



Adverse Incident Reporting (AIR) MCO Instructions

User Manual for Home Community Based Services (HCBS)



August 2018

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General Instructions

Overview

Adverse Incident Reporting (AIR) is a KDADS web application used by providers and individuals to report adverse/critical incidents involving individuals receiving services from agencies licensed or funded by KDADS. The AIR reporting form is made available to providers and individuals via a link on the KDADS website at www.kdads.ks.gov.

System Requirements and Browser Settings

- Internet Connection
 - Internet Browser:
 - Microsoft Internet Explorer 11 or newer –the only browser that KDADS officially supports for Web Applications
 - Other browsers may be used with the understanding that KDADS cannot troubleshoot any issues that may arise using Web Applications with another browser.
-

Contact Persons

Issue	Contact Person
Application How To Questions and Security Access	KDADS Help Desk Phone: <i>(785) 296-4987 or (800) 432-3535</i> E-Mail: <i>KDADS.Helpdesk@ks.gov</i>
Questions about AIR Policies and Guidelines	Phone: <i>(785) 296-4986 or (800) 432-3535</i> <i>Ask for the program manager for the waiver or service that the affected client is associated with.</i>

Important

The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved. The information that is required due to policy may be different from those that are system required.

All information saved in any KDADS web application or web form is encrypted and secure.



Accessing the Application

Introduction

The *Adverse Incident Reporting (AIR)* application is accessed via KDADS Web Applications. While providers and individuals reporting incidents can access the form via a public link, KDADS and MCO staff must have an authenticated web applications user account with the required security to access to the application. All KDADS Web Applications, forms and uploaded files submitted via the application are secure and encrypted.

How To

Follow the steps in the table below to login to KDADS Web Applications and launch the *Adverse Incident Reporting (AIR)* application.

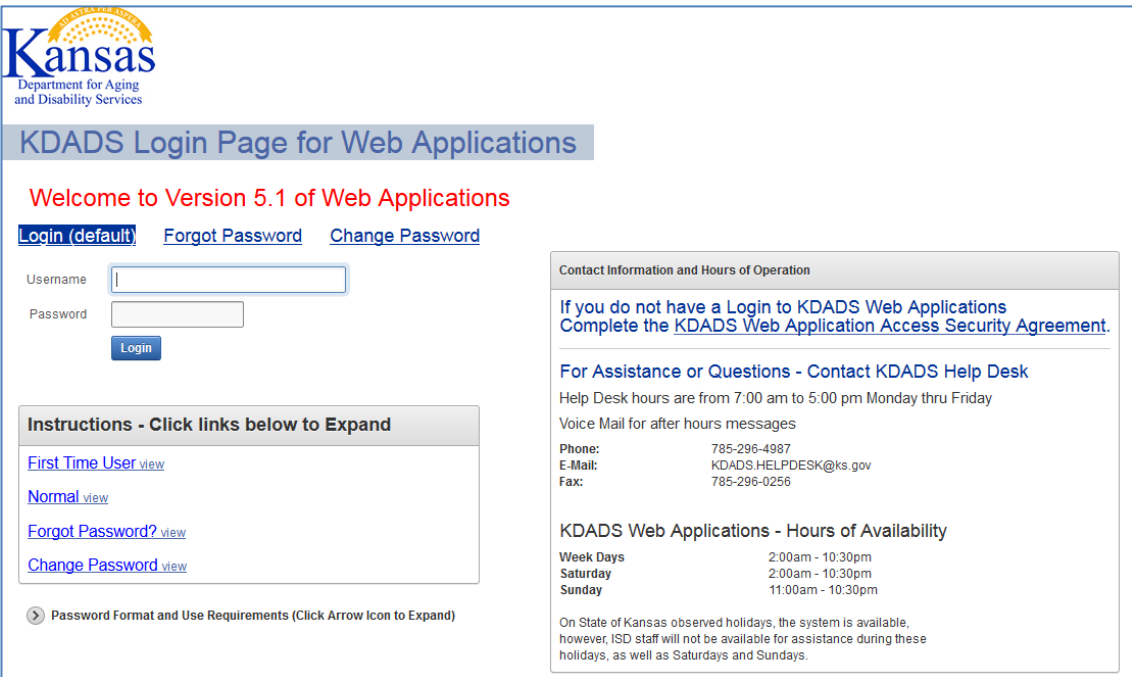

Step	Action	Result
1.	Open an internet browser. Go to the KDADS Provider Information website at www.kdads.ks.gov/provider-home	The KDADS Provider Information home page displays:
		
2.	Select the Web Apps link on the right side of the black menu bar under the sunflower field banner.	The KDADS Web Application Information page displays:
		
3.	Click on the Web Applications button on the right side of the page.	The KDADS Login Page for Web Applications displays.

Continued on next page

Accessing the Application, continued

How To

continued

Step	Action	Result
4.	Enter your Username and Password .	The password is masked for security purposes.
		
5.	Click on the Login button, <i>OR</i> Tab to the Login button and press Enter .	The KDADS Web Applications Home page displays.
6.	Click on the AIR icon.  Adverse Incident Reporting - MCO	The Adverse Incidents MCO Referred Worklist page displays.

User View Access

Overview

A user is granted Security Access within Web Applications for the Adverse Incident Reporting (AIR) application which is issued by the security team at the KDADS Helpdesk when requested and vetted by an assigned security authority at KDADS or MCO. In addition, AIR has *User View Access* that is used to maintain the group members of each Program Type used in AIR, and the MCO organizations. The maintenance view for this User View Access is available only to KDADS AIR users that have been given the required security access to maintain these groups.

Introduction

The users assigned to these Groups are the users that have access to the incidents associated with their group (Program Type.) Additionally, the MCO users that access AIR is defined here. The group members of each 'organization' group are the users that can access the Adverse Incident reports where the organization has been verified as accurate by KDADS.

Groups

These are the program types to which users can be assigned:

- Amerigroup
- CMHC Providers
- Community Mental Health Centers
- Community Services and Programs Commission (CSP)
- HCBS Waiver Providers
- Not Assigned
- Private Psychiatric Hospital
- Psychiatric Residential Treatment Facilities
- Substance Abuse Treatment Providers
- Sunflower
- UnitedHealthcare
- ValueOptions

Generally, the MCOs group members are from their organization, and the other program type group members are KDADS program staff.

