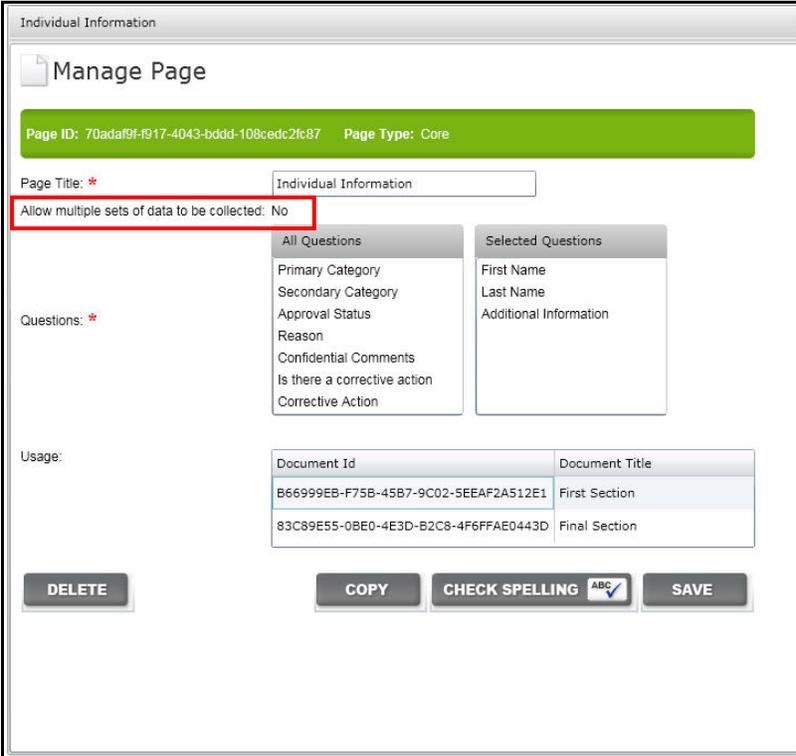
3.4 MANAGE PAGES

The *Manage Page* screen allows the user to configure a page. On this screen, users may specify whether the page collects a single set of responses or multiple sets of responses. For example, if there were several witnesses to an incident, a set of responses would be attributed to each individual witness, which would result in multiple sets of responses for the page.

Note: Once a page is saved, users may not change whether a page collects single or multiple responses; this change can only be made when the page is first being added.

Following are examples of the *Manage Page* screen and how they correspond to pages in the EIM system:

Page that collects a single set of responses:



Individual Information

Manage Page

Page ID: 70ada19f-f917-4043-bddd-108cedc2fc87 Page Type: Core

Page Title: * Individual Information

Allow multiple sets of data to be collected: No

Questions: *

All Questions	Selected Questions
Primary Category	First Name
Secondary Category	Last Name
Approval Status	Additional Information
Reason	
Confidential Comments	
Is there a corrective action	
Corrective Action	

Usage:

Document Id	Document Title
B66999EB-F75B-45B7-9C02-5EEAF2A512E1	First Section
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Final Section

DELETE COPY CHECK SPELLING SAVE

Page that collects multiple sets of responses

Corrective Action

Manage Page

Page ID: d5b37964-cb94-40d3-9e16-097c148ebd88 Page Type: Configurable

Page Title: * Corrective Action

Allow multiple sets of data to be collected: Yes

Questions for Detail Page: *

- All Questions
- First Name
- Last Name
- Primary Category
- Secondary Category
- Approval Status
- Reason
- Confidential Comments
- Additional Information

Selected Questions

- Is there a corrective action
- Corrective Action

Questions to include in Summary:

- Is there a corrective action
- Corrective Action

Is there an Enabling Question? Yes No

Enabling Question ID: 8B992517-D67F-4FCB-A0FA-173DFDAF02FB

Enabling Question Name: *

Enabling Question: *

Usage:

Document Id	Document Title
B66999EB-F75B-45B7-9C02-5EEAF2A512E1	First Section
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Final Section

DELETE COPY CHECK SPELLING ABC SAVE

When there is an enabling question, the Enabling Question Name and Enabling Question fields are required.

Depending on whether the page is configured for a single set or multiple sets of responses, users will be able to configure the following properties when adding a new page or editing an existing page:

	Properties that can be configured when adding a new page	Properties that can be configured when editing an existing page
Single Set of Responses	<ul style="list-style-type: none"> -Page Title -Add Existing Question to Page -Add New Question to Page 	<ul style="list-style-type: none"> -Add Existing Question to Page -Add New Question to Page
Multiple Sets of Responses	<ul style="list-style-type: none"> -Page Title -Enabling Question Title -Enabling Question Text -Add Existing Question to Page -Add Existing Question to Page Summary -Add New Question to Page 	<ul style="list-style-type: none"> -Enabling Question Title -Enabling Question Text -Add Existing Question to Page -Add Existing Question to Page Summary -Add New Question to Page

An enabling question is required when a page collects multiple sets of responses. Users must enter the enabling question title and question text. Enabling questions are always displayed as yes/no drop-downs. If the user selects yes, the fields for collecting multiple responses are enabled. If the user selects no, the fields for collecting multiple responses are disabled. Enabling questions do not appear in the question list for the program office because they must be defined individually while they are being added.

Note: An enabling question is used to determine if at least one subsequent response is required. For example, asking “Were there any witnesses?” is an enabling question. If the response is “yes”, subsequent questions about the witness(es) will be required. If the response is “no”, then no additional questions about the witness(es) would be necessary.

The *Manage Page* screen also displays the documents in which the page is being used. A user can delete the page only if the page is not currently being used (i.e., no documents are shown under **Usage**). When the user clicks [DELETE] to delete the current page, a message is displayed for the user to confirm the deletion. Once confirmed, the system deletes the page and removes it from the navigation panel. If the page is currently being used in a document, the system displays an error message and stops the user from proceeding with the delete operation.

The *Manage Page* screen also allows users to copy an existing configurable page. When an existing page is copied, a new page is created with the same set of properties as the original page. In order to save the copy, users must specify a new page name. In addition, the copied page is assigned a new page ID once it has been saved.

3.5 MANAGE QUESTIONS

The *Manage Questions* screen allows users to add a new configurable question on a page. The user can navigate to this screen by adding a new question to a page. To add a new question to a page, select the page from the navigation panel, then click [ADD +] on the bottom of the selected page in the main panel.

The question properties that can be set are dependent on the value selected for “Is this a Label?”. The table below shows the question properties available for configuration based on the value selected for “Is this a Label?”.

Is this a Label?	Properties to be configured
Yes	-Question Title -Question
No	-Question Title -Question -Response Source -Response Type -Response Requirement -Default Response -Subject Area -User-Defined Validation

The question properties that can be configured also depend on the **Response Source**. The table below shows the properties available for configuration based on what the user selects for **Response Source**.

Response Source	Description	Properties to be configured
User Selected	Indicates that the response will be selected from a list of values. The source for the list of values will be a reference table defined in the system.	-Response Type -Reference Table Source -Default Response -Subject Area
User Entered	Indicates that the response will be entered by the user in an editable field, which may be text, date, or numeric data.	-Response Type -Default Response -Subject Area -User-defined Validation
Case Management Systems	This indicates that the response will be populated from the case management systems via a web service. The response will be displayed as a read-only field.	-Subject Area

The set of response types will also vary based on the response source as shown in the table below:

Response Source	Response Types Available
User Selected	-Checkbox -Dropdown -Radio Button List
User Entered	-Whole Number -Number with Decimals -Short Text -Long Text -Currency

	-Date -Date and Time -Historical Date -Historical Date and Time -Nine Digit ID -Phone -Zip Code -Email
Case Management Systems	N/A – These fields will always be read-only

The default value field will also vary based on the response type:

Response Source	Response Types Available
User Selected	Default value appears as a drop-down list with the values from the related reference table
User Entered	Default value appears as a text box
Case Management Systems	N/A – These fields will not have default values

Note: After a question has been added, users will only be able to modify the following properties:

- Question Title
- Question
- Response Requirement
Note: This is applicable only if the question was previously configured with the Response Source as User Selected or User Entered.
- Default Response
Note: This is applicable only if the question was previously configured with the Response Source as User Selected or User Entered.
- User-defined Validation
Note: This is applicable only if the question was previously configured with the Response Source as User Entered

A user can copy questions by clicking [Copy]. The system creates a new question and generates a new question ID with the same properties as the source question being copied. The properties and operations allowed for the copied question will be the same as if the user were adding a new question. The user will also be required to specify a question title.

