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AR Developmental Disabilities Services Incident Management Provider Portal User Guide

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1 Introduction

1.1 Overview

The AR Developmental Disabilities Services Incident Reporting Provider Portal

facilitates the creation and management of incident reports, which are submitted from Providers. From submitted reports, Providers may submit follow-up actions or view findings from each incident.

1.2 Features

1.2.1. Accessibility

The AR Developmental Disabilities Services Incident Reporting Provider Portal

module shall ensure quality services and comply with the Americans with Disabilities Act of 1990.

2 About This Guide

2.1 Who Should Use This Document?

This guide is intended for the following groups:

- DHS Providers

2.2 Prerequisite Knowledge

Using the **AR Developmental Disabilities Services Incident Reporting Provider Portal** module and guide assumes that the user has the following prerequisite knowledge:

- Using a Tablet PC, Laptop, or standard desktop computer
 - Internet connectivity with one of the following browsers:
 - \circ Google Chrome
 - o Edge

2.3 Common User Interface Elements

2.3.1 Drop-down Lists

A drop-down list allows the user to choose information from a predetermined list that "drops down" when activated. To select an item, move the mouse pointer to the appropriate item in the list and click it.

| * State | | | | |
|----------|---|--|--|--|
| Arkansas | - | | | |
| None | * | | | |
| Alabama | | | | |
| Alaska | | | | |

2.3.2 Text Boxes

Text boxes are used to record variable information, and may be either numeric or alphanumeric, depending on the information being requested. To enter information, tab to or click into the text box and type in the data.

| Organization | | |
|--------------|--|--|
| | | |
| | | |

2.3.3 Radio Buttons

Radio buttons can be selected or deselected and may be used to indicated information is true or false. The radio button may also populate additional fields that are conditionally mandatory on the selection.



2.3.4 Checkboxes

Checkboxes can only be checked or unchecked and may be used to indicate information is true or to be included, depending on the information being requested. To check or uncheck a box, move the mouse pointer to the checkbox on the screen and select it.



2.3.5 Required Fields

Required Field text is indicated by the "*'' icon before the field name, which guides the user to enter data into the field.

* First Name

2.3.6 Error Messages

Error messages serve as a prompt for the user to validate a field.



2.3.7 Help Text

Help text is indicated by the "i" icon, which guides the user on what a particular field requires.



3 Login Page

3.1. Overview

The Login Page is the landing page when the Provider Portal is accessed. This page can be reached by anyone who has the URL of the *AR Developmental Disabilities Services Incident Reporting Provider Portal* module.

Provider Portal Link (This link used to go to the Provider Portal)

3.1.1. Screenshot

| 27 111111 | Developmental Disabilities Services Insident Reporting | Parta |
|-----------|--|--|
| | * U1 - 494 | Login Learne Lackf Please sign into your account. |

3.1.1.1. Controls & User Actions

The following table details the controls that are present in the Login Page. Each control and user action includes a description and control type. Each user action includes a description.

| Control | Description Control Type |
|--------------------------|---|
| Username | Click in the textbox field to enter the username. Mandatory |
| Password | Click in the textbox field to enter the password. Mandatory |
| Login | Click the 'Login' button to be directed to the Provider Always Enabled Portal homepage. |
| Forgot Your Password? | Click the 'Click here' hyperlink to be redirected to the Hyperlink Password Reset Page. |
| User Actions | Description |
| Login | Click the 'Login' button after entering the username and password into the respective text boxes. |

4 Forgot Password

4.2. Overview

The Forgot Password function can be found on the Login Page of the **AR Developmental Disabilities Services Incident Reporting Provider Portal**.

4.2.1. Screenshot

| | Forgot your Password? |
|--------------------|---------------------------------------|
| Having trouble log | ging in? |
| Usernames are | in the form of an email address. |
| Passwords are | case sensitive. |
| To reset your pass | word, enter your Salesforce username. |
| *Username | |
| | |
| | Continue |
| | Cancel |

4.2.1.1. Controls & User Actions

The following table details the controls that are present in the Login Page. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|---------------|---|----------------|
| Username | Click in the textbox field to enter the username. | Mandatory |
| Continue | Click the 'Continue' button to be directed to the Answer Your Security Question page. | Always Enabled |
| Cancel | Click the `Cancel' button to cancel the password reset function. | Button |
| Answer | Click in the textbox field to enter the answer to the security question. | Mandatory |
| Back to login | Hyperlink that redirects the user to the home login page. | Hyperlink |
| User Actions | Description | |

| Reset Password | Click the 'Click Here' button if the account password is forgotten. The |
|----------------|---|
| | user will enter their username, click the 'Reset Password' hyperlink, |
| | and then be redirected to further instructions. |

5 Homepage

5.1 Overview

The homepage is the landing page when the user successfully accesses the **AR Developmental Disabilities Services Incident Reporting Provider Portal**. This page can be reached by anyone who has the portal URL.

The homepage consists of the following:

- Top Navigation Bar and Header
- Logout
- Provider Welcome Message
- Incident Report Action Buttons
- In-Progress Incident Reports Table
- Footer

Screenshot

| 172200 ····· | Seale on Instation Report . When all fractions Reports . Manage (| 1446 | | | | | logat |
|--------------|---|-----------------------------|----------------------------|----------------------|--------------------|-------------------------|-------|
| | You can could new inciden | antha Davis_Test Acco | o will another the | rlatar of previously | created incident R | even. | |
| | Easter of Technol Present | - | | | | | |
| | ks-Progress locatest Reports | | | | | | |
| | sublest faque) Plat Rome Roman | Last None - Date of Holders | Sector Second Evelop | Balantana Datus | Start Type | Autor | |
| | | 19 × Percent | and the local diversion of | | | | |
| | | | | | View of Pa | other builton Barriss (| |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

5.1.1.1 Controls & User Actions

The following table details the modules that are present on the **AR Developmental Disabilities Services Incident Reporting Provider Portal** homepage. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|---------------------------------|--|--------------|
| Home | Refreshes the page and navigates to the homepage. | Hyperlink |
| Create an Incident Report | Navigates to the first section of the incident report creation module. | Hyperlink |

| View all Incident Reports | Navigates to a list view page of all incident reports the user has created or currently has in progress. | Hyperlink |
|--|---|----------------------|
| Manage Users | Navigates to the list view page of all Provider Contact names and details. | Hyperlink |
| Logout | Logs the user out of their account and navigate them back to the login page. | Hyperlink |
| Dashboard | Displays a welcome message and header for the In- Progress Incident Reports table. | Always Enabled |
| In-Progress Incident Reports | Displays all incident report records and details the user currently has in-progress, including Incident Report Number, First Name, Last Name, Date of Incident, Incident Report Status, Submission Status, Client Type, and Action. | Always Enabled |
| View | Displays the corresponding in-progress incident report. | Hyperlink |
| View all Pending Incident Reports | Navigates the user to a list view page of all pending incident reports the user has created or currently has pending. | Hyperlink |
| Footer | Displays various hyperlinks for privacy policy, alerts, security policy, acceptable use, and transparency that redirect the user to State of Arkansas websites. | Always Enabled |
| User Actions | Description | |
| Create an Incident Report | Click the 'Create an Incident Report' button to open the incident report creation module. | first section of the |
| View all Incident Reports | Click the 'View all Incident Reports' button to view all induser has created or currently has in progress. | cident reports the |

