

Incident Management (IM) Frequently Asked Questions (FAQ) – Version 3

ODP Announcement 21-064

AUDIENCE:

All interested stakeholders

PURPOSE:

The Incident Management (IM) Bulletin 00-21-02 was available for all stakeholders on March 1, 2021 with an effective date of July 1, 2021. The Office of Developmental Programs (ODP) has received multiple questions from stakeholders through email, conversations and dialogue during trainings, phone calls, etc. A FAQ was developed to answer some of the questions received.

Please visit the following webpage [Incident Management/Risk Management](#) and click on the link [Incident Management Bulletin 00-21-02](#) which will include links to the IM Bulletin and attachments, related information, resources, ODP announcements, and ODP IM training.

DISCUSSION:

The questions received from stakeholders have been collected and reviewed by ODP staff. The questions were then compiled into the FAQ document that is seen below, starting on page 3. This FAQ does not contain all questions received; ODP chose questions that were asked frequently by multiple stakeholders. ODP expects to continue to receive questions based on the IM Bulletin, therefore, this document will be updated on a routine basis. Stakeholders will be notified when there are additions added to this FAQ.

Please note: The new questions that were added have a blue background and any updated answer from a previous question is *italicized*.

For questions, please contact your ODP Regional Office or send to RA-impolicy@pa.gov.

For a copy of the IM Bulletin and additional IM trainings, please visit:
<https://www.myodp.org/course/view.php?id=1683>

General Incident Management Bulletin Questions

QUESTION	ANSWER
<p>Q1. Why doesn't the IM Bulletin include Intermediate Care Facilities (ICF)?</p>	<p>As you will read in the scope on page 1 of the bulletin, this was created for providers that are required to follow 55 Pa. Code Chapters 6100, 6400, 6500, 2380, and 2390.</p> <p>A separate IM policy will be released for ICF programs.</p>
<p>Q2. When looking at the 24- and 72-hour reporting timeframe, who does this start with? Does this begin with the point person or any provider staff?</p>	<p>Per page 8 of the Incident Management Bulletin, "The initial incident report is submitted to the Department's information management system within 24- or 72-hours of discovery, depending on the incident category."</p> <p>The start of the 24- or 72- hours reporting timeframe begins when a person (initial reporter) becomes aware (discovers) of an incident or suspects that an incident has occurred. From this moment, depending on the incident primary category, the agency has 24- or 72- hours to enter the report into Enterprise Incident Management (EIM). It is important that the initial reporter notifies their agency point person as soon as possible, as this helps assure that the point person will have ample time to enter the report.</p>

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	<p>Please reference incidents to report during the 24- and 72-hour reporting timeframe in <i>Section VII Reportable Incidents, pages 16-29</i>.</p>
<p>Q3. How are EIM IM user roles managed and tracked? Is there a requirement for a tracking system?</p>	<p>All business partner user roles, for the Department’s Information Management system, including both <i>Home and Community Services Information System (HCSIS)</i> and EIM, are maintained using the Identity Manager Application. This can be accessed through the HCSIS homepage. The provider, Administrative Entity (AE), and Supports Coordination Organization (SCO) are responsible to create, modify, and deactivate user roles (pg. 9 of the IM Bulletin). This is done by the organization’s Business Partner Administrator (BP Admin). The Incident Management Representative is responsible to:</p> <ul style="list-style-type: none">• Maintain a list of active Certified Investigators (CIs) including recertification dates.• Manage CI roles based on quality management activities and feedback from monitoring completed by oversight entities.• Ensure the previous provider’s staff and SCO staff’s access to the Department’s information management system has been removed when necessary

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	<p>The organization must have a tracking system that is used to maintain roles. The Department’s Information Management System does not track the Department -certified Investigator’s certifications, certification effective and expiration date, or recertification date, as this is the organization’s responsibility.</p>
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Data Analysis

QUESTION	ANSWER
<p>Q1. In Section II, it states that if incident management functions are delegated or purchased, monitoring of these functions must occur at least quarterly and results should be available in written format. What should this documentation look like and what specifically should be monitored?</p>	<p>The documentation format is up to the agency; however, the documentation should show the results of the delegated and the detailed monitoring activities that demonstrate that the Office of Developmental Programs’ (ODP) regulations, policy, and procedures were followed. This documentation should also be kept by the agency in the event that ODP requests the file for review (such as through the Quality Assessment and Improvement [QA&I] process).</p>
<p>Q2. In Section II part A, it states that monthly incident data monitoring and three-month trend analysis of incident data should be conducted.</p>	<p>In Section XII part B (page 38-39), <i>Individual Incident Data Monitoring</i>, and part C, <i>Provider, SCO Three-Month Trend Analysis</i>, contains a list of minimum requirements describing what should be completed and</p>