Note: Core questions cannot be copied.

Under **Usage**, the screen displays the list of pages, including page ID and title, on which the question is currently being used. A user can delete a question only if the question is not currently being used (i.e., no pages are shown under **Usage**). When the user clicks [DELETE] to delete the current question, the system prompts the user to confirm the delete operation. Once confirmed, the system deletes the question and removes it from the navigation panel. If the question is currently being used in a page, the system displays an error message and stops the user from proceeding with the delete operation.

Screen displayed if the value for “Is this a Label?” is Yes:

First Name

? Manage Question

Question ID: 6D4203A6-2B05-4AB8-9C21-71129EF1C814
Question Type: Configurable

Is this a Label?: Yes No

Question Title: *

Question: *

Usage:

Page Id	Page Title
B66999EB-F75B-45B7-9C02-5EEAF2A512E1	Individual Information
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Incident Classification

DELETE
COPY
CHECK SPELLING
SAVE

Screen displayed if the value for “Is this Label?” is “No” and “Response Source” is “User Selected”:

Reason

? Manage Question

Question ID: 6D4203A6-2B05-4AB8-9C21-71129EF1C814
Question Type: Configurable

Is this a Label?: Yes No

Question Title: *

Question: *

Response Source:

Response Type:

Response Requirement: * Optional Required

Reference Table Source: ADD NEW REFERENCE TABLE

Default Response:

Subject Area: ADD NEW SUBJECT AREA

User Defined Validations: Allow Positive Integer ADD NEW VALIDATION

Other Validations

Usage:

Page Id	Page Title
B66999EB-F75B-45B7-9C02-5EEAF2A512E1	Individual Information
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Incident Classification

DELETE
COPY
CHECK SPELLING
SAVE

Screen displayed if the value for “Is this Label?” is No and “Response Source” is “User Entered”:

Reason

 **Manage Question**

Question ID: 6D4203A6-2B05-4AB8-9C21-71129EF1C814 **Question Type:** Configurable

Is this a Label?: Yes No

Question Title: *

Question: *

Response Source:

Response Type:

Response Requirement: * Optional Required

Default Response:

Subject Area: [ADD NEW SUBJECT AREA](#) 

User Defined Validations: Allow Positive Integer [ADD NEW VALIDATION](#) 

Other Validations:

Usage:

Page Id	Page Title
B66999EB-F75B-45B7-9C02-5EEAF2A512E1	Individual Information
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Incident Classification

[DELETE](#)
[COPY](#)
[CHECK SPELLING](#) 
[SAVE](#)

Screen displayed if the value for “Is this a Label?” is No and “Response Source” is “Case Management Systems”

Reason

Manage Question

Question ID: 6D4203A6-2B05-4AB8-9C21-71129EF1C814 **Question Type:** Configurable

Is this a Label?: Yes No

Question Title: *

Question: *

Response Source:

Response Requirement: * Optional

Subject Area: [ADD NEW SUBJECT AREA](#) 

Usage:

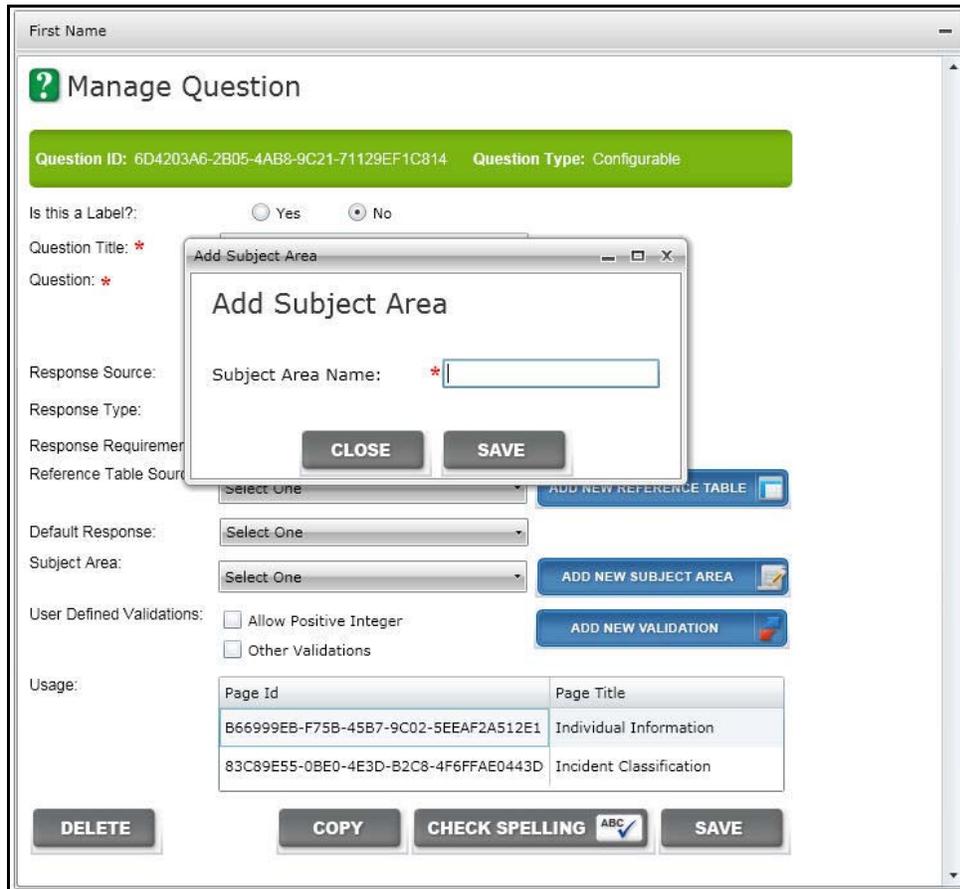
Page Id	Page Title
B66999E8-F75B-45B7-9C02-5EEAF2A512E1	Individual Information
83C89E55-0BE0-4E3D-B2C8-4F6FFAE0443D	Incident Classification

3.6 ADD NEW SUBJECT AREA

This pop-up screen allows users to add a new subject area for reporting purposes. This screen can only be accessed from the *Manage Question* screen. Once the question has been added, it will be associated with the subject area specified in the pop-up screen.

Note: EIM validates that each subject area is assigned a unique name.



3.7 MANAGE VALIDATIONS

The *Manage Validations* screen allows the user to add a new validation for a question. A validation is a way to enforce special rules for the response to a question. For example, if the question requires the response to be in the form of a date, a date validation can be added. This would only allow responses formatted as a date.

Validations can be added for a question that has its Response Type configured to one of the following:

- Whole Number
- Number with Decimals
- Short Text
- Long Text
- Currency
- Date
- Date and Time
- Historical Date
- Historical Date and Time
- Nine Digit ID
- Phone
- Zip Code
- Email

The validation properties that can be configured are dependent on the **Response Type**. The table below shows the properties available for configuration based on the value for **Response Type**.

