Incident Management Frequently Asked Questions

General Incident Management Questions	
Q1. 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?	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." *The discovery date is the date and time when a person, required by regulation, policy and/or law to report, first becomes aware of an actual, suspected or alleged reportable incident involving an individual receiving services. This includes employees, contracted employees and volunteers of an ODP provider or SCO as well as those paid to provide HCBS services through an ODP service model such as Participant Directed Services (PDS – AWC and VF/EA).* *Provider staff are required by regulation to recognize and report incidents therefore when a provider staff is the initial reporter, the discovery date and time is when they witnessed or became aware of the actual, alleged or suspected incident, not when they inform the point person.* From this moment, depending on the 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 ensure that the point person will have ample time to enter the report. *For more in-depth information about discovery dates and initial reporters see the webinar on MyODP - The Basics of Incident Management-The Incident Report Cycle from Discovery to Closure or follow this link:* **https://www.myodp.org/course/view.php?id=2639**
Q2. If the First Section is due at 8am, is the Final Section due at 8am or at 11:59pm on the Due Date? Must the final section be submitted by or before the same time as the first section to ensure timely submission? For instance: If the first section was submitted at 1:42pm, should the final section also be submitted by 1:42pm on the 30th day?	The first section of an incident report is due within 24 or 72 hours of the discovery date and time. Because it must be submitted within a set number of hours, there is a due date and due time. The final section of the incident report is due within 30 days of the discovery date therefore the final section does not include time. Only the date is considered for timeliness of the final section.
Q3. Is there a way that an incident will not show up as out of compliance in regard to submission time when a contingency form (DP 1081) is used?	Currently, this issue is unavoidable in EIM, however providers are encouraged to upload the DP 1081 to the incident report AND they are encouraged to maintain records and documentation of the need to use the DP 1081 as well as any corresponding communication with the appropriate AE and ODP Regional Office.

Q4. Are calls to Station MD a reportable incident?	No. Using this service does not meet any of the definitions of a reportable incident in the IM Bulletin 00-21-02.
	If a call to Station MD resulted in a subsequent visit to the ER in which an individual was diagnosed with an injury that met the definition of a reportable incident, a report would need to be entered accordingly.
	If any other factors are present, that meet the definition of a reportable incident, an incident must be entered accordingly.
Q5. When does an assessment for a serious injury need to be reported?	*While assessments may help to determine the presence of a serious injury, the assessment alone is not sufficient to require an incident report. When an assessment for a potential or suspected injury results in no diagnosed injury, a serious injury report is not required.*
	*Note: Choking, Pressure Injuries, and Medical Equipment Failure/Malfunction are secondary categories under Serious Injury. When these events occur and meet the definitions, as outlined in IM Bulletin 00-21-02, an incident report must be entered regardless of treatment received.
	For more information see **ODPANN 25-093 Incident Management (IM) Rebalancing Initiative Phase 1 IM Guidance**
Q6. Is there ever an instance when an injury is diagnosed, but it does not require treatment beyond first aid (i.e. no external treatment, maybe	Yes, there are instances when an injury is diagnosed and it does not require treatment beyond first aid (i.e. no external

just rest or monitoring for symptoms), and an incident report needs to be entered?	treatment other than rest or monitoring) but it still requires an incident report. Incident Management Bulletin 00-21-02 defines a serious injury as any injury that requires treatment beyond first aid. The IM Bulletin also provides examples of injuries that must be taken into consideration when making this determination. Per IM Bulletin 00-21-02, examples include, but are not limited to: fractures, dislocations, burns, electric shock, loss or tearing of body parts, eye emergencies, ingestion of toxic substances, head injuries from accidents, falls, or blows to the head, any injury involving a loss of consciousness, medical equipment malfunction or damage requiring immediate intervention, and lacerations requiring stitches, staples, or sutures to close. Some injuries included in these examples may be diagnosed by a medical professional but do not require treatment beyond first aid yet are still considered reportable due to the nature and severity of the injury. For example (not an all-inclusive list): **Fractures**- Certain fractures (i.e. fingers, toes, ribs) may not require casting or other external treatment but are still considered injuries that require an incident report.

Head Injuries – *All* diagnosed head injuries from accidents, falls, or blows to the head are reportable regardless treatment received.