<p>What data should be monitored? Is it at the discretion of the organization or are there specific areas that should be addressed?</p>	<p>documented based on the monitoring of each individual's incident data.</p>
<p>Q3. What incidents are to be included in in the monthly monitoring and three-month (quarterly) trend analysis?</p>	<ol style="list-style-type: none"> 1. All incidents that were reported must be: <i>Monitored</i> in the monthly individual incident data monitoring, and then 2. Be <i>analyzed</i> in the three-month (quarterly) trend analysis. <p>Please reference the Quality Management Section in the IM Bulletin. <i>Please note: The entity (the provider or SCO) that is responsible for reporting the incident will conduct the monitoring and analysis of the incident.</i></p>

<p style="text-align: center;">Primary and Secondary Categories</p>	
<p style="text-align: center;">QUESTION</p>	<p style="text-align: center;">ANSWER</p>
<p>Q1. How will we track COVID-19 testing with the removal of the primary category ER Visit?</p>	<p>Beginning July 1, 2021, ODP will be implementing a new primary category of <i>Illness</i>, with a secondary category of <i>COVID</i>. When this category is available, providers will be able to report and track COVID-19 testing and test results. The COVID-19 indicators that are currently in EIM on the incident classification pages in the first and final</p>

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	<p>sections and will remain on all incident reports on July 1, 2021. The first and final sections in EIM are:</p> <ul style="list-style-type: none"> • Incident involves suspected/confirmed COVID-19 diagnosis • Incident involves confirmed COVID-19 diagnosis (resulting from a positive test or documentation from a health care practitioner) <p><i>Please note: This applies to Intellectual Disability/Autism (ID/A), Adult Autism Waiver (AAW), and Intermediate Care Facilities (ICF) providers.</i></p>
<p>Q2. In Section VII part B, Verbal does not appear as a secondary category under Abuse. Will everything that would have been under Verbal now fall under the Psychological secondary category?</p>	<p>Yes. Per page 17 of the Incident Management Bulletin under the section titled <i>Reportable Incidents, Psychological Abuse</i> is defined as, “An act which causes or may cause mental or emotional anguish by threat...or other verbal or nonverbal conduct...”</p> <p>This change was made in the bulletin because research has shown that verbal abuse has long-term psychological effects.</p>
<p>Q3. Can you confirm that providers will no longer be required to enter an incident for Fire if there is a false alarm? The new bulletin does not mention false alarms where the old</p>	<p>In accordance with 6100.401(a)(10):</p> <p>“Fire requiring the services of the fire department. This provision does not include false alarms.”</p> <p>You do not need to report an incident for a false alarm. In the bulletin under <i>Reportable Incidents</i>, Fire is described as when</p>

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<p>bulletin did mention it specifically as reportable.</p>	<p>fire/safety personnel come out to the home to extinguish a fire or clear smoke from the premises. Therefore, if it is truly a false alarm, it does not need to be reported.</p>
<p>Q4. What is the difference between the primary categories Serious Illness and Serious Injury?</p>	<p>The primary categories of <i>Serious Illness</i> and <i>Serious Injury</i> have similarities but also differences regarding hospitalizations, which requires an admission to the facility:</p> <ul style="list-style-type: none"> • Incidents of <i>Serious Illness</i> (primary category) are required to be reported when an individual is admitted to a hospital for an <i>acute or chronic illness</i> (secondary categories.) • Incidents of <i>Serious Injury</i> are required to be reported when an individual receives treatment beyond first aid, regardless of where the treatment was provided. <ul style="list-style-type: none"> ○ Examples include receiving treatment at an Urgent Care Center, an Emergency Room, a doctor’s office, or following admission to a hospital, etc. <p>In other words, if an individual is admitted to a hospital, it always requires reporting. How you report in EIM is based on the event that led to the individual’s admission to the hospital, such as if it was due to an illness or injury.</p> <p>Please reference page 25 for more information on these two primary categories.</p>

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Q5. When does an assessment for a serious injury need to be reported?

If an injury or suspected injury rises to the level of needing an assessment by a medical professional, this needs to be reported. The Incident Management Bulletin 00-21-02 defines a Serious Injury incident as, “Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc., or that require hospitalization.” As stated in 6100.401, “The provider shall report the following incidents, alleged incidents and suspected incidents through the Department’s information management system...” Therefore, if an injury rises to the level of needing an assessment to determine if the injury requires treatment beyond first aid (see exception in the third paragraph below), this needs to be reported. In other words, the provider should not wait to see if the suspected injury is a diagnosed injury that requires treatment beyond first aid; the provider must report any suspected injury for which the provider thought needed treatment, regardless of the outcome.