Response Type	Properties to be configured
-Whole Number -Number with Decimals -Currency -Date -Date and Time -Historical Date -Historical Date and Time	-Validation Name -Minimum Value -Maximum Value -Validation Type -Validation Message
-Short Text -Long Text	-Validation Name -Minimum Length -Maximum Length -Validation Type -Validation Message
-SSN -Nine Digit ID -Phone -Zip Code -Email	No validations may be added

The behavior of the validation differs based on the validation type selected. If the validation type selected is **Error**, then the system does not allow the user to proceed when the validation fails for the question. If the validation type selected is **Warning**, then the system displays the validation message and allows the user to proceed. For example, a date field may have a maximum value validation that does not allow a date greater than the current date to be entered. If the validation type of **Error** is selected, the user may not proceed until the validation rule is satisfied (i.e., until the user enters a date less than the current date). In the same example, if the validation type of **Warning** is selected, the

user sees a warning that the date is not valid, but the system does not prevent the user from continuing regardless of whether or not the validation is satisfied.

Validation Name 1

Manage Validation

Validation ID: D3D7CE51-B6AF-412C-8DAB-374749103148
Response Type: Whole Number

Validation Name: *

Minimum Value:

Maximum Value:

Validation Type: * Error Warning

Validation Message: *

DELETE **CHECK SPELLING**  **SAVE**

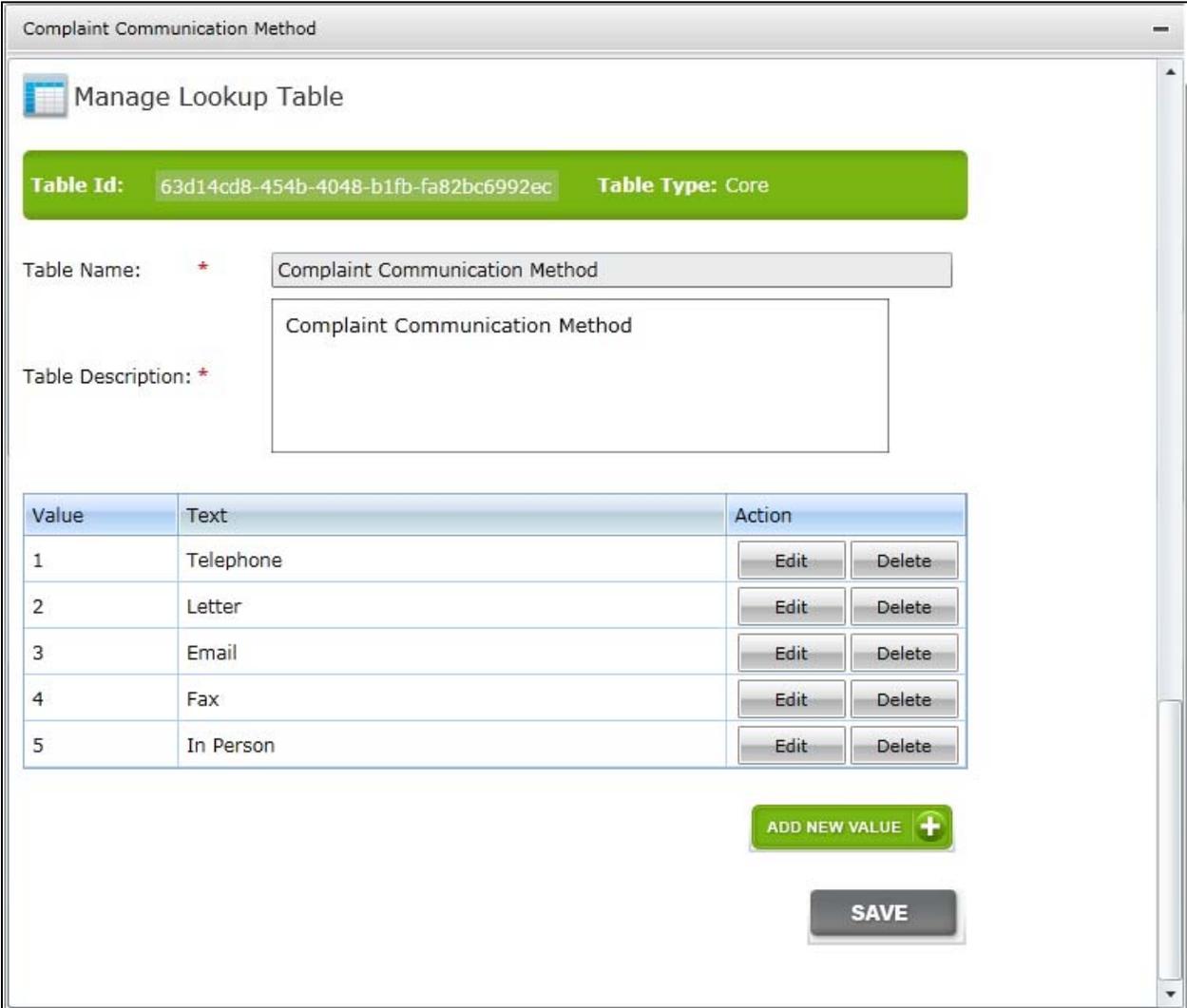
3.8 MANAGE LOOKUP TABLE

The *Manage Lookup Table* screen allows users to manage core and configurable lookup tables. Lookup tables are used as sources for questions configured with the response source as **User Selected**. For example, a lookup table labeled *Gender* may have the values *Male* and *Female* listed as available responses. If a question was added to a page where the response source is **User Selected** and the available responses are in the *Gender* lookup table, the user could only select *Male* or *Female*.

Users can add, edit, or delete the values of core lookup tables but cannot edit the name and description of the table or delete the table itself. Users can only edit the name and description of configurable lookup tables. Configurable lookup tables can also be deleted.

The *Manage Lookup Table* screen displays all the core and configurable lookup tables defined in the system. The user can perform the following operations from this screen:

- Add a new configurable lookup table
- Edit an existing configurable lookup table
- Delete an existing configurable lookup table
- Edit core/configurable lookup table values



The screenshot shows the 'Manage Lookup Table' interface for a table named 'Complaint Communication Method'. At the top, the table ID is '63d14cd8-454b-4048-b1fb-fa82bc6992ec' and the table type is 'Core'. Below this, there are fields for 'Table Name' and 'Table Description', both containing the text 'Complaint Communication Method'. A table below lists five values: 1 (Telephone), 2 (Letter), 3 (Email), 4 (Fax), and 5 (In Person). Each row has 'Edit' and 'Delete' buttons. At the bottom right, there is a green 'ADD NEW VALUE +' button and a grey 'SAVE' button.

Value	Text	Action
1	Telephone	Edit Delete
2	Letter	Edit Delete
3	Email	Edit Delete
4	Fax	Edit Delete
5	In Person	Edit Delete

3.9 MANAGE SYSTEM NEWS

The *Manage System News* screen allows users to manage system news for the EIM system. System news may be published to one or more of the following user groups: Program Office Staff, Providers, and Anonymous (Public Users). News published to Program Office Staff and Providers will be available on the workload dashboard while news published to anonymous users will be available on the EIM landing page.

Each system news entry contains the following attributes:

- **Publish For:** Designates the user group that will have access to the system news.
- **Title:** Brief description of the system news message.
- **Message:** Actual text which will be displayed to end users.
- **Effective Start Date:** Date when the entry will become available to business users.
- **Effective End Date:** Last day that the system news entry will be available to business users. All system news entries will be purged from the system one week after the effective end date.

Notes:

- System news is not included in version control. All system news entries appear to business users regardless of the active configuration version.
- All system news entries on the screen are sorted in chronological order based on effective start date.