6 Create an Incident Report

6.1 Submitter Information

The Submitter Information section of the incident report is mandatory. The submitter must complete fields for contact and personal identification information about themself.

| | port an Incident | | | | |
|---------|--------------------------------------|---------------------------------|--------------------|------------|--|
| 0 | Submitter Information | Submitter Information | | | |
| į. | Injured Person | | | | |
| į. | Alleged Perpetrator Information | *Relationship to Injured Person | | | |
| į. | Incident Details | Select an Option + | | | |
| I. | Provider/PASSE Information | *First.Name | Middle Name | *Last Name | |
| Ī | | | | | |
| n. | Medical Attention Required | Organization | | | |
| ie T | Notifications After Incident | | | | |
| ř. | Other Persons Involved | *Address Line 1 | | | |
| | Review and Submit Incident Report | Polares Line (| | | |
| | | Address Line 2 | | | |
| | | * City | * State | "Zip Code | |
| | | | Select an Option + | | |
| | | County | * Phone Number | Email | |
| | | Select an Option - | | | |
| | | | | | |

6.1.1.1 Controls & User Actions

The following table details the controls that are present through the Submitter Information section. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|----------|---|--------------|
| • | Click the dropdown arrow to select the reporter's relationship to the injured person. | Mandatory |

| First Name | Click in the textbox field to enter the reporter's first name. | Conditionally Mandatory |
|--|---|----------------------------|
| Middle Name | Click in the textbox field to enter the reporter's middle name. | Not Mandatory |
| Last Name | Click in the textbox field to enter the reporter's last name. | Conditionally Mandatory |
| Organization | Click in the textbox field to enter the reporter's organization affiliation. | Not Mandatory |
| Address Line 1 | Click in the textbox field to enter the reporter's Address Line 1. | Conditionally Mandatory |
| Address Line 2 | Click in the textbox field to enter the reporter's Address Line 2. | Not Mandatory |
| City | Click in the textbox field to enter the reporter's city. | Conditionally Mandatory |
| State | Click the dropdown arrow to select the reporter's state. | Conditionally Mandatory |
| Zip Code | Click in the textbox field to enter the reporter's zip code. | Conditionally Mandatory |
| County | Click the dropdown arrow to select the reporter's county. | Conditionally Mandatory |
| Phone Number | Click in the textbox field to enter the reporter's phone number. | Conditionally Mandatory |
| Email | Click in the textbox field to enter the reporter's email address. | Not Mandatory |
| Would you like to receive a call back? | Click the checkbox if electing to give permission to receive a call back. | Not Mandatory |
| Is it OK to leave a message? | Click the checkbox if it is OK to leave a message if the reporter does not answer the phone. | Not Mandatory |
| User Actions | Description | |
| Save | Click the 'Save' button to save the completed informatio the page. | n and remain on |
| Previous | Click the 'Previous' button to return to the previous section disabled on the Reporter Information section. | on. This button is |
| Next | Click the 'Next' button to advance to the next section. | |
| Back to Home | Click the 'Back to Home' button to leave the incident rep the homepage. | ort and return to |
| | | |

6.2 Injured Person

The Injured Person section of the incident report is mandatory. This section contains fields for contact and personal identification information about the injured person.

| 2 | Submitter Information | Injured Person | | |
|---|---------------------------------|--|---------------------------------------|----------------------------------|
|) | Injured Person | | | |
| | Alleged Perpetrator Information | *Client Type | | |
| | Incident Details | Select an Option | * | |
| | | *First Name | Middle Name | *Last Nome |
| | Provider/PASSE Information | | | |
| | Medical Attention Required | * Date of Birth | | *Gender |
| | Notifications After Incident | Date di Barti | Age | Select an Option * |
| | Other Persons Involved | | - | |
| | Review and Submit Incident | "Race | *Ethnicity | *Legal Status |
| | Report | Select an Option | Select an Option V | Select an Option * |
| | | * Address Line 1 | | |
| | | Address Line 2 | | |
| | | Address Line 2 | | |
| | | Address Line 2 *City | *State | *Zip Code |
| | | | *State Select an Option + | *Zip Code |
| | | | | *Zip Code Mobile Phone Number |
| | | *City | Select an Option + | |
| | | *City *County | Select an Option + Phone Number | |
| | | *City *County Select an Option | Select an Option Phone Number | Mobile Phone Number |
| | | * City * County • Select an Option Alternate Phone Number | Select an Option Phone Number Email | Mobile Phone Number |

6.2.1 Screenshot

6.2.1.1 Controls

The following table details the controls that are present through the Injured Person section. Each control includes a description and control type.

| Controls | Description | Control Type |
|-------------|---|---------------|
| Client Type | Click the dropdown arrow to select the injured person's client type. | Mandatory |
| First Name | Click in the textbox field to enter the injured person's first name. | Mandatory |
| Middle Name | Click in the textbox field to enter the injured person's middle name. | Not Mandatory |

| Last Name | Click in the textbox field to enter the injured person's last name. | Mandatory |
|---------------------------|--|---------------|
| Date of Birth | Click the calendar icon to select the injured person's date of birth. | Mandatory |
| Age | Auto Calculates | N/A |
| Gender | Click the dropdown arrow to select the injured person's gender. | Mandatory |
| Race | Click the dropdown arrow to select the injured person's race. | Mandatory |
| Ethnicity | Click the dropdown arrow to select the injured person's ethnicity. | Mandatory |
| Legal Status | Click the dropdown arrow to select the injured person's legal status. | Mandatory |
| Address Line 1 | Click in the textbox field to enter injured person's Address Line 1. | Mandatory |
| Address Line 2 | Click in the textbox field to enter injured person's Address Line 2. | Not Mandatory |
| City | Click in the textbox field to enter the injured person's city. | Mandatory |
| State | Click the drop-down arrow to select the injured person's state. | Mandatory |
| Zip Code | Click in the textbox field to enter the injured person's zip code. | Mandatory |
| County | Click the drop-down arrow to select the injured person's county. | Mandatory |
| Phone Number | Click in the textbox field to enter the injured person's phone number. | Not Mandatory |
| Mobile Phone Number | Click in the textbox field to enter a mobile phone number. | Not Mandatory |
| Alternate Phone Number | Click in the textbox field to enter an alternate phone number. | Not Mandatory |
| Email | Click in the textbox field to enter the injured person's email address. | Not Mandatory |
| IRIS Number | Click in the textbox field to enter the injured person's IRIS number. | Not Mandatory |
| Medicaid | Click in the textbox field to enter the injured person's Medicaid number. | Mandatory |
| PASSE MEMBER ID# | Click in the textbox field to enter the injured person's PASSE MEMBER ID number. | Not Mandatory |
| Contact Preference | Click the drop-down arrow to select the injured person's contact preference. | Not Mandatory |
| | | |

6.3 Alleged Perpetrator Information

The Alleged Perpetrator Information section of the incident report is mandatory. This section contains fields for contact and personal identification information about the alleged perpetrator.