The intent of this is to ensure that the provider is recognizing through their suspicion the potential for serious injury and that all precautions are taken.

The only exception is if emergency medical services (EMS) respond and determine that an injury does not require an

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	<p><i>assessment by other medical professionals, then this does not need to be reported. Please refer to page 25 of the IM Bulletin.</i></p>
<p>Q6. What is the difference between the <i>Neglect- Failure to Provide Medication Management</i> and <i>Medication Error- wrong person or wrong dose</i>? How should this be reported?</p>	<p><i>Neglect- Failure to Provide Medication Management</i>, found on page 22 of the IM Bulletin, is defined as “An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration.” Incidents of this nature include when harm occurs to the individual, the medication error occurs over more than one consecutive administration, or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to, a failure to: Administer medications via the correct route, implement medication changes in a timely manner, and obtain medications from the pharmacy.</p> <p><i>Neglect- Failure to Manage Medications</i> states that the category should be reported when an individual is given another individual’s medication. <i>Medication Error- Wrong Person</i> also contains similar language. A provider must report both <i>Neglect – Failure to Manage Medication</i> and <i>Medication Error- Wrong Person</i> in the event an individual receives another individual’s medication.</p> <p>An additional training regarding medication errors will be released in the near future.</p>

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<p>Q7. What is the difference between Passive-Neglect and Self-Neglect?</p>	<p><i>Passive neglect</i> is due to environmental factors that are out of the control of the unpaid caregiver. An unpaid caregiver could be a family member, a spouse, a friend, someone the individual lives with, etc. An example would be when an unpaid caregiver has an unexpected health issue and they are unable to provide the care that was typically given to the individual prior to the onset of the caretaker’s health issue, which results in neglect of an individual’s basic needs. Please reference page 23 of the IM Bulletin for information on <i>Passive Neglect</i>.</p> <p><i>Self-neglect</i> is when the individual is neglecting themselves. For example, the individual refuses to take their prescribed diabetes medication while also not following their doctor’s prescribed diet, and knowing that this is not recommended, would be considered self-neglect. Please reference page 24 of the IM Bulletin for more information on <i>Self-Neglect</i>.</p> <p>Please note that both passive and self-neglect are reportable only by the Support Coordination Organizations when there is no risk-mitigation plan in the Individual Support Plan (ISP.)</p>
<p>Q8. The previous IM Bulletin defined a restraint as, “lasting 30 seconds or more.” The new bulletin does not</p>	<p>In the new Incident Management Bulletin, the wording that defined a restraint as a hands-on technique “lasting more than 30 seconds” has been removed. Therefore, a restraint lasting 2 seconds would be considered a restraint. In the</p>

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include this. So, if someone is walking out into a busy street and staff have to grab them for 2 seconds to make sure they don't walk out into traffic, that now counts as a restraint?

And upon this possibly happening twice in 6 months, will this individual need a restrictive plan?

hypothetical situation provided, this would need to be filed under *Physical Restraint- Provider Emergency Protocol*. Although this particular restraint is likely not in this individual's plan, this would not be filed under *Abuse-Misapplication/Unauthorized Use of Restraint*, as this was an emergency restraint used to ensure the health, safety, and welfare of the individual in an emergency situation.

If an individual had 2 of these restraints within a 6-month period, it is then time for the team to evaluate this individual's safety and implement a plan. If the plan is put in place prior to this restraint happening for a third time, the third time would be filed under, *Physical Restraint- Human Rights Team Approved Restrictive Intervention*. If the plan was not put in place prior to this restraint happening for a third time, the third time would be filed under *Abuse-Misapplication/Unauthorized Use of Restraint*. Please reference § 6100.349 *Emergency use of a physical restraint*.

Q9. In Section IV part b, it states if the incident involves abuse, suspected abuse, or alleged abuse, the target is separated from the victim. Can you clarify what this means?

As referenced in section IV., *Incident Management Process Roles*, and as stated in 55 Pa. Code 6100.46(b):

“If there is an incident of abuse, suspected abuse, or alleged abuse of an individual involving a staff person, household member, consultant, intern or volunteer, the involved staff person, household member, consultant, intern or volunteer may not have direct

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	<p>contact with an individual until the investigation is concluded and the investigating agency has confirmed that no abuse occurred or that the findings are inconclusive.”</p> <p>This means that the target (person who is alleged to have caused the incident) cannot work directly with the victim or any other individual receiving services during the investigation process until the investigation determination is completed and corrective actions(s) specific to the target are implemented.</p>
<p>Q10. When is law enforcement activity a reportable incident?</p>	<p>Under Section VII of the Bulletin, Law Enforcement Activity is defined as,</p> <p>“Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.”</p> <p>In other words, Law Enforcement incidents need to be reported if the individual:</p> <ul style="list-style-type: none">• Is charged with a crime• Under police investigation; or

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- Is present at a service location site when a crime occurs.

