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The Incident Report Review Process

Incident Report Review Process Overview

When an Incident Report has been submitted, it must be reviewed for completeness and accuracy by an Area Office user or Case Manager for quality assurance purposes. Upon review, the Area Office user or Case Manager will ultimately designate whether the report is approved or not approved. The HCSIS Incident Management module facilitates both levels of the incident report review to ensure that incidents receive the appropriate level and quality of review as necessary.

An **Incident Report Review (IRR)**, also known as the **Area Office Management Review (AOMR)**, is the level of review that is conducted for incidents that require a minor level of review. An Incident Report Review is “closed” in the system after it has been reviewed and approved. For incidents that only require a minor-level of review, approval by the Area Office user or Case Manager closes the incident. In this document, we will refer to this initial review as the “First Level Review.”

A **Secondary Incident Report Review (SIRR)**, also known as the **Regional Office Management Review (ROMR)**, is the second level of review that is conducted for incidents that require a major level of review. This level of review takes place after the incident is approved at the first level of review. This second level of review is conducted by the Regional Office user or Case Manager Supervisor. A Secondary Incident Report Review is “closed” in the system after it has been reviewed and approved. In this document, we will refer to this level of review as the “Second Level Review.”

The table below shows which reporting process will be followed for individuals on each state and waiver program.

DDS Reporting Process	MRC Reporting Process
DDS Intensive Supports Waiver	ABI Non Residential Habilitation Waiver
DDS Community Living Waiver	MFP Community Living Waiver
DDS Adult Supports Waiver	
DDS State Programs	
ABI Residential Habilitation Waiver	
MFP Residential Support Waiver	

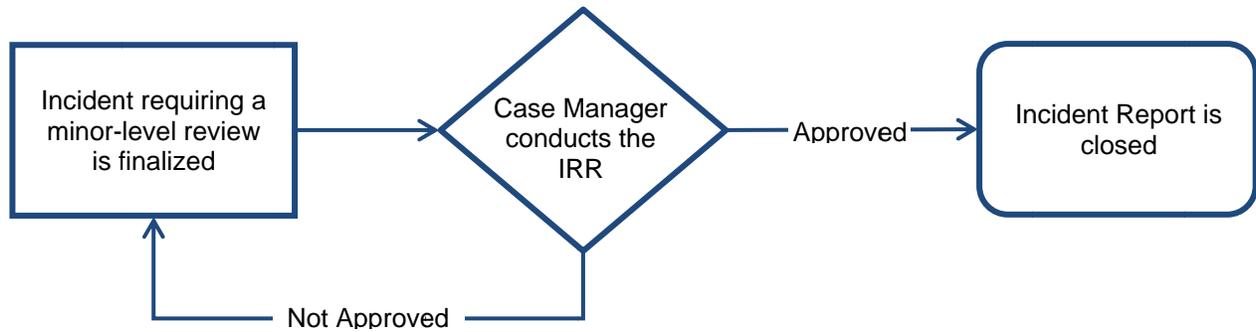
MRC Report Review and Approval

MRC First Level of Review

Incidents requiring a minor level of review only undergo the first level of review, known as the Incident Report Review (IRR) at MRC. The incident can be approved or not approved during this review.

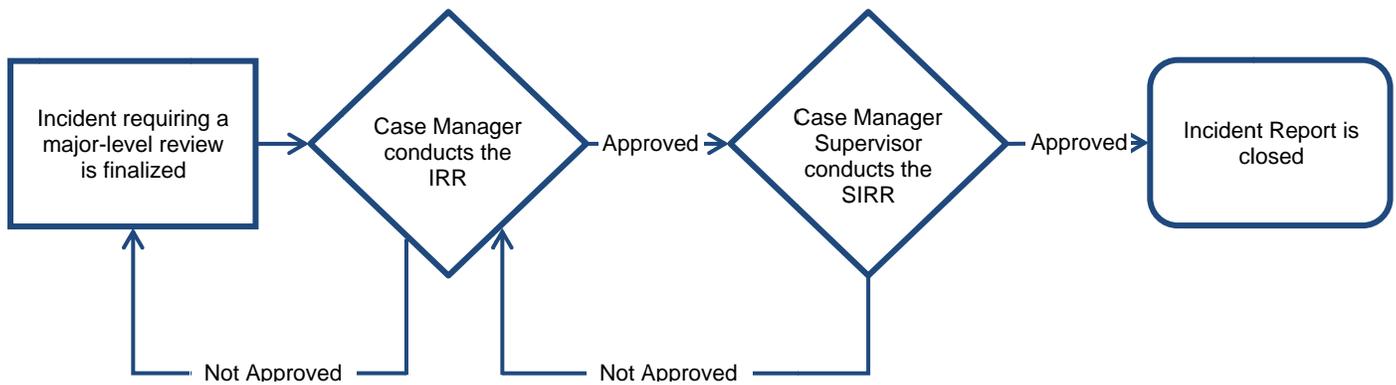
If Approved: If the incident is approved after the initial review, the incident is closed because it requires only a minor level of review.

