



# **New Home and Community-Based Services Incident Submission Guidance Document**

# Table of Contents

To Begin	3
Incident Submission in the Portal	4
Requesting Additional information	9
Incident History	10
Technical Assistance	10

## 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/1gy9v9s8YRG2ECgD6rL4emrG6Ktg9rI6s426OSzQnzhQ/edit?usp=sharing>.

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..

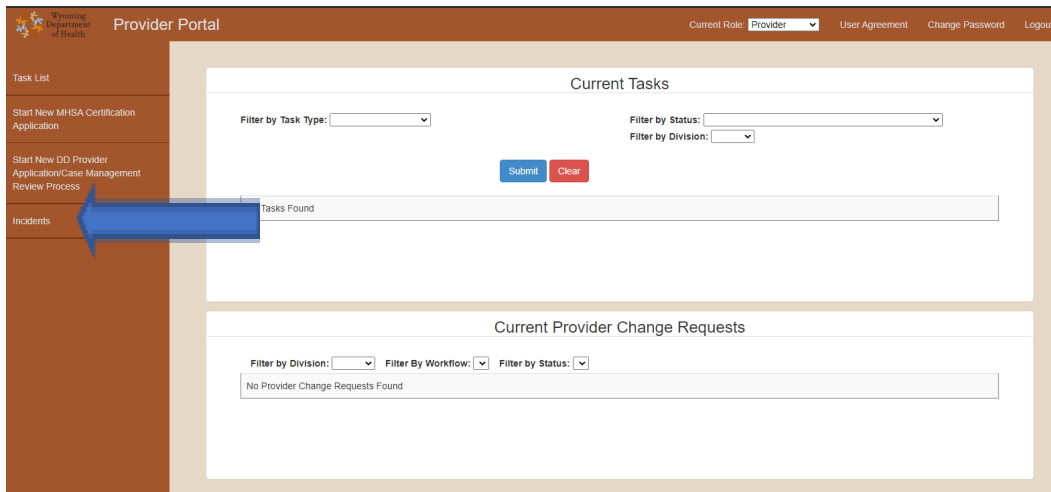
The screenshot displays the Wyoming Department of Health Provider Portal. The top navigation bar includes the Wyoming Department of Health logo, the title 'Provider Portal', and user options: 'Current Role: Provider', 'User Agreement', 'Change Password', and 'Logout'. A left-hand navigation menu lists: 'Task List', 'Start New MHSA Certification Application', 'Start New DD Provider Application/Case Management Review Process', and 'Incidents'. The main content area features two sections. The 'Current Tasks' section has a 'Filter by Task Type:' dropdown, a 'Filter by Status:' dropdown, and a 'Filter by Division:' dropdown. Below these are 'Submit' and 'Clear' buttons, and a message box stating 'No Tasks Found'. The 'Current Provider Change Requests' section has 'Filter by Division:', 'Filter By Workflow:', and 'Filter by Status:' dropdowns, with a message box stating 'No Provider Change Requests Found'.

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.

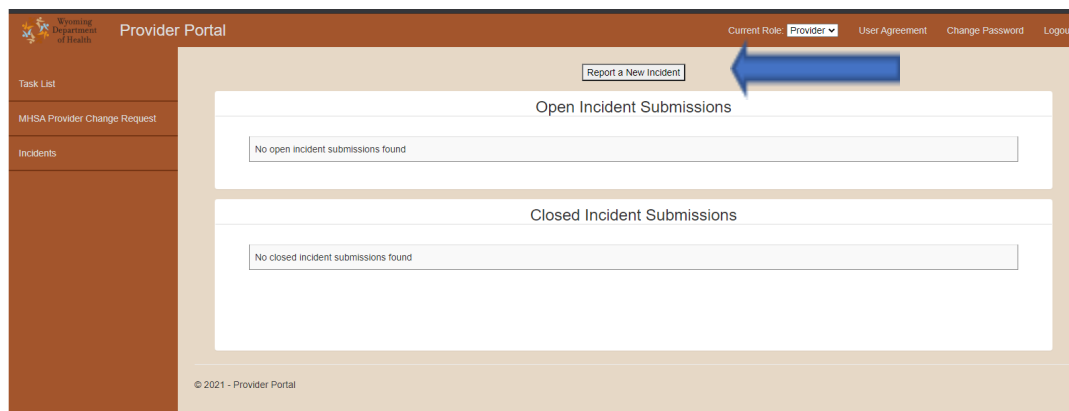
## Incident Submission in the Portal

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/> 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.

The screenshot shows the 'Incident Submission' page for a Wyoming Waivers Provider. The page title is 'Incident Submission Wyoming Waivers Provider State of Wyoming Department of Health'. Below the title is a 'Participant' section with the following fields: First Name, Last Name, DOB, Last Four SSN, and Medicaid ID. A 'Search for Participant' button is located below the Medicaid ID field. The left sidebar contains navigation options: Task List, Start New MHSA Certification Application, Start New DD Provider Application/Case Management Review Process, and Incidents. The top right corner shows 'Current Role: Provider' and links for 'User Agreement', 'Change Password', and 'Logout'. The footer indicates '© 2021 - Provider Portal'.