6.3.1 Screenshot

Depending on the selection for the 'Relationship to Injured Person' field, additional fields, including 'First Name' and 'Last Name,' may become conditionally mandatory.

| Subr | mitter Information | Alleged Perpetrator Information | | |
|-------|-------------------------------|---------------------------------|--------------------|--|
| Injun | ed Person | | | |
| Alles | ged Perpetrator Information | "Relationship to Injured Person | | |
| | | Select an Option | | |
| | lent Details | First Name | Middle Name | Last Name |
| Prov | Ider/PASSE Information | | | |
| Med | ical Attention Required | 1270/10/2107 | Valor | 3 1928/1924 |
| Notif | fications After Incident | Date of Birth | Age | Gender Select an Option |
| Othe | r Persons Involved | | | - Select an Option |
| | | Race | Ethnicity | |
| Repo | ew and Submit Incident ort | Select an Option + | Select an Option + | |
| | | Address Line 1 | | |
| | | | | |
| | | | | 88 |
| | | Address Line 2 | | |
| | | | | |
| | | | | |
| | | City | State | Zip Code |
| | | | Select an Option 🔹 | |
| | | County | Phone Number | Mobile Phone Number |
| | | Select an Option | | |
| | | | | |
| | | Alternate Phone Number | Email | Contact Preference Salect an Option |
| | | | | |

6.3.1.1 Controls

The following table details the controls that are present through the Alleged Perpetrator Information section. Each control includes a description and control type.

| Controls | Description | Control Type |
|----------|--|--------------|
| | Click the dropdown arrow to select the alleged perpetrator's relationship to the injured person. | Mandatory |

| First Name | Click in the textbox field to enter the alleged perpetrator's first name. | Conditionally Mandatory |
|---------------------------|---|----------------------------|
| Middle Name | Click in the textbox field to enter the alleged perpetrator's middle name. | Not Mandatory |
| Last Name | Click in the textbox field to enter the alleged perpetrator's last name. | Conditionally Mandatory |
| Date of Birth | Click the calendar icon to select the alleged perpetrator's date of birth. | Not Mandatory |
| Age | Auto Calculates | N/A |
| Gender | Click the drop-down arrow to select the alleged perpetrator's gender. | Not Mandatory |
| Race | Click the drop-down arrow to select the alleged perpetrator's race. | Not Mandatory |
| Ethnicity | Click the drop-down arrow to select the alleged perpetrator's ethnicity. | Not Mandatory |
| Address Line 1 | Click in the textbox field to enter the alleged perpetrator's Address Line 1. | Not Mandatory |
| Address Line 2 | Click in the textbox field to enter the alleged perpetrator's Address Line 2. | Not Mandatory |
| City | Click in the textbox field to enter the alleged perpetrator's city. | Not Mandatory |
| State | Click the drop-down arrow to select the alleged perpetrator's state. | Not Mandatory |
| Zip Code | Click in the textbox field to enter the alleged perpetrator's zip code. | Not Mandatory |
| County | Click the drop-down arrow to select the alleged perpetrator's county. | Not Mandatory |
| Phone Number | Click in the textbox field to enter the alleged perpetrator's phone number. | Not Mandatory |
| Mobile Phone Number | Click in the textbox field to enter a mobile phone number. | Not Mandatory |
| Alternate Phone Number | Click in the textbox field to enter an alternate phone number. | Not Mandatory |
| Email | Click in the textbox field to enter the alleged perpetrator's email address. | Not Mandatory |
| Contact Preference | Click the drop-down arrow to select the alleged perpetrator's contact preference. | Not Mandatory |
| | | |

6.4 Incident Details

The Incident Details section of the incident report is mandatory. This section contains fields regarding the date, time, and other pertinent information about the incident.

6.4.1 Screenshot

Depending on the selection for the 'Type of Incident' field, additional fields may populate and become conditionally mandatory.

| ~~~ | oort an Incident | | | | | | |
|-------|--------------------------------------|-------------------------------|---------------------|--|------------------|---------------------|--|
| 0 | Submitter Information | Incident Details | | | | | |
| 0 | Injured Person | *Date of Incident o | | *Time of Incident | | *Type of Incident | |
| 0 | Alleged Perpetrator Information | Date of inclosing | 8 | Time of inclosing. | Ø | Select an Option | |
| Ó | Incident Details | | | | | | |
| ł | Provider/PASSE Information | *Location of Incident | | *Designation of Incident Select an Option | | | |
| 小原一一肉 | Medical Attention Required | * Description of Incid | ento | Denoce an oppose | | | |
| Į. | Other Persons Involved | | | | | | |
| | Review and Submit Incident Report | "Were actions taken Yes No | by the HCBS Provide | r? *Wasi Yes | CON 11270 - 1997 | ntable/anticipated? | |
| | | " Is this a high priorit | e Incident 7 m | | | | |
| | | No | , measure (g | | | | |

6.4.1.1 Controls

The following table details the controls that are present through the Incident Details section. Each control includes a description and control type.

| Controls | Description | Control Type |
|----------------------------|--|--------------|
| Date of Incident | Click the calendar icon to select the date of the incident. | Mandatory |
| Time of Incident | Click the clock icon to select the time of the incident. | Mandatory |
| Type of Incident | Click the drop-down arrow to select the type of incident. | Mandatory |
| Location of Incident | Click in the textbox field to enter the location of the incident. | Mandatory |
| Designation of Incident | Click the drop-down arrow to select the designation of the incident. | Mandatory |

| Description of Incident | Click in the textbox field to enter a description of the incident. | Mandatory |
|---|--|----------------------------|
| Were actions taken by the HCBS Provider? | Click the radio button to answer 'Yes' or 'No' if actions were taken by the HCBS Provider. | Mandatory |
| Actions taken by HCBS Provider or Staff | Click the drop-down arrow to select actions taken by an HCBS Provider or Staff. | Conditionally Mandatory |
| Was incident preventable/ anticipated? | Click the radio button to answer 'Yes' or 'No' if the incident was preventable or anticipated. | Mandatory |
| How? | Click in the textbox field to enter how the incident was preventable/anticipated. | Conditionally Mandatory |
| Is this a high priority incident? | Click the drop-down arrow to select if this incident is a high priority. | Mandatory |