If NOT Approved: The incident is sent back to the provider who will review and resubmit the report if the incident is not approved. The provider will have seven calendar days to resubmit the final incident report.



MRC Second Level of Review

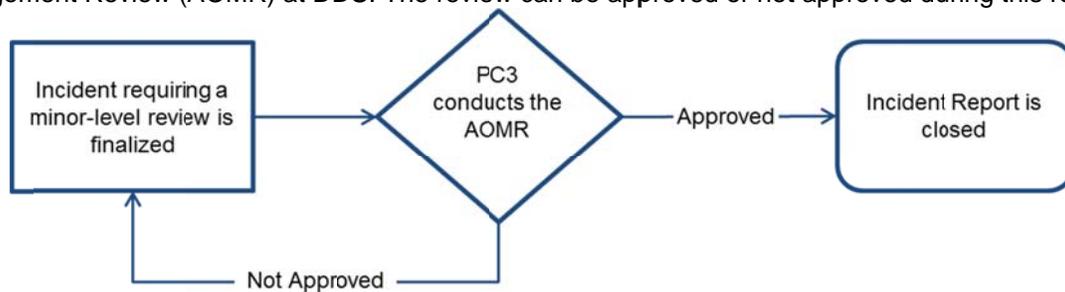
Incidents requiring a major level of review undergo both a first and second level of review. If the first level is not approved, the report is sent back to the provider. If the first level is approved, the report undergoes the Secondary Incident Report Review (SIRR) and the process repeats itself.



DDS Report Review and Approval

DDS First Level of Review

Incidents requiring a minor level of review undergo only the first level of review, known as the Area Office Management Review (AOMR) at DDS. The review can be approved or not approved during this review.



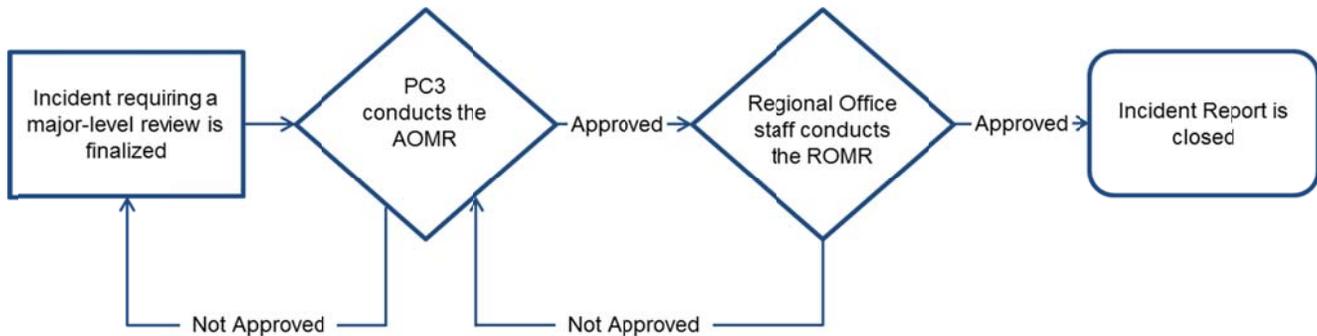
If Approved: Since this incident requires only a minor level of review, once the initial review is approved the incident is closed.



If NOT Approved: If the incident report is not approved, it is sent back to the provider to be reviewed and resubmitted. The provider will have seven calendar days to resubmit the incident report.