Click on the 'Select' icon of the service related to the incident.

The screenshot shows the 'Incident Submission' page with a table of services. A blue arrow points to the 'Select' icon in the first row of the table. The table has the following columns: Select, First, Last, Date of Birth, SSN, Medicaid ID, Code, and Service. The first row shows a service with Code 'S5135' and Service 'Companion Services (Individual)'. The second row shows a service with Code 'T2017' and Service 'Community Living Services (Basic - Individual) - Formerly Supported Living'. The left sidebar now includes 'MHSA Provider Change Request' in addition to the previous options. The top right corner and footer are the same as in the previous screenshot.

Select	First	Last	Date of Birth	SSN	Medicaid ID	Code	Service
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	S5135	Companion Services (Individual)
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	T2017	Community Living Services (Basic - Individual) - Formerly Supported Living

This will open the incident submission page.

Provider Portal Current Role: Provider | User Agreement | Change Password | Logout

### Incident Submission

Wyoming Waivers Provider  
State of Wyoming Department of Health

---

**Participant**

**Carolynn K Canfield**  
Service: S5135

---

**Reporter Information**

First Name:  Last Name:  Organization:   
 Phone:  Email:  Relationship to Participant:   
 Primary Address County:

---

**Involved Staff**  
Add All Applicable

There are no involved staff for this incident.

[Add Staff](#)

---

**Incident Type**

---

**Incident Description**

Location description:   
 Date:  Time:   
 Description of incident:   
 Chronology of events:   
 Contributing factors:

Upload Documents (if applicable):  No file chosen   
 No documents have been uploaded for this incident.

---

**Action(s) Taken**

Description of action(s) taken:

---

**Status History**

Current Status: Pending initial entry

Incident Status	Status Username	Status Date	Notes
Pending Initial Entry	colleen.noon	3/31/2021 11:57:23 AM	

Notes:

Status:

© 2021 - Provider Portal

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 Provider Staff

Last Name:  First Name:

Phone:  Email:

Organization:

Notes:

Add All Applicable

- o Add appropriate information, including any notes that the staff can provide related to the specific incident
- o Click on the 'Submit' button
- Incident type – multiple types may be checked. The list will be different depending on the waiver (CCW or DD)

Incident Type		
<input type="checkbox"/>	Abuse	The intentional or reckless infliction of injury or physical/emotional harm.
<input checked="" type="checkbox"/>	Neglect	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.
<input type="checkbox"/>	Exploitation	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 rightful access to, or use of, benefits, resources, belongings, or assets.
<input type="checkbox"/>	Unexpected Death	The death of a participant when not a result of an expected medical prognosis.
<input type="checkbox"/>	Restraint	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.
<input type="checkbox"/>	Restrictive Intervention	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.
<input type="checkbox"/>	Serious Injury/Illness	An injury or illness for which the participant is provided emergency medical treatment and/or is hospitalized
<input type="checkbox"/>	Serious Behavioral/Mental Health Concern	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
<input type="checkbox"/>	Medication Error or Adverse Reaction	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.

- Enter all information regarding the specific incident

Incident Description

Location description:

Date:

Time:

Description of incident:

Chronology of events:

Contributing factors:

Upload Documents (if applicable) :  No file chosen

No documents have been uploaded for this Incident.

- o Location of the incident - If the incident occurred in multiple areas, include them. Be as specific as possible, including street addresses or identifying landmarks.
- o Date the incident occurred - If the incident occurred over the course of time, enter the latest date.
- o Time the incident occurred - If the incident occurred over the course of time, enter the latest time.
- o 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

Action(s) Taken	
<input type="checkbox"/>	Notified participant's family/guardian/natural support
<input type="checkbox"/>	Transferred/assisted participant to relocate from place of incident
<input type="checkbox"/>	Referred for medical examination
<input type="checkbox"/>	Referred for mental/behavioral health evaluation
<input type="checkbox"/>	Arranged for back-up services/supports
<input type="checkbox"/>	Reassessed participant needs
<input type="checkbox"/>	Modified/updated service plan
<input type="checkbox"/>	Contacted waiver service provider(s)
<input checked="" type="checkbox"/>	Contacted case manager
	Date: <input type="text" value="04/01/2021"/>  Details: <input type="text" value="asdfsasd"/>
<input type="checkbox"/>	Reported to Healthcare Licensure and Survey
<input type="checkbox"/>	Reported to Board of Nursing
<input type="checkbox"/>	Reported to other regulatory agency
<input type="checkbox"/>	Reported to Adult Protective Services
<input type="checkbox"/>	Reported to Child Protective Services
<input type="checkbox"/>	Reported to law enforcement agency
<input type="checkbox"/>	Referred to Long-Term Care Ombudsman
<input type="checkbox"/>	Referred to Protection and Advocacy
<input type="checkbox"/>	Reported to Program Integrity Unit
<input type="checkbox"/>	Reported to Medicaid Fraud Control Unit
<input type="checkbox"/>	Other/not applicable
Description of action(s) taken <input type="text"/>	

- 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.