If the Program Type selected for an incident is 'UNKNOWN,' the group members from 'Not Assigned' have access to the incident.

Who to Contact

Contact one of the following to have your name/email placed or removed from the E-Mail Group:

- Your Organization Security Authority for KDADS Web Applications
 - The KDADS Program Integrity Manager
 - The KDADS Help Desk
-

User E-Mail Group

Overview

The *User E-Mail Group* is used to maintain the e-mail group members for each Program Type and Organization assignment used in AIR. This tab is available only to KDADS AIR users that have been given the required security access to maintain these e-mail groups.

Introduction

Certain events in AIR, such as submitting an AIR report, or assigning an MCO and clicking the e-mail notification button, trigger e-mail notifications to users associated with the submitted AIR report. AIR looks to the group members defined on the User E-Mail Maintenance page to determine who receive e-mail notifications.

E-Mail Groups

While the list of E-mail Groups is the same as the list of User View Access Groups, the group members can be different between the two. By default, a user that is placed on the user view access is placed within the E-Mail group. However, the separate lists allow users that access AIR to not necessarily have to also receive the notification emails every time a triggering event occurs for a report.

Who to Contact

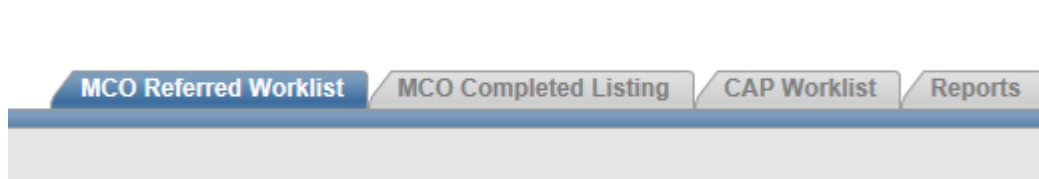
Contact one of the following to have your name/email placed or removed from the E-Mail Group:

- Your Organization Security Authority for KDADS Web Applications
 - The KDADS Program Integrity Manager
 - The KDADS Help Desk
-

Adverse Incident Application Navigation

Application Navigation

Application Navigation is completed by menu tabs at the top of each page.



Navigational Tab	Action / Purpose
MCO Referred Worklist	Submitted reports where the MCO has been verified by KDADS and the report has been referred to the MCO for investigation.
MCO Completed Listing	Listing of reports where the MCO has completed their portion of the investigation.
CAP Worklist	Worklist of Non-Completed Corrective Action Plans (CAP)
Reports	Pre-designed Reports

Adverse Incident MCO Referred WorkList

Overview

The *Adverse Incident MCO Referred WorkList* page for MCOs only displays incidents submitted and KDADS has verified the MCO for the individual.

Adverse Incident MCO Referred WorkList

MCO users can see reported incidents for individuals that have the MCO assigned. The Adverse Incident Listing page displays these incidents. They are sorted by the date the incident was reported.






Below is an example of the Referred Worklist and the description of the fields available.

Adverse Incident Reporting

Adverse Incident MCO Referred Worklist

Q Go Actions

1 - 20

Select	Air Report Number	Report Date	Incident Date	Report Submitted Date	Report Assigned Date (KDADS)	Report Assign To (KDADS)	Individual First Name	Individual Last Name
	5898	09/07/2018	09/07/2018	09/07/2018	09/07/2018	DEBYPARHOMEK	NAME	CUSTOMER9
	5896	09/05/2018	09/05/2018	09/05/2018	09/05/2018	DEBYPARHOMEK	NAME	CUSTOMER170
	5895	09/04/2018	09/04/2018	09/04/2018	09/04/2018	COLINRORK	NAME	CUSTOMER244
	5894	09/03/2018	09/03/2018	08/17/2018	08/17/2018	DEBYPARHOMEK	NAME	CUSTOMER54
	5893	09/02/2018	09/02/2018	08/16/2018	08/16/2018	COLINRORK	NAME	CUSTOMER86

Users can change the look/functionality of the report by sorting, filtering, highlighting, and grouping the report using features within Interactive Reports. For instructions on using these features, refer to the *Interactive Reports Instructions for KAMIS and other KDADS Web Applications* located on the KDADS Provider Information/Manuals and Instructions website (<http://www.kdads.ks.gov/provider-home/manuals>).

Continued on next page

Adverse Incident MCO Referred WorkList, continued

**Adverse
Incident MCO
Referred
WorkList**

Below are the description of the fields available in the report and the action or purpose of those fields.

Adverse Incident MCO Referred WorkList	
Field or Button	Action / Purpose
Select	Opens the Detailed Incident Report Information page
AIR Report Number	A sequential number that is assigned to the incident when it is created by the reporter.
Report Date	Date the reporter created the Adverse Incident Report.
Incident Date	Date the incident occurred.
Report Submitted Date	Date the reporter created the Adverse Incident Report.
Report Assigned Date (KDADS)	Date the report was assigned to a KDADS Program Integrity employee for investigation.
Report Assigned to (KDADS)	KDADS Program Integrity employee assigned to the specific report.
Individual First Name	Individual First Name
Individual Last Name	Individual Last Name
Incident County	County where incident occurred.
Program Type	<ul style="list-style-type: none"> • Aging and Disability Resource Center • Autism • Center for Independent Living • Community Developmental Disability Organization • Community Mental Health Center • Financial Management Services Provider • Frail Elderly • Intellectual / Developmental Disabled • Mental Health Provider (Non-CMHC) • Money Follows the Person • Older Americans Act (OAA) • PACE • Physically Disabled • Private Psychiatric Hospital • Psychiatric Residential Treatment Facility • Senior Care Act (SCA) • Severe Emotional Disturbance • Substance Abuse Treatment Facility • Technology Assisted • Traumatic Brain Injury • Unknown
Program Type Revised	The current Program Type that was revised by KDADS from what was entered by the reporter.

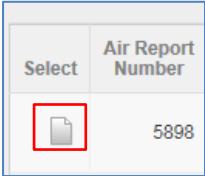
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Adverse Incident MCO Referred WorkList, continued

Field Descriptions *continued*

Adverse Incident MCO Referred WorkList (continued)	
Field or Button	Action / Purpose
Service	<ul style="list-style-type: none"> • Day Supports • Lives in Shared Living Arrangement • Lives with Parents/Family/Friend • Mental Health - Community • Mental Health - Onsite • Personal Service Attendant • Residential Supports • Targeted Case Management - HCBS Only • Unknown
Organization Notified	MCO Organization that KDADS notified of the Adverse Incident Report.
Org Notified Date	Date KDADS Notified the MCO of the Adverse Incident Report.
MCO Report Status	MCO Report Status
KDADS CAP Level	If issued, indicates the KDADS Corrective Action Plan (CAP) Level
KDADS Cap Status	If issued, indicates the KDADS Corrective Action Plan (CAP) Status

How To Open a Submitted Incident Follow the steps in the table below to open a submitted incident.