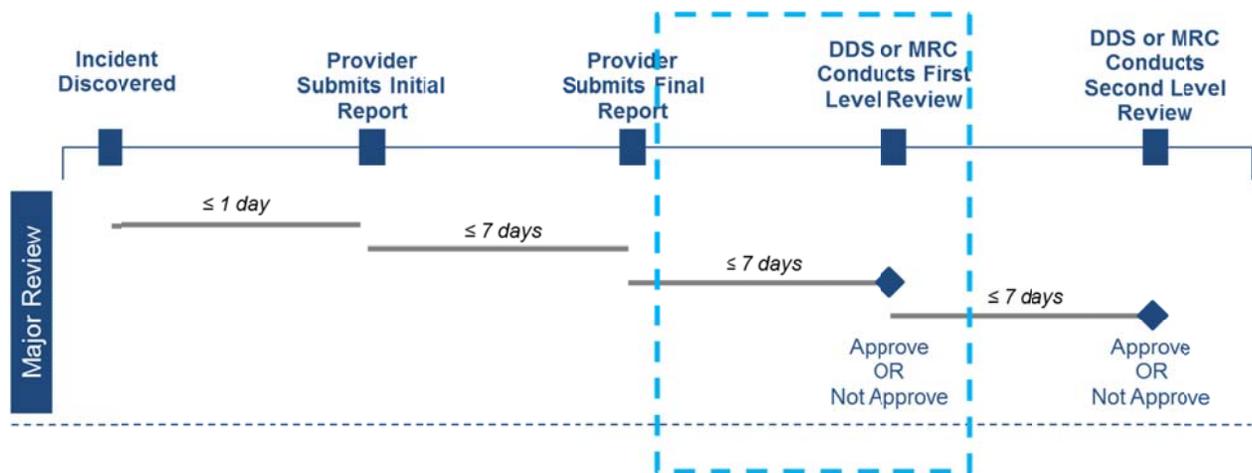
DDS Second Level of Review

Incidents requiring a major level of review undergo both a first and second level of review. If the first level is not approved, the report is sent back to the provider. If the first level is approved, the report undergoes the Regional Office Management Review (ROMR) and the process repeats itself.



Scenario: Compile and Submit the Incident Report Review (IRR)/ Area Office Management Review (AOMR)

An Incident Report Review (at MRC) or Area Office Management Review (at DDS) begins once an incident report has been submitted, and can last up to 7 calendar days.



Roles and Responsibilities

- The following users can compile and submit the IRR/ AOMR
 - MRC Case Manager
 - MRC Case Manager Supervisor
 - MRC Central Office Oversight
 - DDS Service Coordinator Supervisor
 - DDS Service Coordinator



- o DDS Area Office

First Steps:

- 1) An Incident Report has been submitted for review
- 2) The user logs into HCSIS
- 3) The user navigates to the Quality Management Module
- 4) The user navigates to the Incident Management sub-module

Scenario Steps

- 1) **Navigate to the Event Data Entry page**

- 2) **Search for an Individual**

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast

- 3) **Select the individual's name to be redirected to the individual's event history**

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast



4) Select the ID corresponding to the event requiring an IRR/AOMR

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HCR | IM | Death Reporting | NCI | Investigations | Reports

Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
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Search:

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240300	02/01/2014	Unexpected Hospital Visit	E.R. Visit	Open	ABI-MFP Southeast	DELTA PROJECTS
240511	01/13/2014	Missing Person	Law Enforcement Contacted	Open	ABI-MFP Southeast	DELTA PROJECTS
240977				Open	ABI-MFP Southeast	DELTA PROJECTS

5) Select "Create" on the event switchboard under Area Office Management Review/ Incident Report Review

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Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Individual Dashboard | Help

QM > IM > Event Data Entry > Switch Board

Search

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Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
-------------------------------	--------------------	------------------	---------------	--------------	-------------------	--------------------------------

Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person
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Filing Agency Name: DELTA PROJECTS

Incident Management Documents

Provider Incident Report
 Created: 01/14/2014; Initial Report Submitted: 01/14/2014; Finalized: 01/21/2014

Area Office Management Review

Regional Office Management Review

Action Steps Follow-up

6) Complete Required Fields

The IRR/ AOMR form consists of only one screen. The user will need to fill out required fields in addition to indicating the status of review which may be; approved, not approved, or approved with modification to category.