6.5 **Provider/PASSE Information**

The Provider/PASSE Information section of the incident report is mandatory. The submitter should select the Provider/PASSE associated with the incident.

| Report an Incident | | | | |
|--|----------------------------|---|------------------|--|
| Submitter Information | Provider/PASSE Information | | | |
| Injured Person | * Choose Previder/Agency | | *Choose PASSE | |
| Alleged Perpetrator Information Incident Details | Select on Option | ٠ | Select un Option | |
| Provider/PASSE Information | | | | |
| Medical Attention Required | | | | |
| Notifications After Incident | | | | |
| Other Persons Involved | | | | |
| Review and Submit Incident Report | | | | |

6.5.1 Screenshot

6.5.1.1 Controls

The following table details the controls that are present through the Provider/PASSE Information page. Each control includes a description and control type.

| Controls | Description | Control Type |
|---------------------|---|--------------|
| Provider/ Agency | Click the drop-down arrow or type to use completion matching to select the Provider/Agency. | Mandatory |
| PASSE | Click the drop-down arrow or type to use completion matching to select the PASSE. | Mandatory |

6.6 Medical Attention Required

The Medical Attention Required section of the incident report is not mandatory. This section contains fields regarding if medical attention is required for the injured person, including contact information for the physician and hospital involved. If medical attention was required, the submitter must provider *either* the Physician Name or Hospital Name to submit the incident report.

| Rep | port an Incident | | |
|-----|--------------------------------------|--|--|
| 201 | | | |
| 0 | Submitter Information | Medical Attention Required | |
| 0 | Injured Person | | |
| 0 | Alleged Perpetrator Information | "Medical Attention Required? Yes O No | |
| 0 | Incident Details | | |
| 0 | Provider/PASSE Information | | |
| 0 | Medical Attention Required | | |
| ł | Notifications After Incident | | |
| ÷ | Other Persons Involved | | |
| | Review and Submit Incident Report | | |

6.6.1 Screenshot

| Report an Incident | | | | |
|--|--|----------------------------|-------------|-----------|
| Submitter Information | Medical Attention Required | | | |
| Injured Person Alleged Perpetrator Information Incident Details | *Medical Attention Required? Yes No Physician Name | но | spital Name | |
| Provider/PASSE Information Medical Attention Required Notifications After Incident | * Address Line 1 | | | |
| Other Persons Involved Review and Submit Incident Report | Address Line 2 | | | |
| | *City | *State Select an Option | | *Zip Code |
| | *County | Phone Number | | |
| | Select an Option | | | |

6.6.1.1 Controls

The following table details the controls that are present through the Medical Attention Required page. Each control includes a description and control type.

| Controls | Description | Control Type |
|-----------------------------------|--|----------------------------|
| Medical Attention Required? | Click the radio button to answer 'Yes' or 'No' if medical attention is required. | Mandatory |
| Physician Name | Click in the textbox field to enter the physician's name. | Not Mandatory |
| Hospital Name | Click in the textbox field to enter the hospital name. | Not Mandatory |
| Address Line 1 | Click in the textbox field to enter the physician's Address Line 1. | Conditionally Mandatory |
| Address Line 2 | Click in the textbox field to enter the physician's Address Line 2. | Not Mandatory |
| City | Click in the textbox field to enter the physician's city. | Conditionally Mandatory |
| State | Click the drop-down arrow the physician's state. | Conditionally Mandatory |
| Zip Code | Click in the textbox field to enter the physician's zip code. | Conditionally Mandatory |

| County | Click the drop-down arrow the physician's county. | Conditionally Mandatory |
|--------------|---|----------------------------|
| Phone Number | Click in the textbox field to enter the physician's phone | Not Mandatory |

6.7 Notifications After Incident

The Notifications After Incident section of the incident report is mandatory. This section contains a list of fields regarding who is notified of the incident and how they are notified.

6.7.1 Screenshot

number.

A notification may be added by clicking the '+ Notification Record' action button.

| Rep | oort an Incident | | |
|-----|--------------------------------------|---|-------------------------|
| | | Notifications After Incident | |
| 9 | Submitter Information | Hoursedons Fille Incount | |
| 0 | Injured Person | | |
| 0 | Alleged Perpetrator Information | | Add Notification Record |
| 0 | Incident Details | | |
| 0 | Provider/PASSE Information | Click the "+ Add New" texture to include Methods after Incident | |
| 0 | Medical Attention Required | | |
| 0 | Notifications After Incident | | |
| | Other Persons Involved | | |
| | Review and Submit Incident Report | | |

After the section is expanded, document the Notifications After Incident information.

| (et | port an Incident | | | | |
|-----|--------------------------------------|------------------------------------|------|-------------------|-------------|
| 0 | Submitter Information | Notifications After Inciden | ıt | | |
| 0 | Injured Person | | | | |
| 0 | Alleged Perpetrator Information | "Individuals/Agencies Notified | de | Notification Type | |
| ī | Incident Details | Select an Option | * | Select an Option | |
| 0 | Provider/PASSE Information | Notification Date and Time Date | Time | | |
| 0 | Medical Attention Required | | 0 | | |
| 0 | Notifications After Incident | | | | Concel Save |
| | Other Persons Involved | | | | |
| - | Review and Submit Incident Report | | | | |

6.7.1.1 Controls

The following table details the controls that are present through the Notifications After Incident section. Each control includes a description and control type.

| Controls | Description | Control Type |
|-----------------------------------|---|----------------------------|
| Individuals/Ag encies Notified | Click the drop-down arrow to select which agency was notified of the incident. | Mandatory |
| Notification Type | Click the drop-down arrow to select the preferred notification type. | Conditionally Mandatory |
| Notification Date | Click the calendar icon to select the notification date. | Conditionally Mandatory |
| Notification Time | Click the clock icon to select the notification time. | Conditionally Mandatory |
| User Actions | Description | |
| + Add Notification Record | Click the `+ Add Notification Record' action button to ge complete with notification information. | nerate fields to |
| Cancel | Click the 'Cancel' button to leave the page and not save | any information. |
| Save | Click the 'Save' button to save the completed informatic the page. | on and remain on |

6.8 Other Persons Involved

The Other Persons Involved section of the incident report is not mandatory. If choosing to add another person involved to the incident report, information fields will become mandatory.