Manage System News

Title	Message	Effective Start Date	Effective End Date
Maintenance	There will be an intermittent system outage on Saturday (12/4/2010) for regular maintenance.	11/04/2010	12/05/2010
Happy Holidays	We would be celebrating Christmas in Office	11/20/2010	01/02/2011

Add New Message

Publish For: Program Office OLT/L BAS
 Provider Anonymous

Title: *

Message: *

Effective Start Date: * <M/d/yyyy>

Effective End Date: * <M/d/yyyy>

4 APPENDIX

4.1 SUBJECT AREAS

The following section contains the question-to-subject area mappings by program office.

4.1.1 Office of Long-Term Living Incidents

Subject Area	Document	Page	Question
Incident Description	First Section	Incident Description	Incident Description
Incident Description	First Section	Incident Description	Description
Incident Description	First Section	Incident Description	Location of Incident
Incident Description	First Section	Incident Description	If community site, or other, please explain
Incident Description	First Section	Incident Description	Were restraints or restrictive interventions being used during the occurrence?
Incident Description	First Section	Incident Description	If restraints or restrictive interventions were used, please explain
Incident Detail			
Incident Detail	First Section	Incident Classification	Date Reviewed
Incident Detail	First Section	Incident Classification	Reviewer
Incident Detail	First Section	Incident Classification	Was this incident reported to Adult Protective Services
Incident Detail	First Section	Incident Classification	Date referred to Adult Protective Services
Incident Detail	First Section	Incident Classification	Is the individual's health and welfare at risk?
Incident Detail-Final			
Incident Detail-Final	Final Section	Verification Of Incident Classification	Discovery Date and Time
Incident Detail-Final	Final Section	Verification Of Incident Classification	Primary Category
Incident Detail-Final	Final Section	Verification Of Incident Classification	Primary Category Date Occurred
Incident Detail-Final	Final Section	Verification Of Incident Classification	Secondary Category
Incident Detail-Final	Final Section	Verification Of Incident Classification	Secondary Category Date Occurred
Incident Detail-Final	Final Section	Verification Of Incident Classification	Reason for Reclassification (if applicable)

Subject Area	Document	Page	Question
Incident Detail-Final	Final Section	Verification Of Incident Classification	Certified Investigation Required
Incident Detail-Final	Final Section	Verification Of Incident Classification	Proceed with Investigation?
Incident Detail-Final	Final Section	Verification Of Incident Classification	Assigned Certified Investigator
Incident Detail – Initial			
Incident Detail – Initial	First Section	Incident Classification	Discovery Date and Time
Incident Detail – Initial	First Section	Incident Classification	Primary Category
Incident Detail – Initial	First Section	Incident Classification	Primary Category Date Occurred
Incident Detail – Initial	First Section	Incident Classification	Secondary Category
Incident Detail – Initial	First Section	Incident Classification	Secondary Category Date Occurred
Incident Detail – Initial	First Section	Incident Classification	Reason for Reclassification (if applicable)
Incident Detail – Initial	First Section	Incident Classification	Certified Investigation Required
Incident Detail – Initial	First Section	Incident Classification	Proceed With Investigation?
Incident Detail – Initial	First Section	Incident Classification	Assigned Certified Investigator
Individual Case Management Information			
Individual Case Management Information	First Section	Individual Information	Agency Name
Individual Case Management Information	First Section	Individual Information	Assigned SC
Individual Case Management Information	First Section	Individual Information	Assigned SC Phone
Individual Case Management Information	First Section	Individual Information	Waiver/ Program
Individual Contact Information			
Individual Contact Information	First Section	Individual Information	Residential County
Individual Contact Information	First Section	Individual Information	Phone Number
Individual Contact Information	First Section	Individual Information	Email
Individual Contact Information	First Section	Individual Information	Address Line 1
Individual Contact Information	First Section	Individual Information	Address Line 2
Individual Contact Information	First Section	Individual Information	Address Line 3
Individual Contact Information	First Section	Individual Information	City

Subject Area	Document	Page	Question
Individual Contact Information	First Section	Individual Information	State
Individual Contact Information	First Section	Individual Information	Zip Code
Individual Demographics			
Individual Demographics	First Section	Individual Information	MCI
Individual Demographics	First Section	Individual Information	SSN
Individual Demographics	First Section	Individual Information	Individual Name
Individual Demographics	First Section	Individual Information	Case Management System
Individual Demographics	First Section	Individual Information	Gender
Individual Demographics	First Section	Individual Information	Date of Birth
Initial Action			
Initial Action	First Section	Initial Action Taken	Initial Action Taken
Initial Action	First Section	Initial Action Taken	Please describe the initial action taken
Initial Action	First Section	Initial Action Taken	What agencies were notified initially
Initial Action	First Section	Initial Action Taken	Type of investigation initiated by Provider
Initial Action	First Section	Initial Action Taken	Type of onsite investigation
Initial Action	First Section	Initial Action Taken	If onsite investigation, please select provider location
Initial Action	First Section	Initial Action Taken	If community site, or other, please explain
Initiator Information			
Initiator Information	First Section	Initiator Information	Organization Type
Initiator Information	First Section	Initiator Information	Organization
Initiator Information	First Section	Initiator Information	MPI (if applicable)
Initiator Information	First Section	Initiator Information	Initiator Name
Investigation			
Investigation	Final Section	Provider Investigation	Provider Investigation
Investigation	Final Section	Provider Investigation	Investigation Type
Investigation	Final Section	Provider Investigation	Investigation Start Date

Subject Area	Document	Page	Question
Investigation	Final Section	Provider Investigation	Investigation End Date
Investigation	Final Section	Provider Investigation	Description of incident
Investigation	Final Section	Provider Investigation	Investigation action taken
Investigation			
Investigation	Review Investigation	Investigation Information	Investigation Type
Investigation Details			
Investigation Details	Review Investigation	Investigation Information	Investigation Start Date
Investigation Details	Review Investigation	Investigation Information	Investigation End Date
Investigation Details	Review Investigation	Investigation Information	Description of Incident
Investigation Details	Review Investigation	Investigation Information	Investigation Action Taken
Investigation Details	Review Investigation	Investigation Information	Did any of the following outcomes occur as a result of the incident?
Investigation Details	Review Investigation	Investigation Information	If other, please describe
Investigation Results			
Investigation Results	Final Section	Provider Investigation Summary	Provider Investigation Summary
Investigation Results	Final Section	Provider Investigation Summary	Were referrals made to other agencies?
Investigation Results	Final Section	Provider Investigation Summary	If so, what agency were they referred to:
Investigation Results	Final Section	Provider Investigation Summary	Was the participant notified within 24 hours that a critical incident report has been filed?
Investigation Results	Final Section	Provider Investigation Summary	Was participant notified of the resolution and measures implemented to prevent recurrence?
Investigation Results	Final Section	Provider Investigation Summary	If so, who notified the individual (name, title and agency)?
Investigation Results	Final Section	Provider Investigation Summary	Are further investigative actions required?
Investigation Results	Final Section	Provider Investigation Summary	If so, please describe what additional actions are required:

Subject Area	Document	Page	Question
Investigative Action Taken	Review Investigation	Investigation Action Taken	Were referrals made to other agencies?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, what agency were they referred to:
Investigative Action Taken	Review Investigation	Investigation Action Taken	Was participant notified of the resolution and measures implemented to prevent recurrence?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, who notified the individual (name, title and agency)
Investigative Action Taken	Review Investigation	Investigation Action Taken	Are further investigative actions required?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, please describe what additional actions are required:
Investigative Action Taken	Incident Final Section	Provider Investigation Summary	Provider Investigation Action Taken
Program Office Investigation Assignment	Management Review	Investigation Assignment	Does the incident require additional investigation?
Program Office Investigation Assignment	Management Review	Investigation Assignment	Proceed with Investigation?
Program Office Investigation Assignment	Management Review	Investigation Assignment	Assigned Investigator
Program Office Investigation Assignment	Management Review	Investigation Assignment	Investigation Approval Status
Program Office Investigation Assignment	Management Review	Investigation Assignment	If the investigation was not approved, please provide comments
Program Office Review Details	Management Review	Management Review Information	Review Date
Program Office Review Details	Management Review	Management Review Information	Review Approval Status
Program Office Review Details	Management Review	Management Review Information	If the incident report is not approved, please provide comments
Program Office Review Details	Management Review	Management Review Information	Incident Closure Date
Program Office Review Details	Management Review	Management Review Information	Was the incident closed on time?