Step	Action	Result
1.	<p>On the <i>Adverse Incident Referred WorkList</i> page, click on the Select icon located at the beginning of the incident row to be opened.</p> 	The selected AIR report opens.

Detailed Incident Report Information Page – Description of Fields

Field Descriptions The table below describe each field found on the Detailed Incident Report Information form that is submitted by providers and individuals (Reporters). All these fields will be read-only, as submitted by the Reporter.

Field or Button	Action / Purpose														
Person Reporting Incident Information Region															
<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4f81bd; color: white; padding: 2px;">Person Reporting Incident Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Reporter To Remain Anonymous Reporter Information Retained By The State Only.</th> <th style="width: 15%;">First Name</th> <th style="width: 15%;">Last Name</th> <th style="width: 15%;">Reporter Phone</th> <th style="width: 15%;">Reporter E-Mail (If Known)</th> <th style="width: 15%;">Reporter Relationship To Individual</th> <th style="width: 20%;">Service Provider Name (If Known)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">NAME</td> <td style="text-align: center;">REPORTER9</td> <td style="text-align: center;">(785) 666-7777</td> <td style="text-align: center;">REPORTEREMAIL@EMAIL.COM</td> <td style="text-align: center;">-</td> <td style="text-align: center;">PROVIDER48</td> </tr> </tbody> </table> </div>		Reporter To Remain Anonymous Reporter Information Retained By The State Only.	First Name	Last Name	Reporter Phone	Reporter E-Mail (If Known)	Reporter Relationship To Individual	Service Provider Name (If Known)	N	NAME	REPORTER9	(785) 666-7777	REPORTEREMAIL@EMAIL.COM	-	PROVIDER48
Reporter To Remain Anonymous Reporter Information Retained By The State Only.	First Name	Last Name	Reporter Phone	Reporter E-Mail (If Known)	Reporter Relationship To Individual	Service Provider Name (If Known)									
N	NAME	REPORTER9	(785) 666-7777	REPORTEREMAIL@EMAIL.COM	-	PROVIDER48									
Reporter to Remain Anonymous	<p>If the reporter elects to remain anonymous then no reporter fields will be displayed on the Report Detail page. The field indicating this selection will be displayed for reference.</p> <div style="border: 1px solid gray; padding: 5px; margin: 10px auto; width: fit-content;"> <div style="background-color: #4f81bd; color: white; padding: 2px;">Person Reporting Incident Information</div> <div style="background-color: #4f81bd; color: white; padding: 2px; text-align: center;">Reporter To Remain Anonymous Reporter Information Retained By The State Only.</div> <div style="border: 1px solid gray; padding: 2px; text-align: center; margin-top: 2px;">Y</div> </div>														
All fields	Reporter information and the organization to which the reporting person is associated.														
Incident Information Region															
<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4f81bd; color: white; padding: 2px;">Incident Date and Location Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Report Date</th> <th style="width: 10%;">Report Submitted Date</th> <th style="width: 10%;">Incident Date</th> <th style="width: 10%;">Incident Time (If Known)</th> <th style="width: 20%;">County Where Incident Occurred (If Known)</th> <th style="width: 40%;">List Person(S) Involved In Incident</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">09/07/2018</td> <td style="text-align: center;">09/07/2018</td> <td style="text-align: center;">09/07/2018</td> <td style="text-align: center;">17:30</td> <td style="text-align: center;">JO</td> <td style="text-align: center;">LISTING OF PERSONS THAT WERE INVOLVED.</td> </tr> </tbody> </table> </div>		Report Date	Report Submitted Date	Incident Date	Incident Time (If Known)	County Where Incident Occurred (If Known)	List Person(S) Involved In Incident	09/07/2018	09/07/2018	09/07/2018	17:30	JO	LISTING OF PERSONS THAT WERE INVOLVED.		
Report Date	Report Submitted Date	Incident Date	Incident Time (If Known)	County Where Incident Occurred (If Known)	List Person(S) Involved In Incident										
09/07/2018	09/07/2018	09/07/2018	17:30	JO	LISTING OF PERSONS THAT WERE INVOLVED.										
Report Date	Date the AIR form was created. Defaults to the current date.														
Report Submitted Date	Date the AIR form was submitted to KDADS. Defaults to the current date.														
Incident Date	Date the incident occurred.														
Incident Time	Time the incident occurred.														
County Where Incident Occurred	The county where the incident occurred.														
List person(s) involved in incident	The individuals name(s), other than the client, and their relationship to the client involved.														

Continued on next page

Detailed Incident Report Information Page – Description of Fields, continued

Field or Button	Action / Purpose																								
Individual Involved in Incident Information Region																									
Individual Involved in Incident Information																									
<table border="1"> <thead> <tr> <th colspan="3">Individual Information</th> <th colspan="2">Medicaid Information</th> <th colspan="3">Program and Services Information</th> </tr> <tr> <th>First Name</th> <th>Last Name</th> <th>Date Of Birth (If Known)</th> <th>MCO (If Known)</th> <th>Medicaid ID Number (If Known)</th> <th>Program Type (If Known)</th> <th>Service Received During Incident (If Known)</th> <th>KAMIS Person Number (If Known)</th> </tr> </thead> <tbody> <tr> <td>NAME</td> <td>CUSTOMERS</td> <td>12/12/1969</td> <td>UNITEDHEALTHCARE - MCO</td> <td>00199999999</td> <td>INTELLECTUAL / DEVELOPMENTAL DISABLED</td> <td>RESIDENTIAL SUPPORTS</td> <td>-</td> </tr> </tbody> </table>		Individual Information			Medicaid Information		Program and Services Information			First Name	Last Name	Date Of Birth (If Known)	MCO (If Known)	Medicaid ID Number (If Known)	Program Type (If Known)	Service Received During Incident (If Known)	KAMIS Person Number (If Known)	NAME	CUSTOMERS	12/12/1969	UNITEDHEALTHCARE - MCO	00199999999	INTELLECTUAL / DEVELOPMENTAL DISABLED	RESIDENTIAL SUPPORTS	-
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NAME	CUSTOMERS	12/12/1969	UNITEDHEALTHCARE - MCO	00199999999	INTELLECTUAL / DEVELOPMENTAL DISABLED	RESIDENTIAL SUPPORTS	-																		
First/Last Name of Individual	Name of the individual involved in the incident being reported.																								
Date of Birth (if known)	Individual's date of birth.																								
MCO Organization (if known)	The individual's KanCare provider.																								
Medicaid ID (if known)	Individual's Medicaid ID number if known.																								
Program Type (if known)	<ul style="list-style-type: none"> • Aging and Disability Resource Center • Autism • Center for Independent Living • Community Developmental Disability Organization • Community Mental Health Center • Financial Management Services Provider • Frail Elderly • Intellectual / Developmental Disabled • Mental Health Provider (Non-CMHC) • Money Follows the Person • OAA • PACE • Physically Disabled • Private Psychiatric Hospital • Psychiatric Residential Treatment Facility • Senior Care Act (SCA) • Severe Emotional Disturbance • Substance Abuse Treatment Facility • Technology Assisted • Traumatic Brain Injury • Unknown 																								