- **Concussions**- A concussion is a type of head injury that often does not require external treatment beyond monitoring; however, it is considered an injury that requires an incident report.

When an injury is diagnosed by a medical professional and no treatment beyond first aid is provided, providers should consider the impact of the injury on the individual. This includes, but is not limited to pain, the need for rest or activity restrictions, limitations that affect daily functioning, or the need for additional support to complete activities of daily living. Providers should ask whether a reasonable person would consider the injury significant, even if treatment is limited.

The clarification provided in **ODPANN 25-093**, related to serious injuries, addresses situations in which an assessment occurred and no injury was present. It was not intended to exclude diagnosis or clinically significant injuries from reporting based solely on the level of treatment provided.

When in doubt, consult with your agency's IM Representative or your AE Incident Manager.

	Never assume an injury does not exist, only a medical professional can make this determination.
Q7. If a provider employee is identified as an alleged target and was "off the clock" at the time of the incident, is the provider responsible to report and investigate?	Yes. Per IM Bulletin 00-21-02 "Providers, including those under the agency with choice model, must report within 24 or 72 hours of discovery or recognition all categories of incidents, alleged incidents, and suspected incidents in the Department's information management system and complete an investigation as necessary when:
	Services are rendered by the provider;
	When an incident involves a target, the alleged target is within the scope of the provider to investigate, which includes employees, staff, volunteers, contractors, consultants, interns, and other individuals receiving services from the provider.(55 Pa. Code §§ 2380.17, 239 0.18, 6100.401, 6400.18, 6500.20)"
	The policy covers two possible scenarios that require the provider to report and investigate:
	1). The provider is rendering services AND the target is within their scope when the incident occurred.
	OR
	2). The provider was not rendering services when the incident occurred BUT the target is within their scope.

Q8. If an individual lives with family and they return to their day program on a Monday and report an allegation to a staff member, that identifies a family member as the target, what is the day program's responsibility for reporting?	When an allegation of a reportable event is received and the target is outside of the provider's scope, the provider receiving the report must immediately alert the SC. The SC will enter the incident report within the required timeframe. When family is paid to provide a service, the responsibility to report and investigate will be determined by the service model (AWC or VF/EA). See IM Bulletin Section VI (a-e). Also reference **ODP Announcement 21-049** The decision tree on the last page of this announcement is a helpful guide to determining responsibility to report and investigate.
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?	As stated in the IM Bulletin, "Ensure that person(s) listed in the ISP as the designated individual are notified about incident management activities as indicated by the individual." The ISP should also contain information about 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 to be notified for certain types of incidents. Encouraging the individual to be empowered to make their own decisions about 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.

	The SC and provider are responsible to ensure that the persons designated by the individual are documented in the ISP. This information must be updated annually or when requested by the individual. 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. For example, some individuals may have multiple contacts (designated people), 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.
Q10. Once the IM process is complete, are guardians/parents of the victim permitted to request summaries of the incident report?	Per the IM Bulletin 00-21-02, Providers and SCOs shall require the release to the individual and persons designated by the individual upon request of the incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who

	receives the report (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6400.18, 6500.20).
	Note: Reports do not need to be complete when provided to the requestor. Additionally, the incident report summary can be provided to only designated persons listed in the ISP.
Q11. Do you need both preventative and additional corrective actions for the incident to be approved, or can you have one or the other?	Preventative Corrective Actions and Additional Corrective Actions can be developed for any incident category. Enterprise Incident Management (EIM) requires Preventative Corrective Actions for confirmed incidents of Abuse, Death, Sexual Abuse, Neglect, Rights Violation, Exploitation, Serious Injury, and Suicide Attempt. When the outcome is confirmed, the system will not allow the user to advance without entering the Preventative Corrective Action. Additional Corrective Actions, while not a system requirement, are a policy requirement. Once the root cause of the incident is determined, a corrective action should be implemented to address the cause thereby reducing the risk of recurrence and ensuring the health and safety of the individual. During the management review of an incident, the reviewer may find that the opportunity to implement a corrective action was missed or that the corrective action entered is not sufficient. They may disapprove the incident and ask that a corrective action be developed and entered into the incident report.