Additionally, if a crime occurs at a residential service location site and the individual(s) are not present, this would be reported as a site level incident.

Please note: When the individual is impacted by a traumatic event (such as being impacted by a crime) the provider is responsible to ensure that the individual receives the type of care needed, such as ensuring the individual has access to victim’s assistance, trauma -informed care, etc.

For more information on the primary category of *Law Enforcement Activity*, please see pages 21-22 of the Incident Management Bulletin.

Q11. What secondary category under Exploitation is for labor that is underpaid?

Exploitation is defined as,

“An act or course of conduct by a person against an individual or an individual’s resources without informed consent or with consent obtained through misrepresentation, coercion, or threats of force, which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual.”

If an individual is not being compensated at a rate that is consistent with labor laws, they are being paid unfairly, and

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	<p>therefore are being exploited. This should be categorized under the secondary category of “Unpaid labor.”</p> <p>For more information on the primary category of <i>Exploitation</i>, please see pages 19-21 of the Incident Management Bulletin.</p>
<p>Q12. If an individual was found to have participated in unpaid labor, would it fit into the category of Exploitation?</p>	<p>Yes, <i>unpaid labor</i> is a secondary category under the primary category of <i>exploitation</i>. Per page 19 of the Incident Management Bulletin, <i>unpaid labor</i> is defined as, “the illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.”</p>
<p>Q13. When does a situation require more than one incident report to be filed?</p>	<p>As discussed in the bulletin, when more than one allegation or occurrence is experienced by an individual, multiple incident reports need to be entered separately. This ensures that adequate information is captured about each incident so that investigation determinations can be made. Additionally, this ensures that corrective actions and actions to prevent recurrence are being adequately managed.</p>
<p>Q14. When do you report “death” under the secondary categories “Services Provided” and “Only Supports Provided?”</p>	<p>As referenced in the IM Bulletin, the difference between “service” and “support” is:</p>

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Service is a *paid* caregiver or agency. An activity, assistance, or product provided to an individual that is *paid* through a program administered by ODP.

Support is an *unpaid* caregiver. An *unpaid* activity or assistance provided to an individual that is not planned or arranged by a provider.

Therefore, if an individual passed away while having an authorized ODP service, the agency would report it under “Services Provided.” If the individual does not have an authorized ODP service, the death would be reported under “Only Supports Provided.”

Examples:

- If an individual was receiving Residential Habilitation services but went home for two weeks with an unpaid support such as his/her family member, and passed away, this death would still need to be reported under “Services Provided” since the individual had Residential Habitation authorized on their ISP.
- If an individual is enrolled in the *Support Coordinator (SC) services only* program (therefore not having an authorized service), then this death would be reported under “Only Supports Provider.”

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	Please note: All providers of services, with the exception of SCOs, must always use the “Services Provided” secondary category options.

Department Incident Investigations and Administrative Reviews	
QUESTION	ANSWER
Q1. Have there been any changes to how ODP initiates County/AE level investigations within EIM?	No, there have not been any changes. The SCO will continue to report the incident and assign a county/AE to complete the investigation.
Q2. What specific roles in my organization need to become certified investigators?	<p>According to the Bulletin and in §6100.402, all persons who are going to be investigating incidents, must be a Certified Investigator (CI). The agency can decide who they want to become a CI. Additionally, all Incident Management Representatives must become a CI within 12 months of assuming that position.</p> <p>Please note, it is best practice to have more than one CI available at an agency to ensure:</p> <ul style="list-style-type: none"> • that there is no bias with the investigation • that the investigation is completed with speed, objectivity, and thoroughness; and

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	<ul style="list-style-type: none"> • that there is always a CI available (i.e., CI goes on vacation, has other responsibilities, etc.) <p>Please see <i>Section IV Incident Management Process Roles</i> in the IM Bulletin for more information.</p>
<p>Q3. How do I investigate a moving violation?</p>	<p>When investigating a <i>moving violation</i> (secondary category), the CI must utilize the same tools and processes as they would use when investigating all other incidents, such as collecting information to understand how the incident occurred, how staff were trained to avoid such incidents, what is the agency’s response, and what corrective actions have been put in place to prevent recurrence. Please reference the CI Manual for more information about investigations.</p>
<p>Q4. How will ODP help to ensure that all additional staff that need to become certified investigators will have the opportunity to do so?</p>	<p>ODP will continue to communicate with stakeholders when registration is open for additional CI courses. Stakeholders may also continue to check t MyODP.org to sign up for trainings: https://www.myodp.org/course/view.php?id=1073</p>
<p>Q5. After an IM Representative becomes a CI, must they maintain their certification if they are not completing investigations?</p>	<p>Yes, once you are a department-certified investigator, you must maintain your certification. Please see the CI Manual for information on recertification.</p>