Subject Area	Document	Page	Question
Program Office Review Details	Management Review	Management Review Information	Was the BIS Regional Supervisor Alerted?
Program Office Review Details	Management Review	Management Review Information	Is the incident high profile?
Program Office Review Details	Management Review	Management Review Information	If so, was executive staff apprised?
Program Office Review Details	Management Review	Management Review Information	Did any of the following outcomes occur as a result of the incident?
Program Office Review Details	Management Review	Management Review Information	If other, please describe:
Provider Contact-Final			
Provider Contact-Final	Final Section	Verification Of Provider Information	Phone
Provider Contact-Final	Final Section	Verification Of Provider Information	Email
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 1
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 2
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 3
Provider Contact-Final	Final Section	Verification Of Provider Information	City
Provider Contact-Final	Final Section	Verification Of Provider Information	County
Provider Contact-Final	Final Section	Verification Of Provider Information	State
Provider Contact-Final	Final Section	Verification Of Provider Information	Zip Code
Provider Contact-Initial			
Provider Contact-Initial	First Section	Provider Information	Phone
Provider Contact-Initial	First Section	Provider Information	Email
Provider Contact-Initial	First Section	Provider Information	Address Line 1
Provider Contact-Initial	First Section	Provider Information	Address Line 2
Provider Contact-Initial	First Section	Provider Information	Address Line 3
Provider Contact –Initial	First Section	Provider Information	City
Provider Contact-Initial	First Section	Provider Information	County

Subject Area	Document	Page	Question
Provider Contact –Initial	First Section	Provider Information	State
Provider Contact-Initial	First Section	Provider Information	Zip Code
Provider Contact-Initial	First Section	Provider Information	Staff First Name
Provider Contact-Initial	First Section	Provider Information	Staff Last Name
Provider Demographics-Final			
Provider Demographics-Final	Final Section	Verification of Provider Information	MCI
Provider Demographics-Final	Final Section	Verification of Provider Information	Name
Provider Demographics-Final	Final Section	Verification of Provider Information	Service Location ID
Provider Demographics-Final	Final Section	Verification of Provider Information	Service Location Name
Provider Demographics-Initial			
Provider Demographics-Initial	First Section	Provider Information	MPI
Provider Demographics-Initial	First Section	Provider Information	Name
Provider Demographics-Initial	First Section	Provider Information	Service Location ID
Provider Demographics-Initial	First Section	Provider Information	Service Location Name
Provider Demographics-Initial	First Section	Provider Information	Provider Type
Provider Investigation Action Taken			
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Which of the following outcomes occurred as a result of the incident?
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	If Other, please describe
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Date outcome initiated
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Outcome narrative
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Date outcome completed
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Does the outcome prevent recurrence?
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	If no, please explain
Reporter Contact Information			
Reporter Contact Information	First Section	Reporter Information	Address Line 1

Subject Area	Document	Page	Question
Reporter Contact Information	First Section	Reporter Information	Address Line 2
Reporter Contact Information	First Section	Reporter Information	Address Line 3
Reporter Contact Information	First Section	Reporter Information	City
Reporter Contact Information	First Section	Reporter Information	County
Reporter Contact Information	First Section	Reporter Information	State
Reporter Contact Information	First Section	Reporter Information	Zip Code
Reporter Contact Information	First Section	Reporter Information	Phone
Reporter Contact Information	First Section	Reporter Information	Email
Reporter Information	First Section	Reporter Information	Reporter Information
Reporter Information	First Section	Reporter Information	Initial Reporter Type
Reporter Information	First Section	Reporter Information	First Name
Reporter Information	First Section	Reporter Information	Last Name

4.1.2 Office of Long-Term Living Complaints

Subject Area	Document	Page	Question
Complaint Agency Contact	Complaint Report	State Agency Information	State Agency
Complaint Agency Contact	Complaint Report	State Agency Information	If other, please specify agency
Complaint Agency Contact	Complaint Report	State Agency Information	Phone
Complaint Agency Contact	Complaint Report	State Agency Information	Email
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 1
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 2
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 3
Complaint Agency Contact	Complaint Report	State Agency Information	City
Complaint Agency Contact	Complaint Report	State Agency Information	County
Complaint Agency Contact	Complaint Report	State Agency Information	State

Subject Area	Document	Page	Question
Complaint Agency Contact	Complaint Report	State Agency Information	Zip Code
Complaint Agency Information	Complaint Report	State Agency Information	Staff First name
Complaint Agency Information	Complaint Report	State Agency Information	Staff Last name
Complaint Details	Complaint Investigation	Complaint Investigation Research	Complaint Description
Complaint Details	Complaint Management Review	Complaint Review	Complaint Description
Complaint Details	Complaint Management Review	Complaint Review	Complaint Severity Level
Complaint Details	Complaint Management Review	Complaint Review	Additional Information Required
Complaint Details	Complaint Management Review	Complaint Review	Proceed With Investigation?
Complaint Details	Complaint Management Review	Complaint Review	Assigned Staff
Complaint Details	Complaint Management Review	Complaint Review	Approval Status
Complaint Details	Complaint Management Review	Complaint Review	If not approved, please provide comments
Complaint Details	Complaint Report	Complaint Classification	Complaint Severity Level
Complaint Details	Complaint Report	Complaint Classification	Complaint Reported Date and Time
Complaint Details	Complaint Report	Complaint Classification	Complaint Communication Method
Complaint Details	Complaint Report	Complaint Classification	Waiver/ Program
Complaint Details	Complaint Report	Complaint Classification	County
Complaint Details	Complaint Report	Complaint Classification	Primary Category
Complaint Details	Complaint Report	Complaint Classification	Primary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Secondary Category
Complaint Details	Complaint Report	Complaint Classification	Secondary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Complaint Description

Subject Area	Document	Page	Question
Complaint Individual Case Management Information	Complaint Report	Individual Information	Waiver/ Program
Complaint Individual Contact	Complaint Report	Individual Information	Phone
Complaint Individual Contact	Complaint Report	Individual Information	Email
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 1
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 2
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 3
Complaint Individual Contact	Complaint Report	Individual Information	City
Complaint Individual Contact	Complaint Report	Individual Information	County
Complaint Individual Contact	Complaint Report	Individual Information	State
Complaint Individual Contact	Complaint Report	Individual Information	Zip code
Complaint Individual Demographics	Complaint Report	Individual Information	MCI Number
Complaint Individual Demographics	Complaint Report	Individual Information	SSN
Complaint Individual Demographics	Complaint Report	Individual Information	First Name
Complaint Individual Demographics	Complaint Report	Individual Information	Last Name
Complaint Individual Demographics	Complaint Report	Individual Information	Middle Initial
Complaint Individual Demographics	Complaint Report	Individual Information	Suffix
Complaint Individual Demographics	Complaint Report	Individual Information	Gender
Complaint Individual Demographics	Complaint Report	Individual Information	Date of Birth
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Start Date