Continued on next page

Detailed Incident Report Information Page – Description of Fields, continued

Field or Button	Action / Purpose															
Individual Involved in Incident Information Region (continued)																
Service Received During Incident (if known)	<ul style="list-style-type: none"> • Day Supports • Lives in Shared Living Arrangement • Lives with Parents/Family/Friend • Mental Health - Community • Mental Health - Onsite • Personal Service Attendant • Residential Supports • Targeted Case Management - HCBS Only • Unknown 															
KAMIS Person Number (if known)	Not required, but if the individual is in KAMIS, and the person number is known, it is entered here.															
Adverse Incident(s) Region																
At least one incident must be checked. If Other is selected, an explanation must be entered in the Other Explanation text box.																
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Adverse Incident and Incident Details This Report DOES NOT replace a DCF or KDADS Long Term Care Complaint Hotline Report</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Adverse Incident(s)</th> <th colspan="4">Reported to Appropriate State Agency</th> </tr> <tr> <td style="text-align: center;">Elopement YES</td> <th style="width: 15%;">Reported To Appropriate State Agency:</th> <th style="width: 15%;">Which Agency Contacted:</th> <th style="width: 15%;">Date Notified (If Known):</th> <th style="width: 15%;">Intake Number (If Known):</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">N</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </tbody> </table> </div>		Adverse Incident(s)	Reported to Appropriate State Agency				Elopement YES	Reported To Appropriate State Agency:	Which Agency Contacted:	Date Notified (If Known):	Intake Number (If Known):		N	-	-	-
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Elopement YES	Reported To Appropriate State Agency:	Which Agency Contacted:	Date Notified (If Known):	Intake Number (If Known):												
	N	-	-	-												
Adverse Incident(s) Listing as of September 1, 2018	<ul style="list-style-type: none"> • Abuse • Death • Elopement • ER/ Hospitalization • Exploitation • Fiduciary Abuse • Law Enforcement Involvement • Misuse of Medications • Natural Disaster • Neglect • Restraint • Seclusion • Serious Injury • Suicide • Suicide Attempt • Other <ul style="list-style-type: none"> ○ Other Explanation 															

Continued on next page


Detailed Incident Report Information Page – Description of Fields, continued

Field or Button	Action / Purpose
Reported to Appropriate State Agency	Indicates if the appropriate State Agency (DCF Adult (APS) / Child (CPS) Protection Services OR KDADS Long Term Care Complaint Hotline) was notified, or if this information is unknown.
Which Agency Contacted	Indicates which State Agency was contacted. <ul style="list-style-type: none"> • DCF Adult (APS) / Child (CPS) Protection Services • KDADS Long Term Care Complaint Hotline
Date Notified	Date of notification
Intake Number	Intake Number, if known.
Incident Details Region	
<div style="background-color: #e0e0e0; padding: 10px;"> <p data-bbox="115 688 264 716">Incident Details</p> <p data-bbox="115 730 496 758">Summary of Facts Relevant to Incident:</p> <p data-bbox="115 777 1000 804">Incident facts comment area with 4000 characters for the provider to state the details of the incident.</p> <hr data-bbox="115 808 1481 814"/> <p data-bbox="115 844 1481 871">Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):</p> <p data-bbox="115 890 1024 917">Incident Results comment area with 4000 characters for the provider to state the results of the incident.</p> </div>	
Summary of Facts Relevant to Incident	The relevant facts of the incident being reported.
Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other)	The actions taken in relation to the client as a result of the incident being reported.

Assignment / Resolution – Description of Fields

Field Descriptions The Assignment/Resolution region of the Detailed Incident Report Information Page is only visible to KDADS staff and MCOs. KDADS users have full access and complete the upper portion of the Detailed Incident Report Information form. All fields within this upper portion will be read-only for MCO users.

Refer to the following table for a description of each field.

Field or Button	Action / Purpose								
Form Status and Document Upload Region									
									
Print AIR Report	Opens a new page with all information in a printable format.								
AIR Report Number	A sequential number that is assigned to the incident when it is created by the reporter.								
KDADS Report Correction Note (If Applicable)	KDADS can correct a limited number of fields in the report a comment is required as to what was changed and reason for those changes.								
Current Report Status	Displays the status of the overall AIR investigation and is set by KDADS.								
<table border="1"> <thead> <tr> <th>Status</th> <th>How Used</th> </tr> </thead> <tbody> <tr> <td>Reported</td> <td>Status automatically changes to REPORTED when the reporter clicks on the Submit to KDADS button. <i>Submitted Date</i> field auto-populates when the status is changed.</td> </tr> <tr> <td>Assigned</td> <td>When the report has been assigned to KDADS Program Integrity staff to review/resolve. <i>Assigned Date</i> field auto-populates when the status is changed.</td> </tr> <tr> <td>Completed</td> <td>When the incident reporting/resolution process has been completed. <i>Completed Date</i> field auto-populates when the status is changed. The form changes to read-only.</td> </tr> </tbody> </table>		Status	How Used	Reported	Status automatically changes to REPORTED when the reporter clicks on the Submit to KDADS button. <i>Submitted Date</i> field auto-populates when the status is changed.	Assigned	When the report has been assigned to KDADS Program Integrity staff to review/resolve. <i>Assigned Date</i> field auto-populates when the status is changed.	Completed	When the incident reporting/resolution process has been completed. <i>Completed Date</i> field auto-populates when the status is changed. The form changes to read-only.
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Completed	When the incident reporting/resolution process has been completed. <i>Completed Date</i> field auto-populates when the status is changed. The form changes to read-only.								