Acabimfpe, Test Alerts ABI-MFP Southeast (Area/Facility) Help Exit HCISIS

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Management Review

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Area Office Management Review Details

Primary Category of Incident: Missing Person
 Secondary Category of Incident: Law Enforcement Contacted
 Are the current categories correct? * Yes
 Has all necessary documentation been received? * Yes
 Review Status: * Approved

Approved* acknowledges the receipt of an incident report and confirmation of its completeness.

Primary Reason for non-approval:
 Followup Date:
 Comments/Recommendations :

Reset Save Check Spelling Finalize Save And Continue

7) Finalize the IRR/ AOMR

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 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Management Review

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Area Office Management Review Details

Primary Category of Incident: Missing Person
 Secondary Category of Incident: Law Enforcement Contacted
 Are the current categories correct? * Yes
 Has all necessary documentation been received? * Yes
 Review Status: * Approved

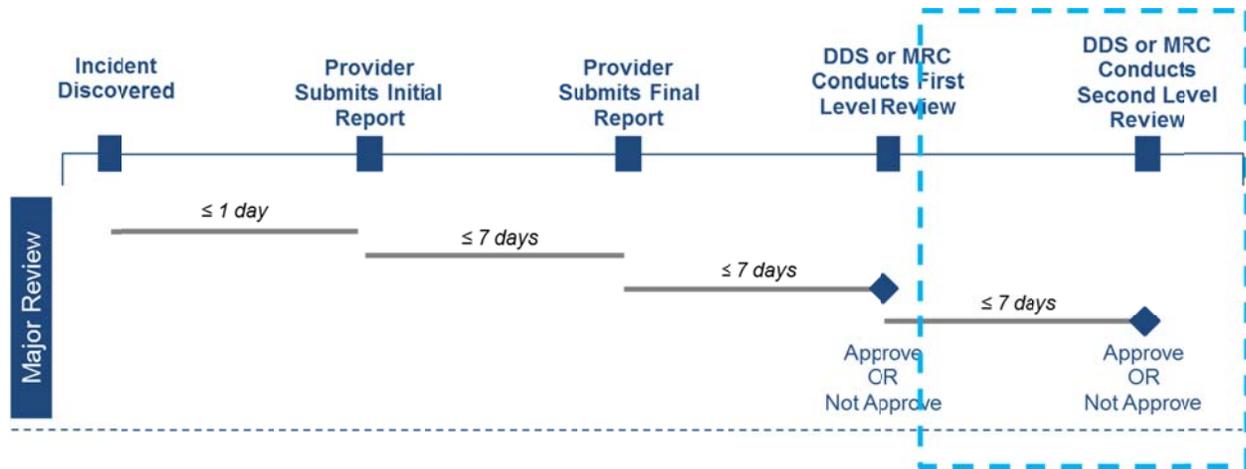
Approved* acknowledges the receipt of an incident report and confirmation of its completeness.

Primary Reason for non-approval:
 Followup Date:
 Comments/Recommendations :

Reset Save Check Spelling **Finalize** Save And Continue

Scenario: Compile and Submit the Secondary Incident Report Review (SIRR)/ Regional Office Management Review (ROMR)

A Secondary Incident Report Review (MRC) or Regional Office Management Review (DDS) begins once the first level of review is approved, and can last up to 7 days. The regional office actor or case manager supervisor will receive an alert that an incident requiring a major level of review has been approved.