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<p>Q6. Can a peer review be an alternative to an administrative review?</p>	<p>No. A peer review and an administrative review are separate and distinct quality management practices for the management of investigations.</p> <p>A peer review is completed for a sample of investigations and involves the review of investigatory files by other CIs.</p> <p>An administrative review is completed for each investigation to assess the quality of the investigation, reconcile and weigh evidence to make the final determination, and develop corrective actions that need to be implemented by the organization.</p> <p>For more information, please review the Peer Review Manual and Administrative Review Manual found on myodp.org.</p>
<p>Q7. How many members need to be on an Administrative Review Committee?</p>	<p>On page 7 of the Administrative Review Process Manual, “It is recommended to have two (2) to five (5) members on the Administrative Review committee. One member should be selected as the committee’s final decision-maker when consensus cannot be reached. The Certified Investigator who completed the investigation is not a member of the committee but serves as a consultant to answer questions about the investigation.”</p>

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<p>Q8. Are both ID/A and AAW SCO Program/IM Managers required to become Certified Investigators?</p>	<p>Yes, this requirement applies to both ID/A and AAW SCO Program/IM Managers.</p>
<p>Q9. As stated in ODP’s policy and regulations, the persons designated by the individual must be documented in the ISP. Where should this information be kept in the ISP, including who and when to contact as the designated persons?</p>	<p><i>In version 2 of the FAQ, an error was made on the previous question (the reason for the language that is crossed out). This question was reworded and answered accordingly.</i></p> <p>As stated in the IM Bulletin,</p> <p align="center">“Ensure that person(s) listed in the ISP as the designated individual are notified about incident management activities as indicated by the individual.”</p> <ul style="list-style-type: none"> • The ISP should also contain information about under what incidents and circumstances the person(s) designated by the individual should be notified. For example, if the individual only wants the person(s) designated for certain types of incidents. <p>Encouraging the individual to be empowered to make their own decisions of who to contact and when, is important. The SC and provider must talk to the individual about the different types of incidents in the bulletin and discuss who should be contacted if something were to happen.</p> <p>The SC and provider are responsible to ensure that the persons designated by the individual are documented in the</p>

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	<p>ISP. This information must be updated annually or when requested by the individual.</p> <p>ODP recommends that designated persons are listed in the “Contact” section of the ISP. However, the provider and SC may also document this in the “Know and Do” section. Under the “Contact” section, there is a “Contact Notes” section where more detailed information can be documented. In the “Contact Notes” section, the SC and provider can briefly provide information about when to contact the designated person, for what type of incident, etc. Regardless of where this is documented in the ISP, the ISP team should be aware of where to look for this information.</p> <p>For example, some individuals may have multiple contacts (designated persons) but each contact is for a different reason. The individual may want one person to be called for employment reasons, while another person is called for when a serious injury occurs.</p>
<p>Q10. Do the primary categories of “Individual to Individual Abuse” and “Injury Requiring Treatment Beyond First Aid” require an investigation starting 7/1/21?</p>	<p>Per ODP Announcement 21-039, in response to the current national healthcare workforce crisis effecting a majority of provider agencies within the ODP network, ODP will not be requiring incidents of “abuse to an individual by another individual” and “injury requiring treatment beyond first aid as a result of an accidental injury” to be investigated by a CI, in accordance with §6100.402 on July 1, 2021. ODP or the County</p>

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	<p>ID Program/Administrative Entity may require an investigation to be completed by a CI.</p> <p><u>Please note:</u> Individual-to Individual abuse that involves sexual abuse, will still need to be reported in EIM as <i>Sexual Abuse</i> starting on July 1, 2021. There is no delay for reporting and investigating this type of abuse. Additionally, the secondary categories of <i>verbal abuse</i> and <i>psychological abuse</i> have been combined; therefore “verbal” is no longer a secondary category listed in the EIM system.</p> <p>ODP will provide notification six-months before system changes will become effective that require these incidents to be investigated by a CI.</p> <p>For additional guidance, see MyODP for Announcement 21-039, or contact your ODP Regional Office or RA-impolicy@pa.gov.</p>
<p>Q11. Where can I find more information on the Administrative Review?</p>	<p>The Administrative Review Process is explained in the Administrative Review Manual. The manual may be accessed at Administrative Review Manual on MyODP.org at the following path: Training > Certified Investigator Program > CI-Home > CI Help and Resources > All Documents – Manuals.</p>
<p>Q12. Does data entry for the Administrative Review need to be done by a member for the Admin</p>	<p>There are no system edits that would prevent a user from having both roles and performing these functions; however, it would be wise to keep the CI focused on their Certified</p>