Status History			
Current Status: Pending initial entry			
Incident Status	Status Username	Status Date	Notes
Pending Initial Entry	colleen.noon	3/31/2021 11:57:23 AM	
Notes: <input type="text"/>			
Status: <input type="text" value="Pending Initial Entry"/>			<input type="button" value="Update Status"/>

## 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:

Filter by Task Type: Incident Report Filter by Status: Filter by Division:

Submit Clear

View	Task Type	Name	Status	Status Modify Date	Documents Uploaded	Notes	Report
	IncidentNewSubmission #26	M. [Redacted]	Pending Initial Entry	3/26/2021	0/0		
	IncidentNewSubmission #27	M. [Redacted]	Pending Initial Entry	3/26/2021	0/0		
	IncidentNewSubmission #28	M. [Redacted]	Pending Initial Entry	3/26/2021	0/0		
	IncidentNewSubmission #29	M. [Redacted]	Pending Initial Entry	3/26/2021	0/0		
	IncidentNewSubmission #31	M. [Redacted]	Request Additional Information	3/26/2021	0/0		
	IncidentNewSubmission #31	M. [Redacted]	Pending Initial Entry	3/31/2021	0/0		

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

Status History

Current Status: Requesting additional information from provider

Incident Status	Status Username	Status Date	Notes
Pending Initial Entry	colleen.noon	6/22/2021 1:44:44 PM	
Review Incident Submission	theresa.cain	6/22/2021 1:45:49 PM	Please Provide more information
Request Additional Information	theresa.cain	6/22/2021 1:45:50 PM	

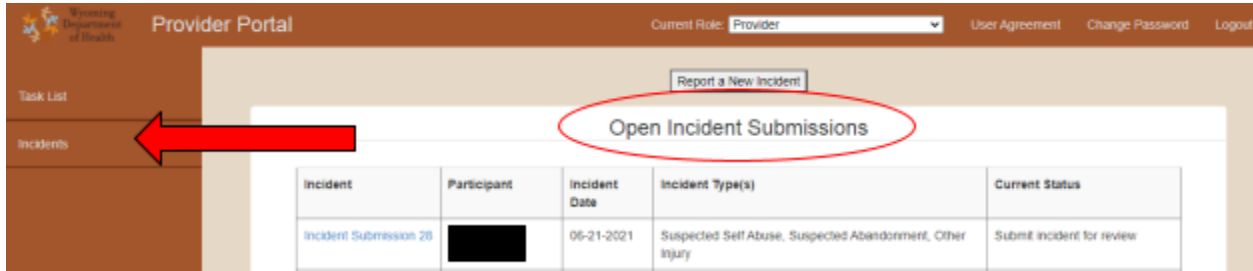
Notes:

Status:  Update Status

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

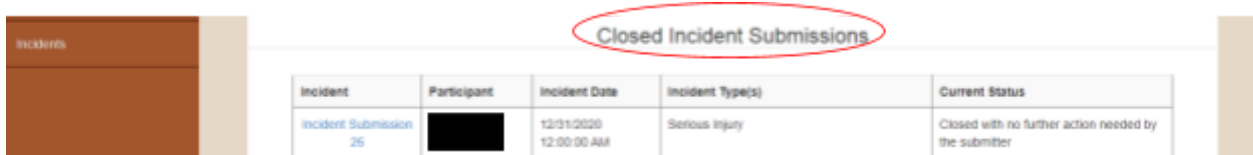
A provider will have access to all incident reports submitted through the Portal. To access the history of incident reports, use the “Incidents” option in the left hand Navigation bar. This page is split into “Open Incident Submissions”



The screenshot shows the Provider Portal interface. At the top, there is a navigation bar with the logo of the Georgia Department of Health, the text "Provider Portal", and user information including "Current Role: Provider" and links for "User Agreement", "Change Password", and "Logout". Below the navigation bar, there is a "Task List" section with a link for "Incidents" highlighted by a red arrow. The main content area is titled "Open Incident Submissions" (circled in red) and contains a table with the following data:

Incident	Participant	Incident Date	Incident Type(s)	Current Status
Incident Submission 28	[REDACTED]	06-21-2021	Suspected Self Abuse, Suspected Abandonment, Other Injury	Submit incident for review

And “Closed Incident Submissions”



The screenshot shows the Provider Portal interface. The main content area is titled "Closed Incident Submissions" (circled in red) and contains a table with the following data:

Incident	Participant	Incident Date	Incident Type(s)	Current Status
Incident Submission 25	[REDACTED]	12/31/2020 12:00:00 AM	Serious Injury	Closed with no further action needed by the submitter

## 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](mailto:providerportal@gannettpeaktech.com).