Subject Area	Document	Page	Question
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	End Date
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	What investigation methodology was used?
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Was this complaint about a provider or state agency?
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	If this complaint was associated with a provider, what was the provider's type?
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Concerns Issues
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Facts of the Investigation
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Summary of investigation / OLTL Investigation Staff Conclusion:
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	What actions were taken to resolve the complaint?
Complaint Investigation Results			
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	How were the investigation results communicated?
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	What outcome occurred?
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	If other, please describe:
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	Was the initial complaint priority correct?
Complaint Provider Contact			
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Phone
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Email
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 1
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 2
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 3
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	City

Subject Area	Document	Page	Question
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	County
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	State
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Zip Code
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Staff First Name
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Staff Last Name
Complaint Provider Contact			
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Phone
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Email
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 1
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 2
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 3
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	City
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	County
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	State
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Zip Code
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Staff First Name
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Staff Last Name
Complaint Provider Demographics			
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	MPI Number
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Provider Name
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Service Location
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Provider Type
Complaint Provider Demographics			
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	MPI Number
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Provider Name

Subject Area	Document	Page	Question
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Service Location
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Provider Type
Complaint Reporter Information	Complaint Report	Complaint Reporter	Type of Reporter
Complaint Reporter Information	Complaint Report	Complaint Reporter	First Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Last Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Middle Initial
Complaint Reporter Information	Complaint Report	Complaint Reporter	Suffix
Complaint Reporter Information	Complaint Report	Complaint Reporter	Phone
Complaint Reporter Information	Complaint Report	Complaint Reporter	Email
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 1
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 2
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 3
Complaint Reporter Information	Complaint Report	Complaint Reporter	City
Complaint Reporter Information	Complaint Report	Complaint Reporter	County
Complaint Reporter Information	Complaint Report	Complaint Reporter	State
Complaint Reporter Information	Complaint Report	Complaint Reporter	Zip code
Complaint Reporter Information	Complaint Report	Complaint Reporter	If the reporter is an individual representative (advocate), please describe their relationship to the individual:

4.1.3 Bureau of Autism Services Incidents

Subject Area	Incident Type	Document	Page	Question
First Section Individual Information	Individual	First Section	Individual Information	MCI
First Section Individual Information	Individual	First Section	Individual Information	SSN
First Section Individual Information	Individual	First Section	Individual Information	Individual Name
First Section Individual Information	Individual	First Section	Individual Information	Case Management System
First Section Individual Information	Individual	First Section	Individual Information	Residential County
First Section Individual Information	Individual	First Section	Individual Information	Waiver/Program
First Section Individual Information	Individual	First Section	Individual Information	Gender
First Section Individual Information	Individual	First Section	Individual Information	Date of Birth
First Section Individual Information	Individual	First Section	Individual Information	Phone Number
First Section Individual Information	Individual	First Section	Individual Information	Email
First Section Individual Information	Individual	First Section	Individual Information	Address Line 1
First Section Individual Information	Individual	First Section	Individual Information	Address Line 2
First Section Individual Information	Individual	First Section	Individual Information	Address Line 3
First Section Individual Information	Individual	First Section	Individual Information	City
First Section Individual Information	Individual	First Section	Individual Information	State
First Section Individual Information	Individual	First Section	Individual Information	Zip Code
First Section Individual Information	Individual	First Section	Individual Information	Agency Name
First Section Individual Information	Individual	First Section	Individual Information	Assigned SC
First Section Individual Information	Individual	First Section	Individual Information	Assigned SC Phone

Subject Area	Incident Type	Document	Page	Question
First Section Individual Information	Individual	First Section	Individual Information	Does a plan exist
First Section Individual Information	Individual	First Section	Individual Information	Program Diagnosis
Initiator Information				
Initiator Information	Site Level	First Section	Initiator Information	Organization Type
Initiator Information	Site Level	First Section	Initiator Information	Organization
Initiator Information	Site Level	First Section	Initiator Information	MPI (if applicable)
Initiator Information	Site Level	First Section	Initiator Information	Initiator Name
Provider Information				
Provider Information	All	First Section	Provider Information	MPI
Provider Information	All	First Section	Provider Information	Name
Provider Information	All	First Section	Provider Information	Service Location
Provider Information	All	First Section	Provider Information	Phone
Provider Information	All	First Section	Provider Information	Email
Provider Information	All	First Section	Provider Information	Address Line 1
Provider Information	All	First Section	Provider Information	Address Line 2
Provider Information	All	First Section	Provider Information	Address Line 3
Provider Information	All	First Section	Provider Information	City
Provider Information	All	First Section	Provider Information	County
Provider Information	All	First Section	Provider Information	State
Provider Information	All	First Section	Provider Information	Zip Code
Provider Information	All	First Section	Provider Information	Initial Reporter First Name
Provider Information	All	First Section	Provider Information	Initial Reporter Last Name
Provider Information	All	First Section	Provider Information	Point Person First Name
Provider Information	All	First Section	Provider Information	Point Person Last Name
Provider Information	All	First Section	Provider Information	If this incident occurred while in the care of a contractor/ agency, please enter the name of the staff member
Incident Classification				
First Section: Incident Classification	All	First Section	Incident Classification	Discovery Date and Time
First Section: Incident Classification	All	First Section	Incident Classification	Discovery Date and Time

Subject Area	Incident Type	Document	Page	Question
First Section: Incident Classification	All	First Section	Incident Classification	Waiver/ Program
First Section: Incident Classification	All	First Section	Incident Classification	Primary Category
First Section: Incident Classification	All	First Section	Incident Classification	Primary Category Date Occurred
First Section: Incident Classification	All	First Section	Incident Classification	Secondary Category
First Section: Incident Classification	All	First Section	Incident Classification	Secondary Category Date Occurred
First Section: Incident Classification	All	First Section	Incident Classification	Reviewing Organization
First Section: Incident Classification	All	First Section	Incident Classification	External Investigation Required
First Section: Incident Classification	All	First Section	Incident Classification	Assigned External Investigator
First Section: Incident Classification	All	First Section	Incident Classification	Date Reviewed
First Section: Incident Classification	All	First Section	Incident Classification	Reviewer
Actions taken to protect health and safety	Individual/Site -Level	First Section	Actions Taken To Protect Health And Safety	Action taken to protect Individual
Actions taken to protect health and safety	Individual/Site -Level	First Section	Actions Taken To Protect Health And Safety	Was CPR administered
Incident Description	Individual/Site -Level	First Section	Incident Description	Description
Incident Description	Individual/Site -Level	First Section	Incident Description	Is incident location known?
Incident Description	Individual/Site -Level	First Section	Incident Description	Relationship of the incident location to the individual(or site, for Site Level Incidents)
Incident Description	Individual/Site -Level	First Section	Incident Description	Location Detail
Incident Description	Individual/Site -Level	First Section	Incident Description	Location Name (If any)

Subject Area	Incident Type	Document	Page	Question
Incident Description	Individual/Site -Level	First Section	Incident Description	Address Line 1
Incident Description	Individual/Site -Level	First Section	Incident Description	Address Line 2
Incident Description	Individual/Site -Level	First Section	Incident Description	Address Line 3
Incident Description	Individual/Site -Level	First Section	Incident Description	City
Incident Description	Individual/Site -Level	First Section	Incident Description	State
Incident Description	Individual/Site -Level	First Section	Incident Description	Zip Code
Medication Error Details	Medication Error	First Section	Medication Error Information	What happened
Medication Error Details	Medication Error	First Section	Medication Error Information	Name of medications
Medication Error Details	Medication Error	First Section	Medication Error Information	Did the error occur over multiple consecutive administrations
Medication Error Details	Medication Error	First Section	Medication Error Information	Why did the error occur
Medication Error Details	Medication Error	First Section	Medication Error Information	What was the response to the error
Medication Error Details	Medication Error	First Section	Medication Error Information	What was or will be the agency system response to prevent this type of error from occurring in the future
Medication Error Details	Medication Error	First Section	Medication Error Information	May use this section for additional comments and/or to describe what else contributed to this error

