New Home and Community-Based Services Incident Submission Guidance Document
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Getting Started

In accordance with Wyoming Statute §14-3-205 and §35-20-103, any person who suspects the abuse, neglect, or exploitation of a child or vulnerable adult is required to report the incident to the appropriate authorities. Additionally, Department of Health Medicaid Rules and waiver agreements approved by the Centers for Medicare and Medicaid Services (CMS) require providers of Comprehensive, Supports, and Community Choices Waiver services to report incidents involving participants who receive waiver services. Home and community-based (HCBS) program requirements may vary; however, every provider is expected to meet incident reporting requirements. This document outlines the process for the provider to complete an incident submission.

Incidents are submitted through the Provider Portal (Portal). If this is your first time logging into the Portal and you have not registered yet, please follow the instructions in the Provider Certification Guidance document located at https://docs.google.com/document/d/1gy9v9s8YRG2ECgD6rL4emrG6Ktg9rl6s4260SzQnhQ/edit?usp=s haring.

When you log into the Portal, the system will directly display the provider task list. The contents of the task list differ depending on the waiver and your previously completed or currently assigned tasks.

Current outstanding tasks are displayed in the main section of the Task page, and links to other sections and pages of the Portal are displayed on the left Navigation bar.
Incident Submission in the Portal

You must be a provider or case manager that is listed as a service provider on the participant’s plan of care in order to file an incident report. Individuals who are not service providers, but who witness an incident may submit their recollection through the complaint process. Complaints may be filed by visiting [https://health.wyo.gov/healthcarefin/hcbs/](https://health.wyo.gov/healthcarefin/hcbs/) and selecting the appropriate waiver.

To submit an incident through the Portal, click on the ‘Incident’ link located on the left hand navigation bar of the Task page.

Clicking on this link will open a new screen. This screen will display outstanding and closed incidents. It will be where new incidents are created for submission. Click on the ‘Report a New Incident’ button found towards the top of the screen. This will open the submission entry screen.

Enter the first and last name of the participant involved in the incident. The system requires one additional data point to locate the participant, so you will need to include at least one of the following:

- Date of birth
- Last four digits of their Social Security Number (SSN)
- Medicaid ID

Click on the ‘Search for Participant’ button. This system will display the services the participant is currently receiving from the provider.

Click on the ‘Select’ icon of the service related to the incident.

This will open the incident submission page.
Complete the report by including:

- Your relationship to the participant, if it is available.
- Any involved staff. To add staff, click the ‘add staff’ button. This will open a new window.
- Add appropriate information, including any notes that the staff can provide related to the specific incident
- Click on the ‘Submit’ button

- Incident type – multiple types may be checked. The list will be different depending on the waiver (CCW or DD)

<table>
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<tr>
<th>Incident Type</th>
<th>Description</th>
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<tr>
<td>Abuse</td>
<td>The intentional or reckless infliction of injury or physical/emotional harm.</td>
</tr>
<tr>
<td>Neglect</td>
<td>The deprivation of, or failure to provide, the minimum food, shelter, clothing, supervision, physical and mental health care, and/or other care and prescribed medication as necessary to maintain the participant’s life or health, or which may result in a life threatening situation.</td>
</tr>
<tr>
<td>Exploitation</td>
<td>Fraudulent, unauthorized, or improper acts or processes of an individual who uses the resources of the participant for monetary or personal benefit, profit, or gain or that results in depriving the participant of his/her right to access to, or use of, benefits, resources, belongings, or assets.</td>
</tr>
<tr>
<td>Unexpected Death</td>
<td>The death of a participant when not a result of an expected medical prognosis.</td>
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<tr>
<td>Restraint</td>
<td>Any physical, chemical, or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the participant or a portion of the participant’s body.</td>
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<td>Restrictive Intervention</td>
<td>An action or procedure that limits the participant’s movement; limits the participant’s access to other individuals, locations, or activities, or restricts participant rights.</td>
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<tr>
<td>Serious Injury/Illness</td>
<td>An injury or illness for which the participant is provided emergency medical treatment and/or is hospitalized.</td>
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<tr>
<td>Serious Behavioral/Mental Health Concern</td>
<td>Any situation in which the participant’s behavior puts them at risk of hurting themselves or others and or prevents them from being able to care for themselves or function effectively in the community.</td>
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<td>Medication Error or Adverse Reaction</td>
<td>A mistake in medication administration that includes, but is not necessarily limited to, the wrong medication, wrong dose, wrong time, or omission of medication. Also includes an adverse reaction, such as an allergic reaction or suspected side effects.</td>
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- Enter all information regarding the specific incident

- Location of the incident - If the incident occurred in multiple areas, include them. Be as specific as possible, including street addresses or identifying landmarks.
- Date the incident occurred - If the incident occurred over the course of time, enter the latest date.
- Time the incident occurred - If the incident occurred over the course of time, enter the latest time.
- Description of incident – Enter the details of the incident.
o Chronology of events – Give a detailed explanation of the incident, including such things as ‘this happened first, then this happened next’ or ‘on 10/01/2020 this happened, then on 10/03/2020 this happened’.

o Contributing factors – Provide any detail that exacerbated or escalated the situation leading up to and/or causing the incident to happen.

- Upload accompanying documents that support the information included in the incident report.
- Check all appropriate actions that were taken regarding the specific incident. Different actions will have additional information that may require completion.

- Save the incident

Once the specifics of the incident have been entered, you have the option to submit or cancel the incident report. Choose the desired option and click the ‘Update Status’ button.

**Requesting Additional Information**

If during the incident review or investigation an Incident Management Specialist (IMS) needs additional information, they will return the submission for additional information. It will show up on your task list.
with the status ‘Requesting additional information’. Click on the ‘View’ icon to open the incident:

The status history at the bottom of the incident will contain the additional information being requested.

You will then be able to upload documents or provide more detailed information in the description fields of the incident. Once you have entered the additional information, you will select “Submit Incident for Review” from the drop down menu and click “Update Status” to send it back to the IMS team for review. There is no limit in the number of times an incident can be rolled back to request more information.
Incident History

A provider will have access to all incident reports submitted through the Portal. To access the history of incident reports, use the “Incidents” option in the left hand Navigation bar. This page is split into “Open Incident Submissions”

And “Closed Incident Submissions”

Technical Assistance

Please contact your local IMS for more information about the details, information, reporting requirements, or requests for more information specifics. The most current list of IMS can be found on the Contacts and Important Links page of the HCBS website, just below “Provider Support Unit.”

If you experience technical difficulties, such as error messages or login problems, please contact the Portal helpdesk at providerportal@gannettpeaktech.com.