	Note: Preventative and Additional Corrective Actions should be observable and measurable. They should also be monitored for effectiveness. Ineffective corrective actions often allow recurrence of the incident and should not be repeatedly used. Instead, the cause should be reviewed, and new actions should be developed.
	Supports Coordinators are responsible for reviewing incidents prior to monitoring and must note the corrective actions included in the incident report. During the monitoring visit the SC should confirm that the corrective actions were implemented and should assess their effectiveness.
	Per requirements outlined in IM Bulletin 00-21-02, Individual Incident Data Monitoring and the Three-Month Trend Analysis are required by the provider and SCO. This includes the evaluation of the effectiveness of corrective actions for all incident categories.
	The following trainings are available on myODP
	Using Root Cause Analysis in the Development of Corrective Actions
	Developing Effective Corrective Actions
Q12. Can the same person act as the IM Representative and the Point Person?	Yes, there is nothing in policy that precludes the same person from performing both roles.

Q13. Can a single person hold multiple roles in the incident reporting process? Can one person be the point person and the CI for example?	Yes, a single person can hold multiple roles. For example, an initial reporter could be the point person, the point person could be the assigned CI, and an IM Rep could be an initial reporter, a point person and a CI. However, a single person should not perform the duties of multiple roles when any role has oversight of another. For example, a CI should NOT be the management reviewer (i.e., an AE CI should not review an incident for which they were the assigned CI). A CI should not be an Administrative Review Committee member reviewing an investigation that they conducted.
Q14. Does each Provider and SCO need to have an Incident Management Representative (IM Rep) and does the IM Rep need to be a certified investigator?	Yes, each Provider and SCO must designate an IM Rep who obtains their CI Certification within 12 months of role designation. Per the IM Bulletin 00-21-02, Section IV. C (page 9): "The IM representative is the person designated by a provider or SCO who has overall responsibility for incident management. Each provider and SCO must have an IM representative. As part of his or her job responsibilities, the IM representative must be a certified investigator (CI). The CI certification must be obtained within 12 months of assuming the role of IM representative. The IM representative may delegate the activities listed below within the organization or to another organization (via a contract, agreement, etc.) but must maintain overall responsibility to ensure completion as required by applicable laws, regulations, policies, and procedures." See the IM Bulletin for a full list of the IM Rep responsibilities. **Bulletin 00-21-02 Incident Management.pdf**

Data Analysis	
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?	The documentation format is up to the agency; however, the documentation should show the results of the delegated functions 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).
Q2. In Section XII, it states that monthly incident data monitoring and three-month trend analysis of incident data should be conducted. What data should be monitored? Is it at the discretion of the organization or are there specific areas that should be addressed?	*There are specific data elements that must, at a minimum, be included and addressed. Those are listed in each relative section within the IM Bulletin.* *Section XII (b) (pages 38-39) lists what must be included for the Individual Incident Data Monitoring.* *Section XII (c) (page 39) lists what must be included for the Provider, SCO Three-Month Trend Analysis.* *Section XII (d) (pages 39-40) list what must be included for the County ID Program/AE Trend Analysis.* **Bulletin 00-21-02 Incident Management.pdf**

Q3. What incidents are to be included in in the monthly monitoring and three-month (quarterly) trend analysis?	**All** incidents that were reported must be: Monitored in the monthly individual incident data monitoring, and then Be analyzed in the three-month (quarterly) trend analysis. Please reference Section XII in the IM Bulletin. Note: The entity (the provider or SCO) that is responsible for reporting the incident will conduct the monitoring and analysis of the incident. *(i.e., Providers conduct monitoring and analysis for incidents that they entered and SCOs conduct monitoring and analysis for incidents that they entered. Note: This is different than SCs reviewing incidents for individuals as part of SC monitoring).*

Primary and Secondary Categories	
Q1. Does Verbal Abuse fall under the Psychological secondary category?	Yes. Per page 17 of the Incident Management Bulletin under the section titled Reportable Incidents, Psychological Abuse is defined as, "An act which causes or may cause mental or emotional anguish by threat…or other verbal or nonverbal conduct…" This is because research has shown that verbal abuse has long-term psychological effects.
Q2. Are Providers required to enter an incident for Fire if there is a false alarm?	In accordance with 6100.401(a)(10): "Fire requiring the services of the fire department. This provision does not include false alarms." You do not need to report an incident for a false alarm. In the bulletin under Reportable Incidents, Fire is described as when 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.
Q3. What is the difference between the primary categories Serious Illness and Serious Injury?	The primary categories of Serious Illness and Serious Injury have similarities but also differences regarding hospitalizations, which require admission to a facility. Incidents of Serious Illness (primary category) are required to be reported when an individual is admitted to a hospital for an acute or chronic illness (secondary categories).