Continued on next page

Assignment / Resolution – Description of Fields, continued

Field or Button	Action / Purpose
Form Status and Document Upload Region (continued)	
Assigned Date	Automatically populated when the assignment is made to the KDADS Program Integrity staff.
Completed Date	Automatically populated when the overall report status is changed to Completed.
Form Status and Document Upload Region (continued)	
Reporter Attachments and File Upload **	Documents uploaded by the Reporter when creating the report. A number will display to indicate the number of documents that were uploaded.
Investigation Attachments and File Upload **	Documents uploaded by either KDADS or the MCO when investigating the report. A number will display to indicate the number of documents that were uploaded.
<p>** For instructions on how to view or upload documents using File Upload, refer to the <i>File Upload Feature for KDADS Web Applications</i> located on the KDADS Provider Information/Manuals and Instructions website (http://www.kdads.ks.gov/provider-home/manuals).</p>	
KDADS Investigation Actions Region	
<div style="border: 1px solid #ccc; padding: 10px;"> <div style="background-color: #4f81bd; color: white; padding: 5px;">KDADS Investigation Actions</div> <ul style="list-style-type: none"> * Assigned To: COLIN RORK * KDADS Screened-In: <input checked="" type="radio"/> Yes <input type="radio"/> No * KDADS Severity Level: LEVEL 1 * Program Type Verified: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable Program Type Revised: * MCO Verified: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable * MCO to be Notified: UnitedHealthcare (MCO, Value Options or Not Assigned) * MCO Notified/Referred Date: 08/24/2018 Agency To Be Notified: <input type="radio"/> DCF Adult (APS) / Child (CPS) Protection Services <input type="radio"/> KDADS Long Term Care Complaint Hotline KDADS Comments: <div style="background-color: #4f81bd; color: white; padding: 5px; margin-top: 10px;">DCF Determination</div> <p>DCF Substantiated: <input type="radio"/> Yes <input checked="" type="radio"/> No DCF Unsubstantiated: <input type="radio"/> Yes <input checked="" type="radio"/> No DCF Screened-Out: <input type="radio"/> Yes <input type="radio"/> No</p> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-top: 10px;">Corrective Action Plan Information</div> <p>KDADS CAP Level: NONE</p> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-top: 10px;">KDADS Findings Confirmation</div> <ul style="list-style-type: none"> KDADS Confirms Identification of Preventable Causes: <input type="radio"/> Yes <input type="radio"/> No KDADS Confirms Review / Investigation Followed Appropriate Policies and Procedures: <input type="radio"/> Yes <input type="radio"/> No KDADS Confirms Appropriate Follow-up Measures were taken: <input type="radio"/> Yes <input type="radio"/> No KDADS Confirms Hospice Recipient: <input type="radio"/> Yes <input type="radio"/> No Intervention Authorized Confirmed: <input type="radio"/> Yes <input type="radio"/> No Intervention Unauthorized Confirmed: <input type="radio"/> Yes <input type="radio"/> No Expected and Unexpected Death Accurately Reported Confirmed: <input type="radio"/> Yes <input type="radio"/> No Unauthorized Uses of Restrictive Interventions were Appropriately Reported: <input type="radio"/> Yes <input type="radio"/> No </div>	

Continued on next page

Assignment / Resolution – Description of Fields, continued

Field or Button	Action / Purpose
<i>KDADS Investigation Actions Region (continued)</i>	
Assigned To	Which KDADS staff the incident is assigned to for review/investigation. Required when the status is changed to “Assigned.”
KDADS Screened-In	KDADS determines if the report should be screened-in.
KDADS Severity Level	KDADS determines the incident Level of Severity – Level 1 or Level 2
Program Type Verified	<ul style="list-style-type: none"> • Yes – Confirms that KDADS has verified the program type originally submitted, or the corrected one entered by KDADS. • No – Selected until the program type <i>is</i> verified. • Not Applicable – Selected if the program type is unknown.
Program Type Revised	If the Program Type selected when the form was submitted is incorrect, KDADS has change it here.
MCO Verified	<ul style="list-style-type: none"> • Yes – Confirms that KDADS has verified the MCO assigned to the individual. • No – Selected until the MCO <i>is</i> verified. • Not Applicable – Selected if individual is not assigned an MCO.
MCO to be Notified	Once KDADS has verified the organization, this entry determines who (if anyone) gets a notification email that an AIR report has been submitted for one of their clients.
MCO Notified/Referred Date	Automatically populates when KDADS clicks on an <i>Notify Organization of Submitted Report</i> button after the MCO has been verified.
Agency to be Notified	KDADS will select this option if it is determined during the investigation of the incident that one of the State Agencies should have been notified. This is an indication, it does not notify the State Agency. The notification is done by KDADS outside of this application.
KDADS Comments	Enter comments as desired/appropriate.
<i>DCF Determination Region</i>	
DCF Substantiated DCF Unsubstantiated DCF Screened-Out	KDADS will be entering Reports received by DCF through a shared email box. These will be entered per this shared information. The reports will use the same process as if they were entered by a Provider/Reporter.