Roles and Responsibilities

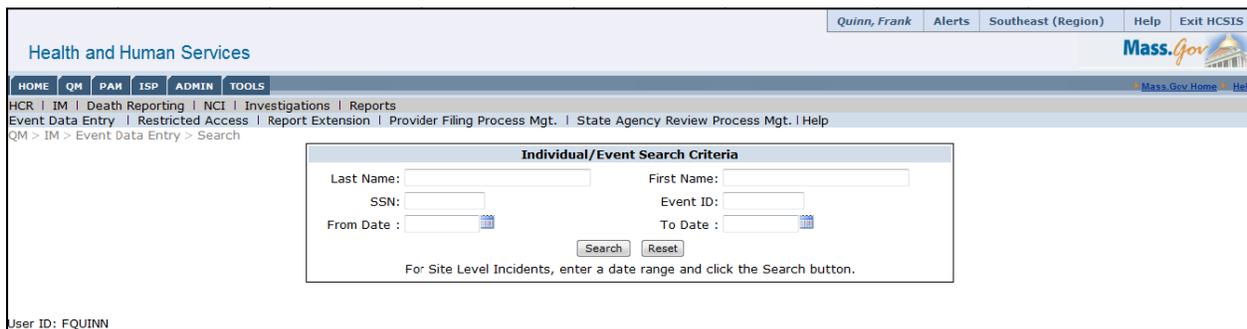
- The following users can compile and submit the SIRR/ ROMR
 - MRC Case Manager Supervisor
 - MRC Central Office Oversight
 - DDS Regional Office User

First Steps:

- 1) The user logs into HCSIS
- 2) The user navigates to the Quality Management Module
- 3) The user navigates to the Incident Management sub-module

Scenario Steps

- 1) **Navigate to the Event Data Entry Screen**



- 2) **Search for an Individual**



Quinn, Frank Alerts Southeast (Region) Help Exit HCISIS

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Search: Show 10 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast
JONES, MICHELLE	XXX-XX-9706	01/23/1953	Male		DDS	Taunton/Attleboro

Showing 1 to 2 of 2 entries First Previous 1 Next Last

3) Click the Individual's name to be redirected to the individual's event history

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Search: Show 10 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast
JONES, MICHELLE	XXX-XX-9706	01/23/1953	Male		DDS	Taunton/Attleboro

Showing 1 to 2 of 2 entries First Previous 1 Next Last

4) Select the ID corresponding to the event requiring an SIRR/ROMR

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
-------------------------------	--------------------	------------------	---------------	--------------	-------------------	--------------------------------

Search: Show 10 entries

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240300	02/01/2014	Unexpected Hospital Visit	E.R. Visit	Open	ABI-MFP Southeast	DELTA PROJECTS
240511	01/13/2014	Missing Person	Law Enforcement Contacted	Open	ABI-MFP Southeast	DELTA PROJECTS
240477				Open	ABI-MFP Southeast	DELTA PROJECTS

5) Select "Create" on the event switchboard under Regional Office Management Review/



Secondary Incident Report Review

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 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Individual Dashboard | Help
 QM > IM > Event Data Entry > Switch Board
 Search

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Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Filing Agency Name: DELTA PROJECTS						

Incident Management Documents

Provider Incident Report
 Created: 01/14/2014: Submitted: 01/14/2014: Finalized: 01/14/2014: State Agency Approval: Approved

Area Office Management Review
 Created: 01/14/2014: Ffinalized-Approved: 01/21/2014

Regional Office Management Review

Action Steps Follow-up

6) Complete Required Fields

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 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Management Review
 Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Regional Office Management Review Details

Review Status: Approved

Approved* acknowledges the receipt of an incident report and confirmation of its completeness.

Primary Reason for non-approval:

Followup Date:

Comments/Recommendations :

7) Finalize the SIRR/ ROMR

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Management Review
 Search

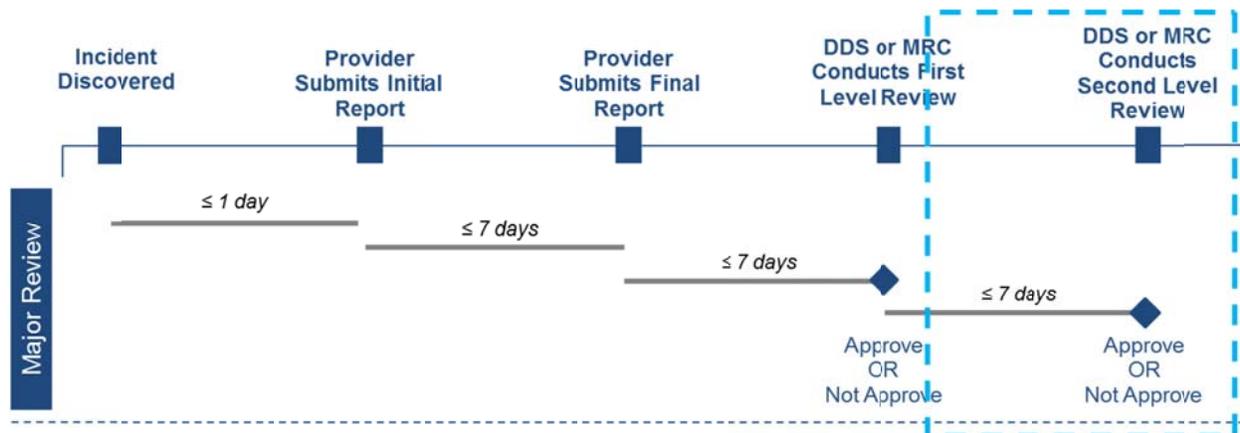
Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Regional Office Management Review Details