6.8.1 Screenshots

A person can be added by clicking the `+ Add Other Person Involved' button.

| (et | port an Incident | | _ |
|-----|--------------------------------------|---|-----|
| 0 | Submitter Information | Other Persons Involved | |
| 0 | Injured Person | | - |
| 0 | Alleged Perpetrator Information | - Add Other Person Inve | bev |
| 0 | Incident Details | | |
| 0 | Provider/PASSE Information | Click the "+ Add New" further to instruct additional persons involved | |
| 0 | Medical Attention Required | | |
| 0 | Notifications After Incident | | |
| 0 | Other Persons Involved | | |
| | Review and Submit Incident Report | | |

After the section is expanded, document the Other Persons Involved information.

| | Other Persons Involved | | |
|---------------------------------|---------------------------------|--------------------|---------------------|
| Submitter Information | other Persons involved | | |
| Injured Person | | | |
| Alleged Perpetrator Information | *Relationship to Injured Person | | |
| Incident Details | Select an Option | • | |
| Provider/PASSE Information | * First Name | Middle Name | * Last Name |
| - WELL STREET BASED - DATE | | | |
| Medical Attention Required | * Address Line 1 | | |
| Notifications After Incident | | | |
| Other Persons Involved | | | |
| Review and Submit Incident | Address Line 2 | | |
| Report | | | |
| | | | |
| | *City | * State | Zip Code |
| | | Soloct an Option + | |
| | *County | * Phone Number | Mobile Phone Number |
| | Select an Option | | |
| | Alternate Phone Number | Email | Contact Preference |
| | | | Select an Option + |
| | | | |
| | | | Cancel Sam |

6.8.1.1 Controls & User Actions

The following table details the controls that are present through the Other Persons Involved section. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|----------------|---|---------------|
| • | Click the drop-down arrow to select the other involved person's relationship to the injured person. | Mandatory |
| First Name | Click in the textbox field to enter the other involved person's first name. | Mandatory |
| Middle Name | Click in the textbox field to enter the other involved person's middle name. | Not Mandatory |
| Last Name | Click in the textbox field to enter the other involved person's last name. | Mandatory |
| Address Line 1 | Click in the textbox field to enter the other involved person's Address Line 1. | Mandatory |
| Address Line 2 | Click in the textbox field to enter the other involved person's Address Line 2. | Not Mandatory |

| City | Click in the textbox field to enter the other involved person's city. | Mandatory |
|-----------------------------------|--|------------------|
| State | Click the drop-down arrow to select the other involved person's state. | Mandatory |
| Zip Code | Click in the textbox field to enter the other involved person's zip code. | Mandatory |
| County | Click the drop-down arrow to select the other involved person's county. | Mandatory |
| Phone Number | Click in the textbox field to enter the other involved person's phone number. | Mandatory |
| Mobile Phone Number | Click in the textbox field to enter the other involved person's mobile phone number. | Not Mandatory |
| Alternate Phone Number | Click in the textbox field to enter the other involved person's alternate phone number. | Not Mandatory |
| Email | Click in the textbox field to enter the other involved person's email address. | Not Mandatory |
| Contact Preference | Click the drop-down arrow to select the other involved person's contact preference. | Not Mandatory |
| User Actions | Description | |
| + Add Other Person Involved | Click the '+ Add Other Person Involved' button to generation complete with additional involved persons' information. | ate fields to |
| Cancel | Click the 'Cancel' button to leave the page and not save | any information. |
| Save | Click the 'Save' button to save the completed informatio the page. | n and remain on |
| | | |

6.9 Review and Submit Incident Report

The Review section of the Incident Report allows the user to review report section entries and edit details, if needed, and ultimately, submit the incident report.

6.9.1 Screenshot

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|---|--|--------------------------------------|--|----------|
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| Instance Details Previous TATEE Information | Patients in Speed Paran Utilizioni | | | |
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| Cite Pears Inded | | | | |
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| | Address Line 2 | | | |
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6.9.1.1 Controls & User Actions

The following table details the controls that are present through the Review and Submit Incident Report page. Each user action includes a description.

| User Actions | Description |
|--------------|--|
| Edit | Click the 'Edit' pencil icon to edit a section of the incident report. |
| Previous | Click the 'Previous' button to return to the previous section. |
| Submit | Click the `Submit' button to submit the report. |

7 View All Incident Reports

7.1 Pending Incident Reports

Up to 12 pending incident reports will display per page. Users may navigate to view additional pending incident reports by using the page number buttons. Opening a pending incident report allows the user to continue completing the report.

7.1.1 Screenshot

| 7 | 1 Geole to Parse | | | | | | | | |
|---|-----------------------------|---------------|------------|------------------|---------------------------|-----------------|------------|---------|--|
| | Printing Incident Re | tion barriero | | | | | | | |
| | Inclusion Report Residue | Post Name | CavelNesse | Date of instabul | Included Report Status | Selection Dates | Gan 1av | Action | |
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| | st-solgton | dyn. | Mark . | 1022-04-02 | heart | | Belleviers | ales. | |
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| | | | | | | | | 300 | |

7.1.1.1 User Actions

The following table details the user actions that are present through the Pending Incident Reports page. Each user action includes a description.

| User Actions | Description |
|--------------|--|
| Back to Home | Click the 'Back to Home' button to leave the 'Pending Incident Reports' page and return to the homepage. |
| View | Click the 'View' hyperlink to navigate to the corresponding in-progress incident report. |

7.2 Submitted Incident Reports

Up to 12 submitted incident reports will display per page. Users may navigate to view additional submitted incident reports by using the page number buttons.

7.2.1 Screenshot

| them, Deer | | Contraction (Contraction) | | | | | | | 8223 |
|------------|---------------------------|---------------------------|---------------|---------------|--|------------------------------|-------------|--------|------|
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| | de cotoriza | and to | 549 | 2022-0-04 | Caliptata - No | Pauland . | LEX Waiyer | The | |

7.2.1.1 User Actions

The following table details the user actions that are present through the Submitted Incident Reports page. Each user action includes a description.

| User Actions | Description |
|--------------|--|
| Back to Home | Click the 'Back to Home' button to leave the 'Submitted Incident Reports' page and return to the homepage. |
| View | Click the 'View' hyperlink to navigate to the corresponding submitted incident report. |

8 Manage Incident Reports

8.1 Overview

After the user has submitted an incident report, the user may view the submitted incident report in read-only format, as well as complete Related Actions.

Related Actions populate as a report section on the left navigation bar. A user may submit a follow-up action or view findings by clicking the appropriate Related Actions hyperlink. Multiple actions can occur within each of the two Related Actions.