Subject Area	Incident Type	Document	Page	Question
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Location Incident Occurred (Building Identification, Room Identification)
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Optional Field 1
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Optional Field 2
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Optional Field 3
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Optional Field 4
Optionally Reportable Incident Details	Optionally Reportable Event	First Section	Optionally Reportable Event Information	Description
Restraint First Section	Restraint	First Section	Restraint Information	Restraint Time In
Restraint First Section	Restraint	First Section	Restraint Information	Restraint Time Out
Restraint First Section	Restraint	First Section	Restraint Information	Restraint Agent
Restraint First Section	Restraint	First Section	Restraint Information	Restraint Reason and Description
Restraint First Section	Restraint	First Section	Restraint Information	Authorizing Staff (First Name)
Restraint First Section	Restraint	First Section	Restraint Information	Authorizing Staff (Last Name)
Restraint First Section	Restraint	First Section	Restraint Information	Part of an Approved Plan?
Restraint First Section	Restraint	First Section	Restraint Information	Was a prone (face down) position used during this Restraint?
Restraint First Section	Restraint	First Section	Restraint Information	Was another Incident Report filed as a result of this Restraint?

Subject Area	Incident Type	Document	Page	Question
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Names of Staff and Individuals Present
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Criteria of Crisis Event
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Description of Behavior
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Antecedent of Behavior
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Additional Comments
Crisis Event First Section	Crisis Event	First Section	Crisis Event Information	Behavioral Support Specialist and/or Support Coordinator notified?
Crisis Event First Section	Crisis Event	First Section	Crisis Event Action Taken	Describe in detail multiple staff actions taken:
Crisis Event First Section	Crisis Event	First Section	Crisis Event Action Taken	Is further follow-up required?
Final Section Target Information	Individual/Site -Level	Final Section	Target Information	Is / Was there a Target identified
Final Section Target Information	Individual/Site -Level	Final Section	Target Information	Target Identifier
Final Section Target Information	Individual/Site -Level	Final Section	Target Information	Target relationship to the individual
Final Section Target Information	Individual/Site -Level	Final Section	Target Information	If Other, please specify
Final Section Target Information	Individual/Site -Level	Final Section	Target Information	What is the current status if target is identified
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Has Notification been made or will Notification be made
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Family/Agency
Final Section: Notification	Individual/Site -Level	Final Section	Notification	If other, please specify:

Subject Area	Incident Type	Document	Page	Question
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Notified/Will Notify
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Person Notified (First Name):
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Person Notified (Last Name):
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Date Notified
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Person Making Contact (First Name):
Final Section: Notification	Individual/Site -Level	Final Section	Notification	Person Making Contact (Last Name):
Final Section: Notification	Individual/Site -Level	Final Section	Notification	If no Family Notification, please explain
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Date of Admission (MM/DD/YYYY)
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Hospital name
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Admitting diagnosis
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Was the admission from the Emergency Room?
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	What occurred during the hospitalization? Include follow-up or referral information. (Select All That Apply)
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	If therapy, please specify the type
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	If Other, please specify
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Actual Date of discharge (MM/DD/YYYY):
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Discharge diagnosis

Subject Area	Incident Type	Document	Page	Question
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Did you get the discharge instructions upon discharge?
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	What changed for this person after discharge? (Select all that apply)
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Describe the person's current status (Select all that apply)
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Was a follow-up appointment scheduled for post hospitalization with the medical professional? (Select all that apply)
Hospitalization	Individual/Site -Level	Final Section	Hospitalization	Add additional information not captured above
Death	Individual/Site -Level	Final Section	Death Information	Date of Death (MM/DD/YYYY)
Death	Individual/Site -Level	Final Section	Death Information	Was the individual in hospice care?
Death	Individual/Site -Level	Final Section	Death Information	Did the individual have a diagnosed terminal illness?
Death	Individual/Site -Level	Final Section	Death Information	Was a 'Do Not Resuscitate' order in effect?
Death	Individual/Site -Level	Final Section	Death Information	Was the coroner contacted?
Death	Individual/Site -Level	Final Section	Death Information	Was an autopsy performed or will an autopsy be performed?

Subject Area	Incident Type	Document	Page	Question
Death	Individual/Site -Level	Final Section	Death Information	Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to Waiver or ACAP Office)
Death	Individual/Site -Level	Final Section	Death Information	If other, please specify
Death	Individual/Site -Level	Final Section	Death Information	Was there a Hospitalization for this Individual
Restraint Final Section	Restraint	Final Section	People Present	Were there people present to the incident?
Restraint Final Section	Restraint	Final Section	People Present	People present (First Name):
Restraint Final Section	Restraint	Final Section	People Present	People present (Last Name):
Restraint Final Section	Restraint	Final Section	People Present	Relation to Individual
Restraint Final Section	Restraint	Final Section	People Present	Telephone Number (999) 999-9999
Restraint Final Section	Restraint	Final Section	People Present	Address Line 1:
Restraint Final Section	Restraint	Final Section	People Present	Address Line 2
Restraint Final Section	Restraint	Final Section	People Present	Address Line 3
Restraint Final Section	Restraint	Final Section	People Present	City
Restraint Final Section	Restraint	Final Section	People Present	State
Restraint Final Section	Restraint	Final Section	People Present	Zip
Restraint Final Section	Restraint	Final Section	Antecedent Information	What event precipitated the Restraint?
Restraint Final Section	Restraint	Final Section	Antecedent Information	Description:
Restraint Final Section	Individual, Site-Level, Restraint	Final Section	Optional Categorization	Description

Subject Area	Incident Type	Document	Page	Question
Restraint Final Section	Individual, Site-Level, Restraint	Final Section	Optional Categorization	Optional Field 1
Restraint Final Section	Individual, Site-Level, Restraint	Final Section	Optional Categorization	Optional Field 2
Restraint Final Section	Individual, Site-Level, Restraint	Final Section	Optional Categorization	Optional Field 3
Restraint Final Section	Individual, Site-Level, Restraint	Final Section	Optional Categorization	Optional Field 4
Restraint Final Section	Crisis Event	Final Section	Crisis Event Actions Taken	Date of team meeting (MM/DD/YYYY):*
Restraint Final Section	Crisis Event	Final Section	Crisis Event Actions Taken	Was there a revision to the Behavioral Support Plan
Restraint Final Section	All	Final Section	Corrective Action	Is there a corrective action for this incident
Restraint Final Section	All	Final Section	Corrective Action	Corrective Action
Restraint Final Section	All	Final Section	Corrective Action	Completed / Expected Completion Date
Restraint Final Section	All	Final Section	Corrective Action	Responsible Party (First Name):
Restraint Final Section	All	Final Section	Corrective Action	Responsible Party (Last Name):
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Select a Different Service Location
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	MPI
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Name
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Service Location Name
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Phone

Subject Area	Incident Type	Document	Page	Question
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Email
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Address Line 1
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Address Line 2
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Address Line 3
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	City
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	County
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	State
Final Section: Verification of Provider Information	All	Final Section	Verification Of Provider Information	Zip Code
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Discovery Date and Time
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	County
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Waiver/ Program
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Primary Category
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Primary Category Date Occurred

Subject Area	Incident Type	Document	Page	Question
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Secondary Category
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Secondary Category Date Occurred
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Reason for Reclassification (if applicable)
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Reviewing Organization
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	External Investigation Required
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Assigned External Investigator
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Indicate investigation determinations
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	As a result of the investigation, is this a case of founded abuse or neglect
Final Section: Verification of time and Categorization	All	Final Section	Verification Of Time And Categorization	Has the family and/or Informal care network been notified of the outcome of the investigation
Investigation Determination by Region	All	Management Review	Investigation Assignment	Does the incident require additional investigation?
Investigation Determination by Region	All	Management Review	Investigation Assignment	Assigned Investigator
Investigation Determination by Region	All	Management Review	Investigation Assignment	Investigation Approval Status

