Browser-Based Incident Reporting for Non-Waiver Services Offered by the Division of Aging

Current Model of Incident Reporting

- largely paper-based (fax) with some email reports submitted
- all information regarding incidents must be kept together and tracked manually
- not possible to analyze incident data for trends and problem areas
- labor-intensive

New Model of Incident Reporting

- browser-based (Internet) submission of incident reports
- Requests a minimum of information – low barrier to reporting while maintaining completeness
- uses secure server (HIPAA compliant)
- immediate receipt of incident report
- more timely responses to sentinel incidents

https://myweb.in.gov/FSSA/aging/incident/incident.aspx

https://myweb.in.gov/FSSA/aging/incident/incident.aspx - Windows Internet Explorer

Indiana Family and Social Services Administration

Division of Aging

Non-Waiver Client Incident Reporting Tool

This form is intended for reporting incidents involving FSSA Division of Aging clients who are **not** on waiver programs (*Aged and Disabled* or *Traumatic Brain Injury*).

If you need to file an incident report for a Division of Aging client on a waiver program, or for any client of the Division of Disability and Rehabilitative Services, click here.

If you need to file a follow-up report to a incident report you filed **using this form**, click here.

Required responses will be marked like this.

General Section

You are filling out this form to report (choose the primary description):

Part I

Filing an Incident

Initial

Report

Failure to provide a required response means you will not be able to submit the incident report

Required responses will be marked like this.

General Section

You are filling out this form to report (choose the primary description):

- abuse
- neglect
- exploitation (financial, physical, sexual, criminal)
- death
- other event

ANY incident involving abuse, neglect, exploitation or death **MUST** be reported to Adult Protective Services or Child Protective Services as appropriate

The customer is:

- OVER 18 years old
- UNDER 18 years old

This will be determined automatically if you provide the customer's date of birth (seen later). However, if you do not provide the date of birth, you must provide **at least** this information.

☐ Check here if the incident occurred at the customer's residence

On what date did the incident occur? _____

On what date did you become aware of the incident? _____

Reporting Party Information (i.e., about you)

Relationship to customer:

- self
- case manager
- provider or employee of provider
- relative
- physician or other medical professional
- law enforcement
- other

Your First Name _____ Your Last Name _____

Your Telephone _____ Your Email _____

Name of Provider _____

(required only if **Relationship to customer** is **provider or employee of provider**)

Customer Information (i.e. about the person involved in the incident)

Main Funding Source Involved

- CHOICE
- SSBG
- Title III
- Title III-E
- unknown

Remember This?

The customer is:

- OVER 18 years old
- UNDER 18 years old

Customer First Name

Customer Last Name

Customer Social Security Number

Customer Date of Birth (as mm/dd/yyyy)

Address

NOTE: At least the customer's City **or** ZIP **or** County is required

City

State IN

ZIP

County

You MUST provide this information. We need to know where the customer is!

Narrative

What service(s) was the customer receiving during the incident?

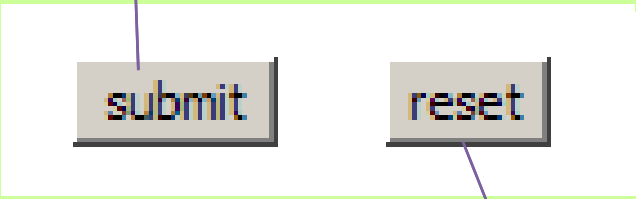
Explain the incident or complaint being reported.
If this is a death, explain the circumstances immediately before, during, and immediately after the death.

Corrective Action

What is the plan for corrective action or resolution of this incident?

You do not need to provide a corrective action in order to submit an incident report. However, if there is no corrective action provided, or the corrective action does not fully remediate the issue, follow-up reports will be required

Clicking this button will check your report for errors. If there are no errors, your report will be submitted. If there are errors, your report will not be submitted, but you will be told what those errors are.



Clicking this button will reset the form, erasing any entries you have made.

If you have errors after pressing the Submit button, you will be sent back to the reporting page. One or more of the following error messages will appear.

You must provide the date you became aware of the incident. Dates must be given as mm/dd/yyyy
You must give your first and last name.
You must give your phone number, with area code.
If you are a provider or an employee of a provider, your must enter the name of the provider.
You must indicate the main funding source involved.
You must give the first and last name of the customer involved in the incident.
You must provide at least the customer's city OR ZIP code OR county.
You must provide a complete explanation of the incident or complaint being reported.

What about reporting to Adult Protective Services or Child Protective Services?

- If you are aware of any incident of abuse, neglect, exploitation, or death, **you** have a duty to report it to Adult Protective Services or Child Protective Services.
- **Do not** wait for the Division of Aging to do it for you.

In addition, if you indicated that the incident involves abuse, neglect, exploitation, or death, one of the following messages will appear

For customers 18 years of age or older:

For cases of abuse, neglect, exploitation, or death, you must indicate whether you contacted Adult Protective Services.

For customers younger than 18:

For cases of abuse, neglect, exploitation, or death, you must indicate whether you contacted Child Protective Services.

Indicating abuse, neglect, exploitation, or death in a report will cause a new section to appear on the web page.

For customers under 18, the following section will appear

Reporting to Child Protective Services

Pursuant to Indiana Code 31-33-5, "....an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report..." In addition, 460 Indiana Administrative Code 1.2-8-2 requires any incident of abuse, neglect, exploitation, or death of a child to be reported to Child Protective Services. Please contact Child Protective Services at 800-800-5556 to report this incident if you have not already done so.