8.1.1 Screenshot

To begin managing an incident report, open the Submitted Incident Reports tab on the 'View All Incident Reports' page.

| Particular them there a | inizia Papar - Namal Incident 9 | | | | | | | | Segme # |
|-------------------------|---------------------------------|-----------|---------------------|----------------|--|-------------------------|------------|---------|---------|
| |) Built is System | | | | | | | | |
| | Pending Voldalet Repo | | datiwent Preparitie | | | | | | |
| | incident Report Namber | Yout Name | Just Name | Set of holdest | modest Report Blakes | Submission States | | Action | |
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| | 8-080123 | Manufa | (Read) | 2022/3-04 | Complete-No Further Action Neoderl | Diabed Belicinities | 123.554/10 | -tran | |
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| | 06-00019-18 | - | Page 1 | 2011/04/04 | Saturation | Modernet Bulanderina | | West | |
| | Ar 002320 | and to be | 5404 | 2022-0-04 | Caliphoto-No. | Planta, and | SEX Volum | - | |

Upon clicking the 'View' button, the submitted incident report will populate. To view and manage the Related Actions of the incident report, click the 'Related Actions' section on the left navigation bar.

| Report an Incident | | | | |
|---|----------------------------------|--------------------------------------|---|--------------------------------|
| | Injured Person Mary Choi | Incident Report Status Submitted | Submission Status Submitted | Last Updated Date 11/9/2022 |
| Some fields have been locked and | can not be edited at this time. | If you are looking to editivapdate a | field that has been locked, please read | hout to DDS staff. Thank you |
| | | | | Finalize Submissi |
| Submitter Information | Submitter Info | mation | | |
| ① Injured Person | "Relationship to | Injured Person | | |
| Alleged Perpetrator Information | Unknown | * | | |
| ① Incident Details | * First Name Brad | Middle | Name | Last Name Jones |
| Provider/PASSE Information | Organization | | | |
| Medical Attention Required | | | | |
| Notifications After Incident | * Address Line 1 123 main st. | | | |
| | | | | 1 |
| Other Persons Involved | | | | |

| Report an Incident | | | | |
|--|---------------------------------|--|---------------------------------------|--------------------------------|
| cident Report Number -000127 | injured Person Mary Choi | Incident Report Status Submitted | Submission Status Submitted | Last Updated Date 11/9/2022 |
| Some fields have been locked a | nd can not be edited at this ti | ma. If you are looking to edit/update a fiel | id that has been locked, please react | hout to DDS staff. Thank you |
| | | | | Pinalize Sub |
| Submitter Information | Related Act | ions | | |
| Injured Person | Submit a Follo | w-Up action | | |
| Alleged Perpetrator Inform | View Findings | | | |
| Incident Details | | | | |
| Provider/PASSE Informatio | n | | | |
| Medical Attention Required | Ú. | | | |
| Notifications After Incident | | | | |
| Other Persons Involved | | | | |
| | | | | |

8.1.1.1 User Actions

The following table details the user actions that are present through the Submit a Followup Action page. Each user action includes a description.

| User Actions | Description |
|------------------------------------|---|
| Finalize Submission | Click the 'Finalize Submission' action button to submit the incident report and lock all fields from further editing. This is the final incident report submission. |
| Submit a Follow-Up Action | Click the 'Submit a Follow-Up action' hyperlink to open the Follow-Ups List page and submit a new follow-up for the incident report. |
| View Findings | Click the 'View Findings' hyperlink to view follow-up action findings for the incident report. |
| Back to all Incident Reports | Click the 'Back to all Incident Reports' button to leave the incident report and return to Submitted Incident Reports page. |

8.2 Follow-Ups List Page

Upon clicking the 'Submit a Follow-up Action' hyperlink, the user is navigated to the Follow-Ups List page. The Follow-Ups List page allows users to view, search, and filter all associated follow-up records. To view a Follow-Up record, click the Follow Up Name hyperlink.



8.2.1 Screenshot

8.2.1.1 Controls & User Actions

The following table details the controls that are present through the Submit a Follow-up Action page. Each control includes a description and control type. Each user action includes a description.

| Controls Description Control Type |
|-----------------------------------|
|-----------------------------------|

| Follow Up Name | Displays a list view format which allows the user to sort Hyperlink in ascending or descending order. | |
|---------------------|--|--|
| Follow up Status | Displays a list view format which allows the user to sort Read Only in ascending or descending order. | |
| Record Type | Displays a list view format which allows the user to sort Read Only in ascending or descending order. | |
| User Actions | Description | |
| New | Click the 'New' button to create a new follow-up action. | |
| Settings | Click the 'Settings' button to display a drop-down list of list view controls. | |
| | Click the 'Refresh' button to refresh the list view page. | |
| Refresh | Click the 'Refresh' button to refresh the list view page. | |
| Refresh Filter | Click the 'Refresh' button to refresh the list view page. Click the 'Filter' button to select a filter to view certain selected follow-ups. | |

8.3 Follow Up Details Page

Upon opening the Follow Up Name hyperlink, a Follow Up Details page will populate, which shows all Follow Up details and information that should be completed. Users may edit the follow up, as well as add new Documents in the Related Links section.

8.3.1 Screenshot

| 271111111 | Home Oneile an Incident Report. View all incident Reports | | | . La | ай, |
|-----------|---|--|----------------|------|-----|
| | ¢ Back | | | | |
| | Processos | | | tan. | |
| | Pathow Up Name Pathows | Record Type ACID Investor Failur Se | Decomentation | Here | |
| | Analytic of Response to the calculated | Date at Follow-Up whet | Dates 20 | | |
| | Wherear exclusion like follow and | Nation/Automo Jahan during Polices Ma | and the second | | |
| | Most There a sharings of HCMR Provider? | HESE Provider if different from Report | | | |
| | Did tollow-up visit results: The issue? | Failur op Status Nov | | | |
| | HCBS Productor fact of the instance | | | | |

8.3.1.1 Controls & User Actions

The following table details the controls that are present through the Follow-Up Details record page. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|----------------------------|--|---------------|
| Follow Up Name | Displays the Follow Up Name. | Pre-Populated |
| Record Type | Displays the Record Type. | Pre-Populated |
| Incident Report | Click the `Incident Report' hyperlink to view the Incident Report. | Hyperlink |
| Date of Follow-Up Visit | Click the pencil icon to edit the date of follow-up visit. | Editable |
| Who conducted the follow up? | Click the pencil icon to edit who conducted the follow up. | Editable |
|---|---|------------------|
| Notes/Actions taken during Follow-Up | Click the pencil icon to edit the notes/actions taken during the follow-up. | Editable |
| Was there a change of HCBS Provider? | Click the pencil icon to edit if there was a change of HCBS Provider. | Editable |
| HCBS Provider if different from Report | Click the pencil icon to edit if the HCBS Provider is different from the Report. | Editable |
| Did follow-up visit resolve the issue? | Click the pencil icon to edit if the follow-up visit did resolve the issue. | Editable |
| Follow up Status | Click the pencil icon to edit the follow-up status. | Editable |
| HCBS Provider | Click the pencil icon to edit the HCBS Provider. | Editable |
| Related Links | | |
| Documents | Click the 'Documents' Related Link hyperlink to open the page containing documents associated with the Follow-up. | Hyperlink |
| Notes | Click the 'Notes' Related Link hyperlink to open the page containing notes records associated with the Follow-Up. | Hyperlink |
| User Actions | Description | |
| Edit | Click the 'Edit' button or field pencil icon to edit the reco section of the incident report. | rd of a specific |
| New | Click the 'New' button to create a new document record | |
| Cancel | Click the 'Cancel' button to leave the page and not save | any information. |
| | | |

8.4 New Follow Up: HCBS Provider Follow Up

Upon clicking the 'New' button on the Follow-Up List page *or* the 'Edit' button on a Follow-Up details page, a 'New Follow Up: HCBS Provider Follow Up' pop-up window generates for the user to complete. Upon save, the Follow-Up details page will show all entered information.