Alternate Scenario: Mark an Incident as “Not Approved”

Instead of an incident being approved as shown in the scenarios above, there are situations in which an incident report will be marked as “Not Approved.” This may occur at either the first or second level of review. This scenario will illustrate an incident marked as “Not Approved” during the second level of review and follow the review process through the incident re-finalization.



Roles and Responsibilities

- **MRC Case Manager Supervisor:** Can create and finalize the Second-level review
- **MRC Central Office Oversight:** Can create and finalize the Second-level review
- **DDS ABI/MFP Regional User:** Can create and finalize the second-level review

First Steps:

- 1) The user logs into HCSIS
- 2) The user views the alerts page
- 3) The user navigates to the Incident Management sub-module

Scenario Steps

- 1) **Second-level reviewer views alert**
 - a. **The user who is responsible for the second level of review will receive an alert that the Area Office staff or Case Manager has approved a major incident**



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Reports | Alerts | Misc | IM Utilities | D?PC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Pending Alerts
Tools > Alerts > Pending Alerts > Pending Alerts

Please be aware alerts will be automatically deleted depending on the alert message (between 7 to 60 days). Consult the Process Management screens and Reports to manage all outstanding tasks.

ALERT SEARCH CRITERIA

Subject:

Module: Recipient User:

Your search found multiple matches. Please select the desired Alert.

Search: Show 10 entries

Select	Date of Alert	Alert Subject	Alert Message
<input type="checkbox"/>	02/17/2014	Case Manager has approved a Major Incident	Case Manager has approved a Major Incident: Individual Name: WALKERTESTSUBGRPB, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; Case Manager: NR, CM.
<input type="checkbox"/>	02/17/2014	Major Incident has been Finalized	Oversight entities are alerted an Incident Report for a Major Incident has been Finalized: Individual Name: WALKERTESTSUBGRPB, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; Case Manager: NR, CM.

b. Clicking on the alert hyperlink brings the second-level reviewer to the Incident Report Switchboard

Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			
Filing Agency Name: ADVOCATES INC						
Incident Management Documents						
Provider Incident Report						
Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014; State Agency Approval: Approved						
<hr/>						
Incident Report Review						
Created: 02/17/2014; Finalized-Approved: 02/17/2014						
<hr/>						
Secondary Incident Report Review						
Create						
<hr/>						
Action Steps Follow-up						
Create						

1) Second-level reviewer completes the second-level review
 a. The reviewer selects “create” to begin second-level review

Supnr, Cm | Alerts | Case Manager (Case Manager Entity) | Help | Exit HCISIS

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HCR | IM | Death Reporting | NCI | Investigations | Reports

Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Switch Board

Search

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Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			
Filing Agency Name: ADVOCATES INC						
Incident Management Documents						
Provider Incident Report						
Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014; State Agency Approval: Approved						
<hr/>						
Incident Report Review						
Created: 02/17/2014; Finalized-Approved: 02/17/2014						
<hr/>						
Secondary Incident Report Review						
Create						
<hr/>						
Action Steps Follow-up						
Create						



- b. The reviewer completes the review process, selecting “Not Approved” from the Review Status dropdown

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Supnr, Cm Alerts Case Manager (Case Manager Entity) Help Exit HCISIS

HOME QM PAM ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Management Review

Search

Individual Information	Name: WALKERTESTSUBGRP, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Secondary Incident Report Review Details

Review Status: Not Approved

Approved* acknowledges the receipt of an incident report and confirmation of its completeness.

Primary Reason for non-approval: Additional Information Required

Followup Date: (MM/DD/YYYY) 02/21/2014

Comments/Recommendations:

Please provide details on the impact of the incident to the neighbor.