Continued on next page

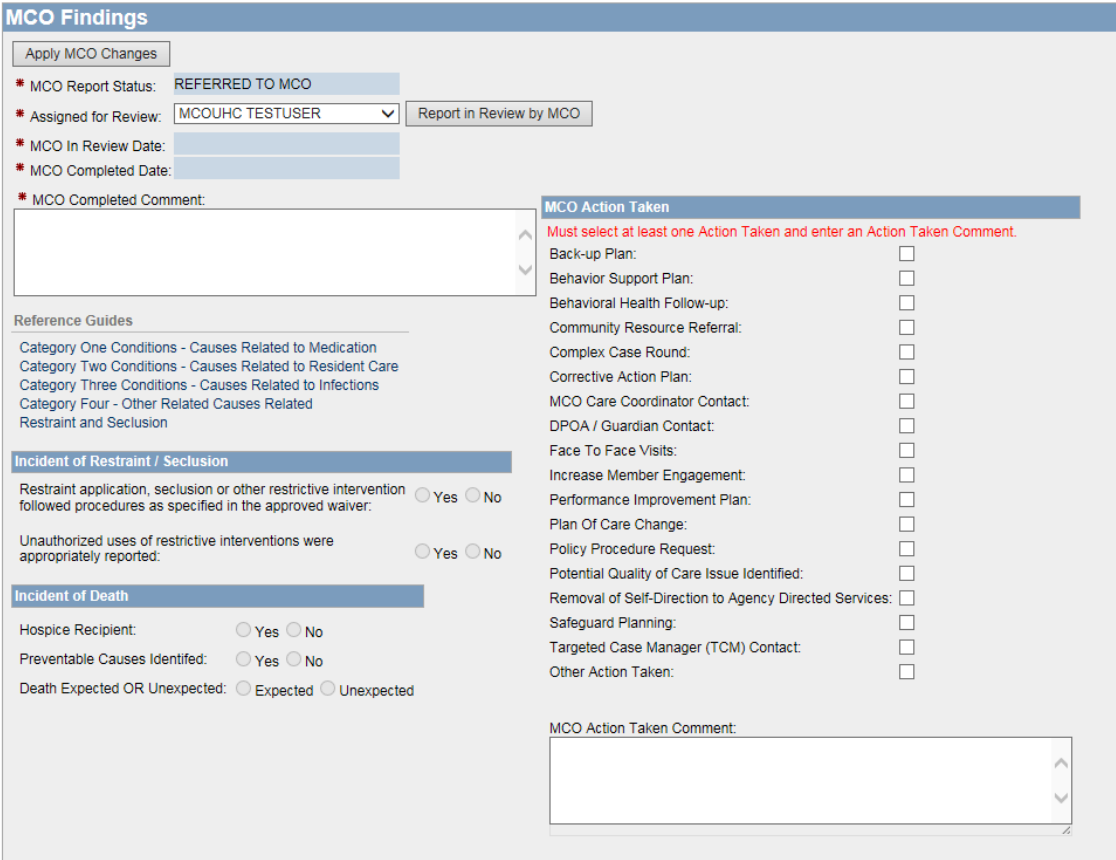
Assignment / Resolution – Description of Fields, continued

Field or Button	Action / Purpose
Corrective Action Plan Information Region	
KDADS CAP Level	<p>Indicates if a Corrective Action Plan (CAP) has been issued regarding this incident.</p> <p>** All CAP's issued by KDADS will also be listed on the CAP Worklist.</p>
KDADS CAP Level Review CAP Level X Buttons	<p>Indicates the level of the CAP:</p> <ul style="list-style-type: none"> • None • Level 1 or Level 2 <p>Button will forward to the CAP Form for Review or Completion</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="597 646 1057 779" style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #4f81bd; color: white; padding: 2px;">Corrective Action Plan Information</p> <p>KDADS CAP Level: LEVEL 1</p> <p style="text-align: center;"><input type="button" value="Review CAP Level 1 Form"/></p> <p>KDADS CAP Program Manager Assigned: COLINRORK</p> </div> <div data-bbox="1073 499 1398 596" style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #4f81bd; color: white; padding: 2px;">Corrective Action Plan Information</p> <p>KDADS CAP Level: NONE</p> </div> <div data-bbox="1073 646 1533 779" style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #4f81bd; color: white; padding: 2px;">Corrective Action Plan Information</p> <p>KDADS CAP Level: LEVEL 2</p> <p style="text-align: center;"><input type="button" value="Review CAP Level 2 Form"/></p> <p>KDADS CAP Program Manager Assigned: DEBYPARHOMEK</p> </div> </div>
KDADS CAP Program Manager Assigned	Indicates the KDADS Program Manager assigned to the CAP review.
KDADS Findings Confirmation Region	
Various Confirmations of KDADS after the MCO investigation is complete.	<ul style="list-style-type: none"> • KDADS Confirms Identification of Preventable Causes • KDADS Confirms Review / Investigation Followed Appropriate Policies and Procedures • KDADS Confirms Appropriate Follow-up Measures were taken • KDADS Confirms Hospice Recipient • Intervention Authorized Confirmed • Intervention Unauthorized Confirmed • Expected and Unexpected Death Accurately Reported Confirmed • Unauthorized Uses of Restrictive Interventions were Appropriately Reported

Assignment / Resolution – MCO Findings

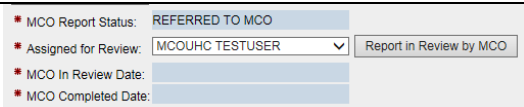
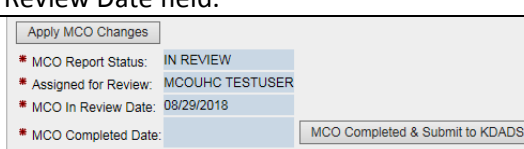
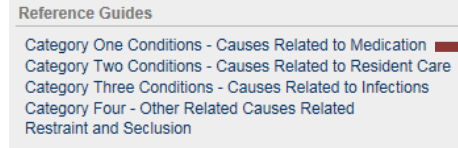
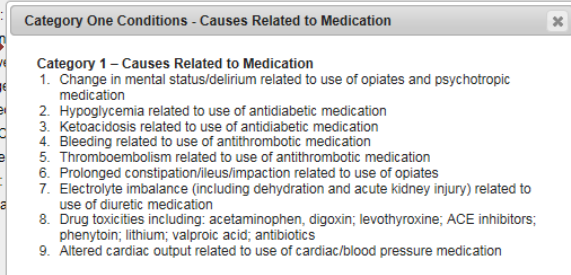
Field Descriptions The Assignment/Resolution region of the Detailed Incident Information Page is only visible to KDADS staff and MCOs. MCO users have full access and complete this part of the Detailed Incident Information form. All fields will be read-only for KDADS users.

Refer to the following table for a description of each field.