	Incidents of Serious Injury are required to be reported when an individual receives treatment beyond first aid, regardless of where the treatment was provided.
	Examples include receiving treatment at an Urgent Care Center, an Emergency Room, a doctor's office, or following admission to a hospital, etc.
	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 illness (entered as Serious Illness) or if it was due to injury (entered as Serious Injury).
	Please reference the IM Bulletin 00-21-02 (page 25) for more information on these two primary categories.
Q4. Are Urinary Tract Infections (UTIs) an illness or injury? And are they reportable?	UTIs are an illness. Per IM Bulletin 00-21-02, the definition of a Serious Illness is "A physical illness, disease, or period of sickness that requires hospitalization. This includes an elective surgery that requires a hospitalization." An incident report is required if the individual is hospitalized.
Q5. What is the difference between Neglect- Failure to Provide Medication Management and Medication Error- wrong person or wrong dose? How should this be reported?	Neglect- Failure to Provide Medication Management, 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.
	Neglect- Failure to Manage Medications states that the category should be reported when an individual is given another individual's medication. Medication Error- Wrong Person also contains similar language. A provider must report both Neglect – Failure to Manage Medication and Medication Error- Wrong Person in the event an individual receives another individual's medication.
	Training regarding medication errors is available on myODP ***Course: Agency-Focused Incident Management Training - Medication Errors Failing to Provide Medication Management Missing/Theft of Medications***
Q6. What is the difference between Passive-Neglect and Self-Neglect?	Passive neglect 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 Passive Neglect. Self-neglect is when the individual is neglecting themself. 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 Self-Neglect. 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.) *Training regarding Passive and Self Neglect is available on myODP* ***[Understanding, Recognizing, and Reporting Passive and Self-Neglect](#)***
Q7. If an individual walks out into a busy street and staff have to grab them for 2 seconds to ensure they don't walk out into traffic, does that count as a restraint? And upon this possibly happening twice in 6 months, will this individual need a restrictive plan?	In the 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.

Q8. When is law enforcement activity a reportable incident?	Under Section VII of the Bulletin, Law Enforcement Activity is defined as, "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." In other words, Law Enforcement incidents need to be reported if the individual: Is charged with a crime/Under police investigation or is present at a service location site when a crime occurs. Additionally, if a crime occurs at a residential service location 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.

Q9. What secondary category under Exploitation is for labor that is unpaid or underpaid?	The secondary category is "Unpaid Labor": 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 therefore are being exploited. This should be categorized under the secondary category of "Unpaid labor." For more information on the primary category of Exploitation, please see pages 19-21 of the Incident Management Bulletin.
Q10. When do you report "death" under the secondary categories "Services Provided" and "Only Supports Provided?"	As referenced in the IM Bulletin, the difference between "service" and "support" is: **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." Please note: All providers of services, with the exception of SCOs, must always use the "Services Provided" secondary category options. Additionally, "Services Provided" must be selected and investigations must occur when the individual in enrolled in a waiver regardless of services authorized or provided.
Q11. What specific roles in my organization need to become certified investigators?	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. Please note, it is best practice to have more than one CI available at an agency to ensure: • there is no bias with the investigation

	• that the investigation is completed with speed, objectivity, and thoroughness; and • that there is always a CI available (i.e., CI goes on vacation, has other responsibilities, etc.) Please see Section IV Incident Management Process Roles in the IM Bulletin for more information.
Incident Investigations and Administrative Reviews	
Q1. How do I investigate a moving violation?	When investigating a moving violation (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.
Q2. After an IM Representative becomes a CI, must they maintain their certification if they are not completing investigations?	Yes, once you are a department-certified investigator, you must maintain your certification. Please see the **CI Manual** (page 3) for information on recertification.
Q3. Can an administrative review be an alternative to a peer review?	No. A peer review and an administrative review are separate and distinct quality management practices for the management of investigations.