Reset Save Check Spelling Finalize Save And Continue

- c. The Incident Switchboard reflects that second level review status is “Not Approved”

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Mr, Cm Alerts Case Manager (Case Manager Entity) Help Exit HCISIS

HOME QM PAM ISP ADMIN TOOLS

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 QM > IM > Event Data Entry > Switch Board

Search

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Individual Information	Name: WALKERTESTSUBGRP, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Filing Agency Name: ADVOCATES INC

Incident Management Documents

Provider Incident Report
 Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014

Incident Report Review
 Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved
[Create](#)

Secondary Incident Report Review
 Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Action Steps Follow-up
[Create](#)

2) First level reviewer receives an alert



a. The reviewer receives an alert that the incident was not approved

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Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Pending Alerts
Tools > Alerts > Pending Alerts > Pending Alerts

Please be aware alerts will be automatically deleted depending on the alert message (between 7 to 60 days). Consult the Process Management screens and Reports to manage all outstanding tasks.

ALERT SEARCH CRITERIA

Subject: Recipient User:

Module:

Your search found multiple matches. Please select the desired Alert.

Search: Show 10 entries

Select	Date of Alert	Alert Subject	Alert Message
<input type="checkbox"/>	02/17/2014	Case Manager Supervisor has not approved an Incident Report	Case Manager Supervisor has not approved an Incident Report : Individual Name: WALKERTESTSUBGR B, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; CM Supervisor: NR, CM.
<input type="checkbox"/>	02/17/2014	Case Manager has approved a Major Incident	Case Manager has approved a Major Incident : Individual Name: WALKERTESTSUBGRPB, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; Case Manager: NR, CM.

b. Select the alert hyperlink to bring the first level reviewer to the Incident Switchboard

Mr, Cm Alerts Case Manager (Case Manager Entity) Help Exit HCISIS

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Event Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Switch Board

Search

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Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Filing Agency Name: ADVOCATES INC

Incident Management Documents

Provider Incident Report
Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014

Incident Report Review
Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved
[Create](#)

Secondary Incident Report Review
Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Action Steps Follow-up
[Create](#)

3) First level reviewer creates a new AOMR/IRR



a. Selects "Create" to complete a new review

Provider Incident Report
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Incident Report Review
Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved
Create

Secondary Incident Report Review
Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Action Steps Follow-up
Create

b. Completes the review and selects "Not Approved" from the Review Status dropdown, adding information as to why the report was not approved

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QM > IM > Event Data Entry > Management Review

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Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Incident Report Review Details

Primary Category of Incident: Theft
Secondary Category of Incident: Alleged Perpetrator
Are the current categories correct? * Yes
Was the filing agency providing services at the time of the incident? * No
If the state agency has determined that the Provider was providing services to the individual at the time of the incident, has the Provider been contacted?
Has all necessary documentation been received? * No
Review Status: **Not Approved**

Approved* acknowledges the receipt of an incident report and confirmation of its completeness.
Primary Reason for non-approval: Additional Information Required
Followup Date: (MM/DD/YYYY)
Comments/Recommendations:
Per the second-level review: PLEASE PROVIDE DETAILS ON THE IMPACT OF THE INCIDENT TO THE NEIGHBOR.

Reset Save Check Spelling Finalize Save And Continue

c. The event switchboard will automatically update to reflect the changes

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Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Filing Agency Name: ADVOCATES INC

Incident Management Documents

Provider Incident Report
Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014; State Agency Approval: Not Approved
Created: 02/17/2014; Initial Report Submitted: 02/17/2014

Incident Report Review
Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved
Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Secondary Incident Report Review
Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

4) Provider receives an alert



- a. After the first level reviewer finalizes an incident review with the status of “Not Approved”, the Provider who submitted the incident report will receive an alert.

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Pending Alerts
Tools > Alerts > Pending Alerts > Pending Alerts

Please be aware alerts will be automatically deleted depending on the alert message (between 7 to 60 days). Consult the Process Management screens and Reports to manage all outstanding tasks.

ALERT SEARCH CRITERIA

Subject:

Module: Recipient User:

Your search found multiple matches. Please select the desired Alert.