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<p>Review Committee? Or could a CI enter the information, after it was received from the admin review team, for their own incident?</p>	<p>Investigation Report (CIR) duties while ensuring independence/objectivity of the Admin Review functions. ODP suggests considering the Point Person to perform the data entry of the Admin Review before considering a CI. If a CI is charged with data entry of the admin review, then a sample review of those entered by the CI may be necessary to ensure fidelity of what is being entered.</p>
<p>Q13. As a Supports Coordinator, what investigation information will I be able to review in EIM?</p>	<p>As a Supports Coordinator you will have access to the incident in its entirety, which includes all EIM system related documents for individuals on your caseload. Additionally, if the provider uploads any supporting documents to EIM, those documents can also be viewed.</p>
<p>Q14. What EIM role do I need to be able to complete the Administrative Review?</p>	<p>With the creation of the Administrative Review document, a new role was added to EIM that allows for initiation, data entry, and submission of the Administrative Review document. This role can be found in identity manager and is labelled “PW-EIM-IncidentAdmRev.” The agency’s Business Partner Administrator (BP-Admin) can add this role to your profile.</p>
<p>Q15. Will the CI manual be updated to include information about the new Provider Certified Investigator Report in EIM?</p>	<p>Yes, Temple University, the vendor for the Certified Investigator Program, has updated the Certified Investigator manual and supporting documents to align with EIM and the new investigation practices. Temple has also created and</p>

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	posted a Certified Investigator Report Guide. Materials can be found on MyODP.org.
Q16. What happens if the investigator needs to be changed in the middle of the investigation?	EIM will allow the user to change the Certified Investigator assigned after an investigation has been initiated. The Certified Investigator can be changed on the Verification of Incident Classification screen in the Final Section. Once the new investigator is selected, the new investigator will have access to all information data entered by the previous Certified Investigator.
Q17. Can the Provider Certified Investigator Report be printed?	Yes, to print the CIR in its entirety, the user should select the checkbox on the far right of the Incident Detail screen next to the Provider Certified Investigator Report, and then select the Print Summary button.
Q18. Does the Certified Investigator Report in EIM need to be submitted before the Administrative Review can be completed?	Yes, the Administrative Review will not display until the CIR has been submitted. Upon submission, the system will create the Provider Administrative Review document.
Q19. Does the Administrative Review document need to be submitted before the Final Section can be submitted?	Yes, the Administrative Review document must be submitted prior to being able to submit the Final Section document. There are fields from the Administrative Review that will auto-populate into the Final Section document, such as the

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	Investigation Determination and any Preventative Corrective Actions.
Q20. Why am I only seeing one page of the Administrative Review document?	In order for EIM to populate the rest of the pages in the Administrative Review, the question “Does the CIR provide the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions?” on the Administrative Review Information screen must be answered and saved. If this question is answered “no,” the Provider Certified Investigator Report will be reopened, so that the CI can add necessary information. If the question is answered “yes,” the rest of the pages of the Administrative Review document will populate and the Administrative Reviewer may be continued.

Victim’s Assistance

QUESTION	ANSWER
Q1. If an individual speaks to their therapist/doctor after an incident, does this fall under victim’s assistance?	No, speaking to a therapist/doctor or receiving counseling by a professional is separate and distinct from receiving services from a Victim’s Assistance Program. Victim's Assistance refers to a program or resource specifically designed to

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	<p>provide a variety of different types of aid to a victim, regardless of their intention to press charges. Please see Incident Management Bulletin 00-21-02 Attachment 1 for more information on Victim's Assistance.</p> <p>While speaking to a therapist is not a Victim's Assistance Program, an individual should always be encouraged and supported to speak to whoever may make them feel at ease.</p>
Q2. When should someone contact a Victim's Assistance Program?	<p>A referral to a Victim's Assistance Program services must be offered to any individual who is a victim of an alleged, suspected, or recognized incident or crime. The organization that is providing services to the individual is responsible to educate the individual on this program and the resources available. Please also see question 32 for more information.</p> <p>Victim's Assistance Program services must be contacted (with support if applicable) to access services when an individual expresses interest in these services. Attachment 1 of the IM bulletin can be accessed here for information on the Victim's Assistance Program.</p>
Q3. What if the individual refuses to utilize the Victim's Assistance Program	<p>The provider is responsible to explain to an individual what the Victim's Assistance Program can offer. ODP encourages the provider to see Attachment 1 of the IM bulletin for more information on Victim's Assistance which provides detail on this program.</p>