Subject Area	Incident Type	Document	Page	Question
Investigation Determination by Region	All	Management Review	Investigation Assignment	If the investigation was not approved, please provide comments
Investigation Determination by Region	All	Management Review	Investigation Assignment	Concur with provider investigation?
Investigation Determination by Region	All	Management Review	Investigation Assignment	As a result of the investigation, is this a case of founded abuse or neglect?
Management Review Details				
Management Review Details	All	Management Review	Management Review Information	Review Date
Management Review Details	All	Management Review	Management Review Information	Review Approval Status
Management Review Details	All	Management Review	Management Review Information	If the incident report is not approved, please provide comments
Management Review Details	All	Management Review	Management Review Information	Incident Closure Date
Management Review Details	All	Management Review	Management Review Information	Was the incident closed on time?
Management Review Details	All	Management Review	Management Review Information	Follow Up Date
Investigation Details				
Investigation Details	All	Investigation	Investigation Information	Investigation Start Date
Investigation Details	All	Investigation	Investigation Information	Investigation End Date
Investigation Details	All	Investigation	Investigation Information	Summary of Investigator's Findings

4.1.4 Bureau of Autism Services Complaints

Subject Area	Document	Page	Question
Complaint Reporter Information	Complaint Report	Complaint Reporter	Type of Reporter

Subject Area	Document	Page	Question
Complaint Reporter Information	Complaint Report	Complaint Reporter	First Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Last Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Middle Initial
Complaint Reporter Information	Complaint Report	Complaint Reporter	Suffix
Complaint Reporter Information	Complaint Report	Complaint Reporter	Phone
Complaint Reporter Information	Complaint Report	Complaint Reporter	Email
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 1
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 2
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 3
Complaint Reporter Information	Complaint Report	Complaint Reporter	City
Complaint Reporter Information	Complaint Report	Complaint Reporter	County
Complaint Reporter Information	Complaint Report	Complaint Reporter	State
Complaint Reporter Information	Complaint Report	Complaint Reporter	Zip code
Complaint Reporter Information	Complaint Report	Complaint Reporter	If the reporter is an individual representative (advocate), please describe their relationship to the individual:
Complaint Individual Demographics	Complaint Report	Individual Information	MCI Number
Complaint Individual Demographics	Complaint Report	Individual Information	SSN
Complaint Individual Demographics	Complaint Report	Individual Information	First Name
Complaint Individual Demographics	Complaint Report	Individual Information	Last Name

Subject Area	Document	Page	Question
Complaint Individual Demographics	Complaint Report	Individual Information	Middle Initial
Complaint Individual Demographics	Complaint Report	Individual Information	Suffix
Complaint Individual Demographics	Complaint Report	Individual Information	Gender
Complaint Individual Demographics	Complaint Report	Individual Information	Date of Birth
Complaint Individual Case Management Information			
Complaint Individual Case Management Information	Complaint Report	Individual Information	Waiver/ Program
Complaint Individual Contact			
Complaint Individual Contact	Complaint Report	Individual Information	Phone
Complaint Individual Contact	Complaint Report	Individual Information	Email
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 1
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 2
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 3
Complaint Individual Contact	Complaint Report	Individual Information	City
Complaint Individual Contact	Complaint Report	Individual Information	County
Complaint Individual Contact	Complaint Report	Individual Information	State
Complaint Individual Contact	Complaint Report	Individual Information	Zip code
Complaint Provider Demographics			
Complaint Provider Demographics	Complaint Report	Provider Information	MPI Number
Complaint Provider Demographics	Complaint Report	Provider Information	Provider Name
Complaint Provider Demographics	Complaint Report	Provider Information	Service Location
Complaint Provider Demographics	Complaint Report	Provider Information	Provider Type
Complaint Provider Contact			
Complaint Provider Contact	Complaint Report	Provider Information	Phone

Subject Area	Document	Page	Question
Complaint Provider Contact	Complaint Report	Provider Information	Email
Complaint Provider Contact	Complaint Report	Provider Information	Address Line 1
Complaint Provider Contact	Complaint Report	Provider Information	Address Line 2
Complaint Provider Contact	Complaint Report	Provider Information	Address Line 3
Complaint Provider Contact	Complaint Report	Provider Information	City
Complaint Provider Contact	Complaint Report	Provider Information	County
Complaint Provider Contact	Complaint Report	Provider Information	State
Complaint Provider Contact	Complaint Report	Provider Information	Zip Code
Complaint Provider Contact	Complaint Report	Provider Information	Staff First Name
Complaint Provider Contact	Complaint Report	Provider Information	Staff Last Name
Complaint Agency Contact			
Complaint Agency Contact	Complaint Report	State Agency Information	State Agency
Complaint Agency Contact	Complaint Report	State Agency Information	If other, please specify agency
Complaint Agency Contact	Complaint Report	State Agency Information	Phone
Complaint Agency Contact	Complaint Report	State Agency Information	Email
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 1
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 2
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 3
Complaint Agency Contact	Complaint Report	State Agency Information	City
Complaint Agency Contact	Complaint Report	State Agency Information	County
Complaint Agency Contact	Complaint Report	State Agency Information	State
Complaint Agency Contact	Complaint Report	State Agency Information	Zip Code
Complaint Agency Information			
Complaint Agency Information	Complaint Report	State Agency Information	Staff First name
Complaint Agency Information	Complaint Report	State Agency Information	Staff Last name
Complaint Details			
Complaint Details	Complaint Report	Complaint Classification	Complaint Severity Level

Subject Area	Document	Page	Question
Complaint Details	Complaint Report	Complaint Classification	Complaint Reported Date and Time
Complaint Details	Complaint Report	Complaint Classification	Complaint Communication Method
Complaint Details	Complaint Report	Complaint Classification	Waiver/ Program
Complaint Details	Complaint Report	Complaint Classification	County
Complaint Details	Complaint Report	Complaint Classification	Primary Category
Complaint Details	Complaint Report	Complaint Classification	Primary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Secondary Category
Complaint Details	Complaint Report	Complaint Classification	Secondary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Complaint Description
Complaint Details	Complaint Review	Complaint Review	Complaint Description
Complaint Details	Complaint Review	Complaint Review	Complaint Severity Level
Complaint Details	Complaint Review	Complaint Review	Additional Information Required
Complaint Details	Complaint Review	Complaint Review	Assigned Staff
Complaint Details	Complaint Review	Complaint Review	Approval Status
Complaint Details	Complaint Review	Complaint Review	If not approved, please provide comments
Complaint Details	Investigation	Additional Research	Complaint Description
Complaint Investigation	Investigation	Additional Research	Start Date
Complaint Investigation	Investigation	Additional Research	End Date
Complaint Investigation	Investigation	Additional Research	Concerns/ Issues
Complaint Investigation	Investigation	Additional Research	Facts of the Investigation
Complaint Investigation	Investigation	Additional Research	Summary of Investigation/ OLTL Investigator Conclusion:
Complaint Investigation	Investigation	Additional Research	What actions were taken to resolve the complaint?

Subject Area	Document	Page	Question
Complaint Investigation Results	Investigation	Investigation Results	Investigation Methodology
Complaint Investigation Results	Investigation	Investigation Results	What outcome occurred?
Complaint Investigation Results	Investigation	Investigation Results	If other, please describe:
Complaint Investigation Results	Investigation	Investigation Results	Was the initial complaint priority correct?