8.4.1 Screenshot

| Follow Up Name | Record Type |
|---|--|
| FU-000003 | HCBS Provider Follow Up |
| Incident Report | Date of Follow-Up Visit |
| IR-000001 | i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
| *Who conducted the follow up7 | Notes/Actions taken during Follow-Up |
| *Was there a change of HCBS Provider? No Did follow-up visit resolve the issue? | + Follow up Status |
| Para rottow-op visit resolver the issue? | New |
| *HCBS Provider | |
| Test_HCBS Provider × | |
| | |
| | |

8.4.1.1 Controls & User Actions

The following table details the controls that are present through the Submit a Follow-up Action page. Each control includes a description and control type. Each user action includes a description.

| Description | Control Type |
|---|--|
| The 'Follow Up Name' field will system generate upon save. | Pre-Populated |
| Displays the record type. | Pre-Populated |
| Displays the incident report number. | Pre-Populated |
| Click in the calendar icon to select the date of follow-up visit. | Mandatory |
| Click in the textbox field to enter who conducted the follow-up. | Mandatory |
| Click in the textbox field to enter the notes/actions taken during the follow-up. | Mandatory |
| | The 'Follow Up Name' field will system generate upon save. Displays the record type. Displays the incident report number. Click in the calendar icon to select the date of follow-up visit. Click in the textbox field to enter who conducted the follow-up. Click in the textbox field to enter the notes/actions |

| Was there a change of HCBS Provider? | Click the drop-down arrow to select if there was a change of HCBS Provider. | Mandatory |
|---|---|----------------------------|
| HCBS Provider if different from Report | Click in the textbox field to enter the HCBS Provider if it is different from the report. | Conditionally Mandatory |
| Did follow-up visit resolve the issue? | Click the checkbox if the follow-up visit resolved the issue. | Not Mandatory |
| Follow up Status | Click the drop-down arrow to select the follow up status. | Mandatory |
| HCBS Provider | Click in the search lookup textbox field to select the HCBS Provider. | Mandatory |
| User Actions | Description | |
| Cancel | Click the 'Cancel' button to leave the page and not save | any information. |
| Save & New | Click the 'Save & New' button to save the information to record. | create a new |
| Save | Click the 'Save' button to save the information. | |
| | | |

8.5 Follow Up: Documents

Upon clicking the 'New' button on the Documents Related Link on the Follow Up Details page, a 'New Documents' pop-up window generates for the user to complete.

| HCBS Provider Follow Up | | | | |
|-------------------------|--------|----------------------------|---------------|----|
| | New Do | ocuments | | |
| Details | | | | |
| Document Name | | Provider Action | | |
| Follow Up | | Findings | | |
| *Document Type | | If other, Please describe? | | |
| None | * | | | |
| | | | | |
| | | Cance | el Save & New | Sa |

8.5.1 Screenshot

8.5.1.1 Controls

The following table details the controls that are present through the Follow-Up New Documents pop-up window. Each control includes a description and control type.

| Controls | Description | Control Type |
|----------------------------------|---|----------------------------|
| Document Name | The system will generate the `Document Name' when the record is saved. | System Generated |
| Provider Action | Click in the search lookup textbox field to enter the Provider Action Number. | System Generated |
| Follow Up | Displays the Follow Up ID. | Auto Populated |
| Findings | The system will generate the 'Findings ID' when the record is saved. | System Generated |
| Document Type | Click the dropdown arrow to select the document type. | Mandatory |
| If other, please describe? | Click in the textbox field to enter the other document type description, if applicable. | Conditionally Mandatory |

8.6 Findings List Page

Upon clicking the 'View Findings' hyperlink, the user is navigated to the Findings List page. The Findings List page allows users to view, search, and filter all associated findings records. To view a Findings record, click the Findings Number hyperlink.



| Pare Cro | da an Incident Report. View of Incident Reports | | | Logenst |
|----------|--|---|--------|---------|
| | (Bard he to their Paper) | | | |
| | Findings | | | |
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The following table details the controls that are present through the Findings page. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|---------------------|---|--------------|
| Findings Number | Displays a list view format which allows the user to sort in ascending or descending order. | Hyperlink |
| Findings Outcome | Displays a list view format which allows the user to sort in ascending or descending order. | Read Only |

| User Actions | Description | |
|--------------|---|--|
| Settings | Click the 'Settings' button to display a drop-down list of list view controls. | |
| Refresh | Click the 'Refresh' button to refresh the list view page. | |
| Filter | Click the 'Filter' button to select a filter to view certain selected Case Files. | |

8.7 New Provider Actions: Assurance of Correction

8.7.1 Screenshot

Upon clicking the 'New' button on the Provider Actions Related Link, a 'New Provider Action' pop-up window generates for the user to complete.

| | Last Modified By | | | × |
|----|----------------------|-------------------------|--------|------|
| | | New Provider Action | | tic |
| 34 | Select a record type | | | (0 |
| | | Assurance of Correction | | |
| | | Oispute Findings | | |
| | | | Cancel | Next |

After selecting the record type and clicking the 'Next' button, a record-specific pop-up window will appear with fields for the user to document.

| New Provider A | Action: Assurance of Correction | |
|--------------------------------------|-----------------------------------|---------|
| Information | | |
| Provider Action Number | Record Type | |
| | Assurance of Correction | |
| Incident Report ID | Assurance Correction follow-up re | quired? |
| | | |
| Findings | Provider Name | |
| F-00000004 | Search DDS Providers | Q |
| PASSE | * Statum | |
| | None | Ψ. |
| *Assurance of Correction Description | | |
| | | |
| | | |
| | | |
| | | |

8.7.1.1 Controls & User Actions

The following table details the controls that are present through the Findings page. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|---|---|---------------------|
| Select a record type | Click the radio button to select which Provider Action record type to create. | Radio Button |
| Provider Action Number | The system will generate the 'Provider Action Number' when the record is saved. | System Generated |
| Record Type | Displays the record type. | Pre-Populated |
| Incident Report ID | The 'Incident Report $\ensuremath{\text{ID}}\xspace'$ field will system generate upon save. | System Generated |
| Follow Up required? | Click the checkbox if assurance correction follow-up is required. | Not Mandatory |
| Findings | Displays the Findings Name. | Pre-Populated |
| Provider Name | Click in the search lookup textbox field to enter the Provider Name. | Mandatory |
| PASSE | The system will generate the 'PASSE' when the record is saved. | System Generated |
| Status | Click the dropdown arrow to select the Provider Action status. | Mandatory |
| Assurance of Correction Description | Click in the textbox field to enter the Assurance of Correction description. | Mandatory |

 User Actions
 Description

 Next
 Click the 'Next 'button to advance to the 'New Provider Action: Assurance of Correction' pop-up window.