Search: Show 10 entries

Select	Date of Alert	Alert Subject	Alert Message
<input type="checkbox"/>	02/17/2014	Case Manager has not approved an Incident Report	Case Manager has not approved an Incident Report; Individual Name: WALKERTESTSUBGRPB, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; Case Manager: NR, CM.
<input type="checkbox"/>	02/17/2014	Case Manager Supervisor has not approved an Incident Report	Case Manager Supervisor has not approved an Incident Report; Individual Name: WALKERTESTSUBGRPB, JASON; Waiver Enrollment: Acquired Brain Injury - Non-Residential; State Agency: MRC; Event ID: 239432; Primary Nature: Theft; Secondary Nature: Alleged Perpetrator; Incident Date: 02/14/2014; Incident Time: 12:00 AM; CM Supervisor: NR, CM.

- b. Provider views event switchboard and will see that the incident was marked as “Not Approved” A new link below Provider Incident Report shows the report has not yet been finalized. This link can be selected to finalize the incident report.

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[Incident Report Download \(RTF\)](#)

Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239432	Incident Date: 2/14/2014	Primary Incident Nature: Theft			

Filing Agency Name: ADVOCATES INC

Incident Management Documents

Provider Incident Report
 Created: 02/17/2014; Initial Report Submitted: 02/17/2014
 State Agency Approval: Not Approved

Incident Report Review
 Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved
 Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

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 Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Action Steps Follow-up



5) Provider re-finalizes the incident report, making adjustments based on comments provided by the reviewers

Secondary Category of Incident: * First Known Attempt

Based on the selected categories, this incident requires a Major level of review.

Is the staff entering the Incident in HCISIS the same staff who filled out the Paper version of the Final Report? * No

Staff who filled out the Paper version of the Final Report (First Name): asd

Staff who filled out the Paper version of the Final Report (Last Name): sdfasdf

Did staff directly observe the incident? * No

Who was responsible for the supervision of the individual at the time of the incident? * Individual

If Reporting Provider, was supervision at the time of the incident being provided as assigned? Yes

Was the On-Call person notified? * Yes

Name of On-Call person notified: sdfa

Has DPPC been notified of the Incident? * No - Will Notify

Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals) * No - Will Notify

Has Executive Office of Elder Affairs been notified of the incident? (Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals) * Yes - Have Notified

Has the family/guardian been notified of the Incident? No - Will Notify

Was Law Enforcement involved in the Incident? * No

Did the incident involve the ingestion of non-food substances? * Yes

Did the incident involve unauthorized use of drugs/alcohol? * Yes

Did the incident involve suicidal threat/ideation? * Yes

Did the incident involve non-compliance with a medical directive? * Yes

Did the incident involve a medication refusal? *

Is there an injury to the individual(s)? * No

Buttons: Reset Save Check Spelling Finalize

Next Steps: Review process begins again from the first level of review

Health and Human Services

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Individual Information	Name: WALKERTESTSUBGRPB, JASON	SSN: XXX-XX-2	DOB: 12/30/1987	Gender:	State Agency: MRC	Area Office:
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Filing Agency Name: ADVOCATES INC

Incident Management Documents

Provider Incident Report

Created: 02/17/2014; Submitted: 02/17/2014; Finalized: 02/17/2014

State Agency Approval: Not Approved

Incident Report Review

Created: 02/17/2014; Finalized: 02/17/2014; Second level Approval: Not Approved

Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Secondary Incident Report Review

Created: 02/17/2014; Finalized-Not Approved: 02/17/2014

Action Steps Follow-up

Filename: CE8AC53A
Directory: C:\Users\Hernande\AppData\Local\Microsoft\Windows\Temporary
Internet Files\Content.MSO
Template: C:\Users\Hernande\AppData\Roaming\Microsoft\Templates\Norm
al.dotm
Title:
Subject:
Author: D'ascanio, Lauren Nicole
Keywords:
Comments:
Creation Date: 5/7/2014 9:06:00 AM
Change Number: 2
Last Saved On: 5/7/2014 9:06:00 AM
Last Saved By: Victor Hernandez
Total Editing Time: 1 Minute
Last Printed On: 5/7/2014 9:19:00 AM
As of Last Complete Printing
Number of Pages: 17
Number of Words: 1,524 (approx.)
Number of Characters: 8,689 (approx.)