Victim's Assistance	
	<p>Even if the individual declines this assistance in the beginning, the individual may change his/her mind later. Therefore, the provider should re-educate and reoffer the Victim's Assistance Program resource multiple times throughout the individual's recovery process. The individual may want assistance from the provider with contacting the program or may want to do this on their own.</p> <p>The Victim's Assistance Programs are beneficial throughout the individual's experience during and after the trauma.</p> <p>Providers should continue to empower the individual to take advantage of services that are available to them. Ultimately, the decision to utilize this resource belongs to the individual.</p>

Targets	
QUESTION	ANSWER
Q1. Moving forward, how will we enter the name of the target in the incident report?	<p>The IM bulletin provides guidance for specific target identifiers when the target is an employee of a provider or another individual receiving services.</p> <ul style="list-style-type: none"> • For an employee of a provider: Currently providers may utilize any identifier that the provider chooses.

Targets	
	<p>ODP provides a format for the standard identifier in the IM Bulletin (pgs. 15-16).</p> <ul style="list-style-type: none"> • When the target is another individual receiving services, please be advised that currently the EIM system does not align with the format of the standard identifier in the IM Bulletin. <ul style="list-style-type: none"> ○ Currently in EIM, if the “Target Relationship to the Individual” selected is “Another Individual” in the dropdown menu, the EIM system contains a validation that only permits the individual’s 2 initials (first and last name) and the last 4 digits of their social security number. ○ When EIM is corrected, ODP will communicate to stakeholders.
<p>Q2. When a staff member is a target and is required to be separated in situations of abuse, are they only to be separated from the individual involved, or all individuals?</p>	<p>The target is not allowed to work directly with any individuals receiving services for at least the duration of the investigation.</p> <p>Per page 12 of the Incident Management Bulletin,</p> <p style="padding-left: 40px;">“When the alleged target is an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO, the target shall not be permitted to work directly with the victim or any other individual</p>

Targets	
	<p>during the investigation process until the investigation determination is completed and corrective action(s) specific to the target are implemented (55 Pa. Code § 6100.46).”</p> <p>Target separation training will be available on myodp.org in the near future.</p>
<p>Q3. Can you modify a target identifier in the Final Section?</p>	<p>If information in the First Section is incorrect, any targets entered in the First Section can be modified in the Final Section. The user should select the target needing to be modified by clicking on it in the target chart, and then clicking edit.</p>

Enterprise Incident Management (EIM) System	
QUESTION	ANSWER
<p>Q1. We were told that EIM will have changes beginning on July 1, 2021. What will happen if an incident was submitted before the EIM changes?</p>	<p>Incidents will follow either the new or older workflow based on the date of incident report creation. Incidents that are created after July 1, 2021 will follow the new workflow and reflect the system changes. Incidents that are created prior to July 1, 2021 will follow the current workflow until an incident is closed.</p>

Enterprise Incident Management (EIM) System

<p>Q2. Will other fields in the EIM incident entry screens be changed in addition to categories?</p>	<p>Yes, there are a number of other changes being made to EIM in order to decrease workload, increase data integrity, and increase protections for individuals.</p> <p>There are four trainings that were released to the field in June 2021 regarding the changes to EIM followed by Question and Answer (Q&A) sessions hosted by ODP staff.</p>
<p>Q3. What should I do if EIM is down, and I have an incident to enter?</p>	<p>If EIM is not operational when an incident needs to be entered, the reporting entity must complete and send the DP 1081 (also known as EIM Contingency form) to the appropriate ODP entities (ODP regional office, BSASP office, County ID program/AE) in the most efficient mode possible. This includes via a secure electronic notification, which is HIPAA compliant. Once the system is back online, it is expected that the reporting entity enter the incident into EIM within 24 hours.</p> <p>Please see Attachment 3 of the IM Bulletin for a copy of the DP 1081.</p>
<p>Q4. When I am completing my Provider Certified Investigator Report (CIR), can I continue using a word document or a paper process, or do I have to enter it into EIM?</p>	<p>A Provider CIR may use any process they choose to collect and organize information during the investigation. However, all information collected will be required to be entered into EIM.</p>