Field or Button	Action / Purpose
MCO Findings	
 <p>The screenshot shows the 'MCO Findings' form interface. It includes a header 'MCO Findings' with a sub-header 'Apply MCO Changes'. Below this are several input fields: 'MCO Report Status' (set to 'REFERRED TO MCO'), 'Assigned for Review' (set to 'MCOUHC TESTUSER'), 'MCO In Review Date', and 'MCO Completed Date'. There is a 'Report in Review by MCO' button. A large text area is labeled 'MCO Completed Comment:'. Below this is a 'Reference Guides' section with links to various condition categories. There are three main sections with radio button options: 'Incident of Restraint / Seclusion', 'Incident of Death', and 'MCO Action Taken'. The 'MCO Action Taken' section has a list of 15 items, each with a checkbox. At the bottom right, there is a 'MCO Action Taken Comment' text area.</p>	

Continued on next page

Assignment / Resolution – MCO Findings, continued

Field or Button	Action / Purpose										
Action Buttons:											
Apply MCO Changes	Saves Data Entry										
Report in Review by MCO	 <p>This button will change the status to <i>In Review</i> and auto-populate the MCO In Review Date field.</p>										
MCO Completed & Submit to KDADS	 <p>This button will change the status to <i>Completed By MCO</i> and auto-populate the MCO Completed Date field.</p>										
Reference Guides Region											
	The Reference Guides are text links that will give guidance in the investigation of the report. Click on the link and a display box will display. Click on the “X” in the upper right-hand corner to close.										
											
MCO Report Status	<table border="1"> <thead> <tr> <th>Status</th> <th>How Used</th> </tr> </thead> <tbody> <tr> <td>Not Referred to MCO</td> <td>Status prior to the verification and notification of KDADS to the MCO of the submitted report.</td> </tr> <tr> <td>Referred to MCO</td> <td>Report has been Referred to the MCO by KDADS.</td> </tr> <tr> <td>In Review</td> <td>MCO is reviewing the report.</td> </tr> <tr> <td>Completed by MCO</td> <td>MCO has completed the investigation. The MCO portion of the form changes to read-only. KDADS is notified that a report has been completed.</td> </tr> </tbody> </table>	Status	How Used	Not Referred to MCO	Status prior to the verification and notification of KDADS to the MCO of the submitted report.	Referred to MCO	Report has been Referred to the MCO by KDADS.	In Review	MCO is reviewing the report.	Completed by MCO	MCO has completed the investigation. The MCO portion of the form changes to read-only. KDADS is notified that a report has been completed.
Status	How Used										
Not Referred to MCO	Status prior to the verification and notification of KDADS to the MCO of the submitted report.										
Referred to MCO	Report has been Referred to the MCO by KDADS.										
In Review	MCO is reviewing the report.										
Completed by MCO	MCO has completed the investigation. The MCO portion of the form changes to read-only. KDADS is notified that a report has been completed.										
Assigned for Review	Indicates the MCO staff that is investigating the report. The field defaults to the user but can be changed prior to the status being changed to <i>In Review</i> .										
MCO In Review Date	Automatically populated when status is changed to <i>In Review</i> .										
MCO Completed Date	Automatically populated when status is changed to <i>Completed by MCO</i> .										
MCO Completed Comment	A comment is required for the status to be changed to <i>Completed By MCO</i> .										

Continued on next page

Assignment / Resolution – MCO Findings, continued

Field or Button	Action / Purpose
MCO Findings	
MCO Taken Region Must select at least one Action Taken and enter an Action Taken Comment.	<ul style="list-style-type: none"> • Back-up Plan • Behavior Support Plan • Behavioral Health Follow-up • Community Resource Referral • Complex Case Round • Corrective Action Plan • MCO Care Coordinator Contact • DPOA / Guardian Contact • Face To Face Visits • Increase Member Engagement • Performance Improvement Plan • Plan Of Care Change • Policy Procedure Request • Potential Quality of Care Issue Identified • Removal of Self-Direction to Agency Directed Services • Safeguard Planning • Targeted Case Manager (TCM) Contact • Other Action Taken
MCO Action Taken Comment	A comment regarding the Action Taken is required for the status to be changed to <i>Completed By MCO</i> .
Restraint application, seclusion or other restrictive intervention followed procedures as specified in the approved waiver	Required if the Incident Reported is either Restraint or Seclusion. Radio buttons are active only for these incidents.
Unauthorized uses of restrictive interventions were appropriately reported	Required if the Incident Reported is either Restraint or Seclusion. Radio buttons are active only for these incidents.
Hospice Recipient	Required if the Incident Reported is either Death. Radio buttons are active only for this incident. If the answer is “Yes”, supporting documentation is required.
Preventable Causes Identified	Required if the Incident Reported is either Death. Radio buttons are active only for this incident.
Death Expected OR Unexpected	Required if the Incident Reported is either Death. Radio buttons are active only for this incident.

Continued on next page

Assignment / Resolution – Correspondence History

Field or Button	Action / Purpose										
Correspondence History											
This region records e-mail correspondence that is generated by the AIR application in relation to this incident.											
<div data-bbox="110 415 1455 583" style="border: 1px solid #ccc; padding: 5px;"><h3 data-bbox="116 420 500 457">Correspondence History</h3><table border="1" data-bbox="116 462 1448 579"><thead><tr><th data-bbox="123 466 276 504">Correspondence Type</th><th data-bbox="276 466 389 504">Date</th><th data-bbox="389 466 633 504">From</th><th data-bbox="633 466 1088 504">Subject</th><th data-bbox="1088 466 1442 504">Notification Sent To</th></tr></thead><tbody><tr><td data-bbox="123 520 276 558">EMAIL</td><td data-bbox="276 520 389 558">08/26/2016</td><td data-bbox="389 520 633 558">nobody</td><td data-bbox="633 520 1088 558">AIR Submitted by ABC123 THE PLACE-SN</td><td data-bbox="1088 520 1442 558">joe.program@ks.gov, mary.type@ks.gov</td></tr></tbody></table></div>		Correspondence Type	Date	From	Subject	Notification Sent To	EMAIL	08/26/2016	nobody	AIR Submitted by ABC123 THE PLACE-SN	joe.program@ks.gov, mary.type@ks.gov
Correspondence Type	Date	From	Subject	Notification Sent To							
EMAIL	08/26/2016	nobody	AIR Submitted by ABC123 THE PLACE-SN	joe.program@ks.gov, mary.type@ks.gov							