	A peer review is completed for a sample of investigations and involves the review of investigatory files by other CIs.

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.

For more information, please review the Peer Review Manual and Administrative Review Manual found on myodp.org.

Administrative Reviews cannot take the place of a peer review to meet recertification requirements. See page 3 of the **CI Manual**. |
| Q4. How many members need to be on an Administrative Review Committee? | 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."

The assigned CI, witnesses or targets must not be an Admin Review Team member. |
| Q5. Are both ID/A and AAW SCO Program/IM Managers required to become Certified Investigators? | Yes, this requirement applies to both ID/A and AAW SCO Program/IM Managers. |
| Q6. Do the primary categories of "Individual to Individual Abuse" and | Per ODP Announcement 21-039, ODP will not be requiring incidents of "abuse to an individual by another individual" and "injury requiring |

"Injury Requiring Treatment Beyond First Aid" require an investigation?	treatment beyond first aid as a result of an accidental injury" to be investigated by a CI, in accordance with §6100.402 as of July 1, 2021.

Note that ODP or the County ID Program/Administrative Entity may require or request an investigation to be completed by a CI at any time.

Additionally, efforts are currently underway to reduce Individual-to-Individual Abuse. When an individual experiences 3 or more incidents of Individual-to-Individual Abuse within a one-month period an investigation should be initiated by the provider. If an investigation has not been initiated one will be requested by the AE or ODP.

Please note: Individual-to Individual abuse that involves sexual abuse, will still need to be reported in EIM as Sexual

Abuse. Additionally, the secondary categories of verbal abuse and psychological abuse have been combined; therefore "verbal" is no longer a secondary category listed in the EIM system.

ODP will provide notification six months before system changes will become effective that require these incidents to be investigated by a CI.

For additional guidance, see MyODP for Announcement 21- 039, or contact your ODP Regional Office or **RA- impolicy@pa.gov.** |
| Q7. Where can I find more information on the Administrative Review? | 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. |

Q8. Does data entry for the Administrative Review need to be done by a member for the Admin Review Committee? Or could a CI enter the information, after it was received from the admin review team, for their own incident?	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 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.
Q9. As a Supports Coordinator, what investigation information will I be able to review in EIM?	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.
Q10. What EIM role do I need to be able to complete the Administrative Review?	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.
Q11. 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 pervious Certified Investigator.

Q12. 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.
Q13. Does the Certified Investigator Report in EIM need to be submitted before the Administrative Review can be completed?	Yes, the Administrative Review will not be displayed until the CIR has been submitted. Upon submission, the system will create the Provider Administrative Review document.
Q14. 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 Investigation Determination and any Preventative Corrective Actions.
Q15. 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.
Q16. Is it acceptable to submit an incident report without a death certificate?	Per **ODP ANN 24-098** "While the inclusion of a death certificate in an incident report is preferred, to ensure a complete record, ODP acknowledges the

	potential burden this request may place on grieving families. When it becomes necessary for an incident point person, a designated investigator, a supports coordinator, or any other responsible party to request a death certificate from the family or next of kin the request should be made only once. If the death certificate is not received by the time the responsible party is ready to finalize the incident report, the report should be finalized without the death certificate. No extensions should be requested or applied due to the absence of a death certificate. ODP expects the responsible party to document the attempt to obtain the death certificate including the date and time of the request and the name of the individual contacted. This information must be recorded in the final section of the incident report, specifically the Additional Information and Optional Categorization screen. This information must be included for the incident to be approved." If a CI is unable to obtain an individual's death certificate, the attempts to obtain it and the reasons why it could not be obtained should be thoroughly documented and explained in the Certified Investigator Report as well. If the organization **does** have the death certificate, it should be uploaded to EIM so reviewers can see it.
Victim's Assistance	
Q1. When should someone contact a Victim's Assistance Program?	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 provides services

	to the individual is responsible for educating the individual on this program and the resources available.
	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.
Q2. What if the individual refuses to utilize the Victim's Assistance Program	The provider is responsible for explaining 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 details on this program. 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. The Victim's Assistance Programs are beneficial throughout the individual's experience during and after the trauma. 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.
Targets	
Q1. When a staff member is a target and is required to be separated in situations of abuse, are they only to	The target is not allowed to work directly with **any** individuals receiving services for at least the duration of the investigation. Per page 12 of the Incident Management Bulletin,