Enterprise Incident Management (EIM) System

<p>Q5. When filing a Medication Error that may require an additional Neglect incident, will EIM display a warning message?</p>	<p>Yes. Once the Point Person submits the Medication Error that requires an accompanying Neglect incident, EIM will display a warning message at the top of the screen letting the Point Person know they need to enter a second incident.</p>
<p>Q6. Should the person listed as the Immediate Contact be the same as the Point Person?</p>	<p>In some cases, the Immediate Contact listed in EIM may also be the Point Person, but it does not have to be. The Immediate Contact should be whoever is available to answer questions and also has knowledge surrounding the incident within the first 24 hours.</p>
<p>Q7. For site level reports, for the textbox that states “Please list all individuals involved,” should we include only individuals receiving services, or also staff?</p>	<p>When ODP uses the term “individual”, this is always meant to refer to the person(s) receiving services. For this question, ODP is looking for a list of individuals affected by the incident, and not staff affected by the incident.</p>
<p>Q8. Is EIM able to be used on any browser?</p>	<p>EIM is currently compatible with all web browsers, such as Google Chrome, FireFox, Safari, and Microsoft Edge. EIM is even compatible to be used on your mobile device.</p>
<p>Q9. When using the Mark as Confidential button on the Incident Detail screen, who can see the incident?</p>	<p>The Mark as Confidential button has been there since EIM went Live. If the Mark as Confidential button is checked, then only the Point Person assigned to the incident or any user with the Incident Reporter role can access the incident.</p>

Enterprise Incident Management (EIM) System

<p>Q10. In regard to the document upload functionality, is there a limit to how much can be uploaded?</p>	<p>There is no limit to the number of documents that can be uploaded, however there is a size limit on each file of 5MB.</p>
<p>Q11. On the Additional Medical Intervention Information screen, if a person is placed in observation for several hours or days, is that considered a delay in admission?</p>	<p>Yes. If the person is in observation and is not admitted for over 24 hours, this would be considered a delay in admission.</p>
<p>Q12. When EIM is down, where do I send my DP-1081 (Services for Individuals with an Intellectual Disability or Autism) form?</p>	<p>Currently DP-1081 Forms can be sent to the ODP regional offices via fax.</p> <ul style="list-style-type: none"> • Central Region (717) 772-6483 • Northeast Region (570) 963-3177 • Southeast Region (215) 560-3043 • Western Region (412) 565-5479

Training

<p align="center">QUESTION</p>	<p align="center">ANSWER</p>
<p>Q1. What does the bulletin mean by “competency-based training” when it</p>	<p>Competency-based training is used for staff to demonstrate their understanding and knowledge of the content.</p>

Training	
<p>says that providers and SCOs must ensure staff have, at minimum, orientation, and annual competency-based training?</p>	<p>ODP has provided extensive competency-based training on the Incident Management Bulletin found at: https://www.myodp.org/course/view.php?id=1683.</p> <p>However, if the provider or SCO does not want to use this training, the provider or SCO may elect their own method of training that demonstrates the staff’s understanding of the content.</p>
<p>Q2. Is a provider required to use the Incident Management Training created by ODP?</p>	<p>While providers are encouraged to use ODP’s IM trainings to train their staff and meet annual training hours, they are not required to use these trainings. Providers may develop their own IM trainings, but should note that the quality of these trainings will be evaluated as part of the Quality Assessment and Improvement (QA&I) process.</p>
<p>Q3. Where can I find additional Incident Management Training?</p>	<p>Additional trainings about incident management can be found on MyODP at: MyODP: Incident Management/Risk Management (Use this following path: Intellectual Disability > Incident/Risk Management)</p> <p>Additional trainings about new EIM functionality can be found on the Learning Management System (LMS): User Login (state.pa.us)</p>

Training	
<p>Q4. When do Providers and SCOs need to complete IM Training?</p>	<p>As stated in 55 Pa. Code §6100.143, the provider and SCO must complete 24 hours of training related to job skills within each year.</p> <p>SCOs and Providers should follow their annual training calendar schedule and ensure that training content comports with the requirements set forth in the Chapter 6100 regulations. Use of the ODP IM Bulletin training materials is certainly recommended, but not required. An agency may also develop their own competency-based training materials.</p>
<p>Q5. Can the same person act as the IM Representative and the Point Person?</p>	<p>Yes, there is nothing in policy that precludes the same person from performing both roles.</p>
<p>Q6. Is there a specific restraint technique training that is required or recommended by ODP?</p>	<p>Training curricula and frequency is directly related to the person-centered plan that includes the use of physical restraints. According to regulation, frequency of staff training must occur prior to rendering services to a participant.</p> <p>ODP does not dictate the curricula to be used, however, examples of the types of education and trainings that could be used include multiple nationally recognized intervention programs that focus on the use of least restrictive interventions such as the Safe Crisis Management[®] certification training program, the Mandt System[®], and Crisis</p>

Training	
	Prevention Institute's techniques of Nonviolent Crisis Intervention®.