Have you reported this incident to Child Protective Services?

- yes
- no

If you have reported to Child Protective Services, on what date did you do so?

The website will allow you to file the report if you say **no**, but the failure to report will be recorded.

For customers 18 or older, two versions of this section are possible

Version 1: County of Residence Unknown

Reporting to Adult Protective Services

Pursuant to Indiana Code 12-10-3-9, all persons are required by law to report all cases of suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services. Failure to report is a Class B Misdemeanor punishable by 180 days imprisonment and a $1000 fine. In addition, 460 Indiana Administrative Code 1.2-8-2 requires deaths to be reported to Adult Protective Services.

Please contact Adult Protective Services if you have not already done so. You can find your local Adult Protective Services office at this webpage (will open in new window).

If you do not provide the county, or the website cannot determine it based on city or ZIP, you will have to find the correct APS phone number for the customer's county.

Have you reported this incident to Adult Protective Services?

- yes
- no

If you have reported to Adult Protective Services, on what date did you do so?

The website will allow you to file the report if you say **no**, but the failure to report will be recorded.

Version 2: County of Residence Known

Reporting to Adult Protective Services

Pursuant to Indiana Code 12-10-3-9, all persons are required by law to report all cases of suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services. Failure to report is a Class B Misdemeanor punishable by 180 days imprisonment and a $1000 fine. In addition, 460 Indiana Administrative Code 1.2-8-2 requires deaths to be reported to Adult Protective Services.

Please contact Adult Protective Services at 317-327-1403 if you have not already done so.

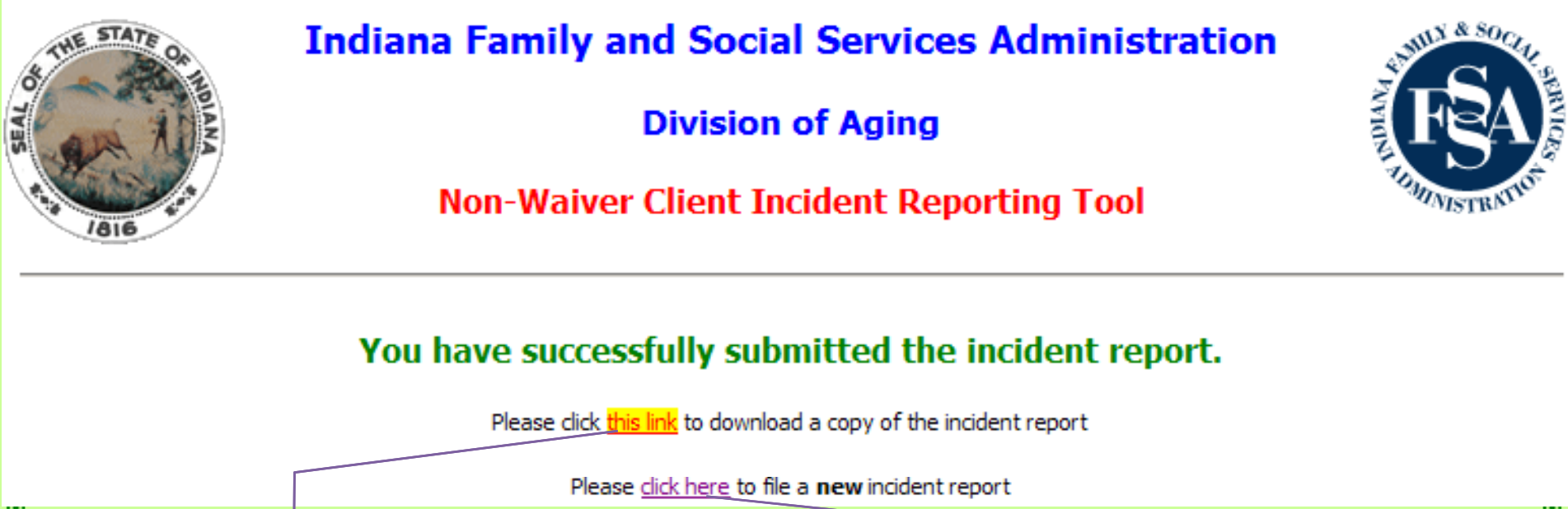
Have you reported this incident to Adult Protective Services?

- yes
- no

If you have reported to Adult Protective Services, on what date did you do so?

If you provide the county, or the website can determine it based on city or ZIP, the website will look up the correct APS reporting hotline number for you (this one is for Marion County)

Once you have successfully submitted the report, you will be taken to the following web page



Clicking this link will allow you to download a copy of the report you just filed.

Clicking this link sends you back so you can file another incident report.

You should save a copy of the incident reports you file.

Indiana Family and Social Services Administration

Division of Aging

Non-Waiver Client Incident Report

General Section

Incident Number: **60**
Date This Report was Filed With the Division of Aging: **10/28/2010 10:25:00AM**
Date Reporting Party Became Aware of Incident: **10/27/2010**
Date the Incident Occurred: **UNKNOWN**
INCIDENT AT RESIDENCE
Type of Incident Reported: **abuse**
The customer is : **over 18**

Reporting Party Information

What happens after I submit an initial incident report?

- The Division of Aging (DA) will determine who the case manager is for the customer in question (if someone other than the case manager reported the incident)
- DA will review the report and determine if further action is needed
- In either event, the case manager (or an alternate) will receive one or more emails from DA