be separated from the individual involved, or all individuals?	"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 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)."
	Target separation training is available on myodp.org *Agency-Focused Incident Management Training -Target Reporting, Separation, and Management*.
Q2. Can you modify a target identifier in the Final Section?	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.
Q3. 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 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."
	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.
	Enterprise Incident Management (EIM) System
Q1. What should I do if EIM is down, and I have an incident to enter?	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 enters the incident into EIM within 24 hours. Please see Attachment 3 of the IM Bulletin for a copy of the *DP 1081*.
Q2. 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?	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.
Q3. When filing a Medication Error that may require an additional Neglect incident, will EIM display a warning message?	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.

Q4. Should the person listed as the Immediate Contact be the same as the Point Person?	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.
Q5. For site level reports, for the textbox that states "Please list all individuals involved," should we include only individuals receiving services, or also staff?	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.
Q6. Is EIM able to be used on any browser?	EIM is currently compatible with all web browsers, such as Google Chrome, Firefox, Safari, and Microsoft Edge. EIM is even compatible with using your mobile device.
Q7. When using the Mark as Confidential button on the Incident Detail screen, who can see the incident?	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.
Q8. In regard to the document upload functionality, is there a limit to how much can be uploaded?	There is no limit to the number of documents that can be uploaded, however there is a size limit on **each** file of 5MB.
Q9. 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?	Yes. If the person is in observation and is not admitted for over 24 hours, this would be considered a delay in admission.

Q10. When EIM is down, where do I send my DP-1081 (Services for Individuals with an Intellectual Disability or Autism) form?	Currently DP-1081 Forms can be sent to the individual's County/AE of registration and ODP regional offices via fax. Central Region (717) 772-6483 Northeast Region (570) 963-3177 Southeast Region (215) 560-3043 Western Region (412) 565-5479 *They can also be sent via secure email.* *The **DP 1081** can be accessed by clicking this link or by navigating to the Incident Management Bulletin 00-21-02 Documents and Resources section in myODP. When submitting the DP1081 be sure to include the reason that EIM could not be accessed.*
Q11. How are EIM IM user roles managed and tracked? Is there a requirement for a tracking system?	All business partner user roles for the Department's Information Management system, including both Home and Community Services Information System (HCSIS) 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 for creating, modifying, and deactivating user roles (pg. 9 of the IM Bulletin). This is done by each organization's Business Partner Administrator (BP Admin). Each Provider's and SCO's Incident Management Representative (IM Rep) is responsible to: • 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.

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. |
| Q12. Is there a resource available for BP Admins that explains the roles in EIM? | Yes, Section 2 (pages 8-11) of the **ODP ID/A User Manual** includes tables with all roles that explain accessibility and provides a description of each role. The EIM user manual can be found on the HCSIS Learning Management System (LMS) or by following the link above.

Additionally, a BP Admin Guide for Assigning User Roles can be found on the LMS or by following this link **Assigning EIM Roles Using the BP Admin Tool**. |
| **Training** | |
| Q1. What does the bulletin mean by "competency-based training" when it says that providers and SCOs must ensure staff have, at minimum, orientation, and annual competency-based training? | Competency-based training is used for staff to demonstrate their understanding and knowledge of the content. *This is usually in the form of a quiz or test, or some other method used to measure the learner's understanding of the training content.*

ODP has provided extensive competency-based training on the Incident Management Bulletin found at: **All courses | MyODP** 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.
Q2. Is a provider required to use the Incident Management Training created by ODP?	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.
Q3. Where can I find additional Incident Management Training?	Additional training about incident management can be found on MyODP at: **MyODP: Incident Management/Risk Management** (Use the following path: Intellectual Disability > Incident/Risk Management) Additional training about new EIM functionality can be found on the Learning Management System (LMS): **Learning Management System (LMS) Log in**
Q4. Is there a specific restraint technique training that is required or recommended by ODP?	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. 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 Prevention Institute's techniques of Nonviolent Crisis Intervention®.

Questions related to the Incident Management Bulletin 00-21-02 can be sent to **RA-impolicy@pa.gov**

Questions related to the Enterprise Incident Management (EIM) system can be sent to **RA-PWODPEIMASSIST@pa.gov**