8.8 New Provider Actions: Dispute Findings

8.8.1 Screenshot

Upon clicking the 'New' button on the Provider Actions Related Link, a 'New Provider Action' pop-up window generates for the user to complete.

| Last Modified By | × |
|---|-----------|
| New Provider Action | tic |
| Select a record type Assurance of Correction | (C |
| Dispute Findings | |
| Car | ncel Next |

After selecting the record type and clicking the 'Next' button, a record-specific pop-up window will appear with fields for the user to document.

| IR-000112 Conclusion | |
|-------------------------|---------------------------------|
| | tion: Dispute Findings |
| Provider Action Number | Record Type Dispute Findings |
| *Date of Dispute | Incident Report ID |
| *Subject of Dispute | F-00000004 |
| | Dispute Notes |
| | <i>h</i> |
| | Cancel Save & New Save |

8.8.1.1 Controls & User Actions

The following table details the controls that are present through the Findings page. Each control includes a description and control type. Each user action includes a description.

| Controls | Description | Control Type |
|---------------------------|---|---------------------|
| Select a record type | Click the radio button to select which Provider Action record type to create. | Radio Buttons |
| Provider Action Number | The system will generate the 'Provider Action Number' when the record is saved. | System Generated |
| Record Type | Displays the record type. | Pre-Populated |
| Date of Dispute | Click in the calendar lookup field to enter the date of dispute. | Mandatory |
| Incident Report ID | The system will generate the 'Incident Report ID' when the record is saved. | System Generated |
| Subject of Dispute | Click in the textbox field to enter the subject of dispute. | Mandatory |
| Findings | Displays the Findings Name. | Pre-Populated |
| Dispute Notes | Click in the textbox field to enter the dispute notes. | Mandatory |
| User Actions | Description | |
| Next | Click the 'Next' button to advance to the 'New Provider A Findings' pop-up window. | Action: Dispute |

8.9 Findings: Documents

Upon clicking the 'New' button on the Documents Related Link on the Provider Actions Details page, a 'New Documents' pop-up window generates for the user to complete.

| Record Type | |
|-----------------|-----------------------------|
| New | Documents |
| Details | |
| Document Name | Provider Action P-000000 |
| Follow Up | Findings |
| * Document Type | If other, Please describe? |
| None | • |
| | |
| | Cancel Save & New Sa |

8.9.1 Screenshot

8.9.1.1 Controls

The following table details the controls that are present through the Findings page. Each control includes a description and control type.

| Controls | Description | Control Type |
|----------------------------------|---|----------------------------|
| Document Name | The system will generate the 'Document Name' when the record is saved. | System Generated |
| Provider Action | Click in the search lookup textbox field to enter the Provider Action Number. | Not Mandatory |
| Follow Up | Click in the search lookup textbox field to enter the Follow Up Name. | Not Mandatory |
| Findings | Displays the Findings ID. | Auto Populated |
| Document Type | Click the dropdown arrow to select the document type. | Mandatory |
| If other, please describe? | Click in the textbox field to enter the other document type description, if applicable. | Conditionally Mandatory |

9 Manage Users

9.1 Overview

The Provider User may view the list of all Provider Contact name and details associated with their account. It is through the *Manage Users* tab that Provider Admins may edit, and enable or disable the contact user accounts for their staff.

9.1.1 Screenshot

To begin adding a new Provider Contact, click the **NEW** button:

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|--|---|----------------|-----------------|------------|--------------------------------------|----------------------------|---------------|
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Upon clicking the 'NEW' button, the New Provider Contact window will display.

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| Énu . | Inte | |
| | -None- | |
| De Cole | Castly | |
| | -None- | ٠ |
| Start Date | End Date | |

9.1.1.1 Controls & User Actions

The following table details the user actions that are present through the New Provider Contact page. Each user action includes a description and control type.

| Controls | Description | Control Type |
|----------------|---|----------------------|
| Name | | |
| Salutation | Click the drop-down arrow to select appropriate salutation. | Not Mandatory |
| First Name | Click in the textbox field to enter first name. | Not Mandatory |
| Middle Name | Click in the textbox field to enter middle name. | Not Mandatory |
| Last Name | Click in the textbox field to enter last name. | Mandatory |
| Email | Click in the textbox field to enter the email address. | Mandatory |
| Provider Name | System will populate the field. | System- Generated |
| Phone | Click in the textbox field to enter phone information. | Not Mandatory |
| Fax | Click in the textbox field to enter fax information. | Not Mandatory |
| User Type | Click the drop-down arrow to select user type. | Mandatory |
| Address Line 1 | Click in the textbox field to enter the person's Address Line 1. | Not Mandatory |
| | | |

| Address Line 2 | Click in the textbox field to enter the person's Address Line 2. | Not Mandatory |
|----------------|--|----------------------|
| City | Click in the textbox field to enter the city. | Not Mandatory |
| State | Click the drop-down arrow to select the state. | Not Mandatory |
| Zip Code | Click in the textbox field to enter the zip code. | Not Mandatory |
| County | Click the drop-down arrow to select the county. | Not Mandatory |
| Start Date | System will generate the start date. | System- Generated |
| End Date | System will generate the start date. | System- Generated |
| User Actions | Description | |
| Cancel | Click the 'Cancel' button to leave the page and not save | any information. |
| Save & New | Click the 'Save & New' button to save the information to record. | o create a new |
| Save | Click the 'Save' button to save the information. | |
| | | |

9.1.2 Screenshot

To enable user, click the **Enable User** button:

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|---------------------------|----------------------------------|--------------------------------------|
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To disable user, click the **Disable User** button:

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| Institute Exercise Intitute | |

9.1.2.1 User Actions

The following table details the user actions that are present on the Provider Contact page. Each user action includes a description and control type.

| Controls | Description | Control Type |
|-----------------|---|--------------|
| ENABLE USER | Click the hyperlink button to enable the user. | Hyperlink |
| DISABLE USER | Click the hyperlink button to disable the user. | Hyperlink |