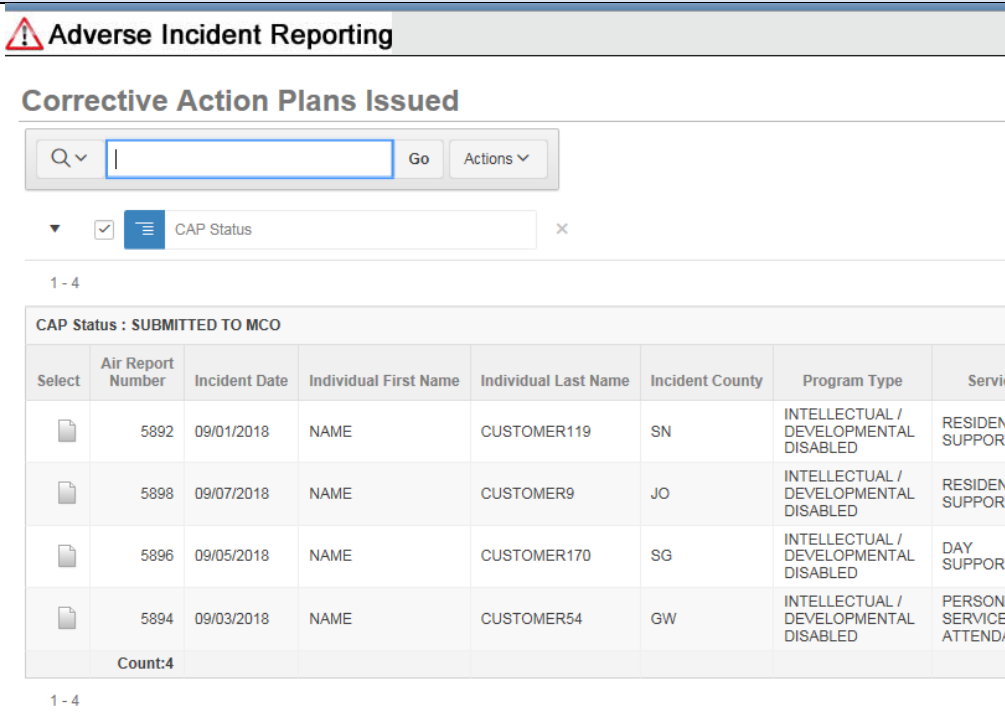
Correction Action Plans (CAP) Worklist

Introduction KDADS will identify the associated requirement(s) or standard(s) that are not met; Corrective Action Plans (CAPs) are utilized to assign, track and complete action steps to correct deficiencies.

Overview If a Corrective Action Plan (CAP) is issued by the KDADS Program Manager, the following will occur:

- The incident report will display on the CAP Worklist
- Button will display on the Report Detail Page

CAP Worklist Below are the description of the fields available in the report and the action or purpose of those fields.

Field or Button	Action / Purpose
CAP Worklist	
 <p>The screenshot displays the 'Adverse Incident Reporting' section with a sub-section for 'Corrective Action Plans Issued'. It includes a search bar, a filter for 'CAP Status' set to 'SUBMITTED TO MCO', and a table with 4 rows of incident data. The table columns are: Select, Air Report Number, Incident Date, Individual First Name, Individual Last Name, Incident County, Program Type, and Service. The data rows show incidents with report numbers 5892, 5898, 5896, and 5894, all occurring in 2018. The table also shows a 'Count:4' at the bottom.</p>	
Select	Opens CAP form
Air Report Number	A sequential number that is assigned to the incident when it is created by the reporter.
Incident Date	Date the incident occurred.
Individual First Name	Individual First Name
Individual Last Name	Individual Last Name
Incident County	County where incident occurred.

Continued on next page

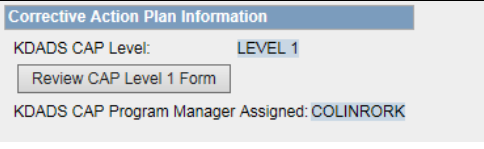
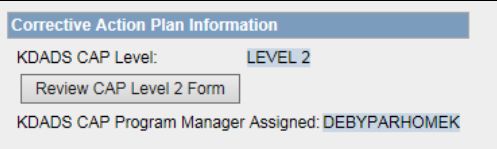
Correction Action Plans (CAP) Worklist – continued

Field or Button	Action / Purpose
CAP Worklist - continued	
Program Type	<ul style="list-style-type: none"> • Aging and Disability Resource Center • Autism • Center for Independent Living • Community Developmental Disability Organization • Community Mental Health Center • Financial Management Services Provider • Frail Elderly • Intellectual / Developmental Disabled • Mental Health Provider (Non-CMHC) • Money Follows the Person • Older Americans Act (OAA) • PACE • Physically Disabled • Private Psychiatric Hospital • Psychiatric Residential Treatment Facility • Senior Care Act (SCA) • Severe Emotional Disturbance • Substance Abuse Treatment Facility • Technology Assisted • Traumatic Brain Injury • Unknown
Service	<ul style="list-style-type: none"> • Day Supports • Lives in Shared Living Arrangement • Lives with Parents/Family/Friend • Mental Health - Community • Mental Health - Onsite • Personal Service Attendant • Residential Supports • Targeted Case Management - HCBS Only • Unknown
KDADS CAP Level	KDADS CAP Level
KDADS CAP Status	KDADS CAP Status – Used to Group CAPs by the Status
KDADS CAP Program Manager	KDADS Program Manager assigned to the specific CAP.
CAP Monitoring Department	KDADS Department
PM CAP Assigned Date	Date CAP is assigned to the KDADS Program Manager
MCO CAP Assigned Date	Date CAP is assigned to the MCO
MCO CAP Due Date	Date MCO CAP response is due to the KDADS Program Manager
MCO CAP Submitted Date to KDADS	Date MCO CAP response is submitted to the KDADS Program Manager
KDADS CAP Authorized Date	Date CAP is Authorized by KDADS Program Manager

Correction Action Plans (CAP) Form

How To

Follow the steps in the table below to open a Corrective Action Plan within the Report Detail page.


Step	Action	Result
1.	In the Corrective Action Plan Information Region, click on the "Review CAP Level 'X' Form" button.	Opens the associated CAP Form.
		

Correction Action Plans (CAP) Form – KDADS Entry

CAP Form

Below are the description of the fields completed by KDADS and the action or purpose of those fields.

CAP Form

 **Adverse Incident Reporting**

Level 1 Corrective Action Plan Form

The following Level 1 Corrective Action Plan (CAP) Form will be completed for each specific Level 1 deficiency that is identified. The Agency will identify the associated requirement(s) or standard(s) that the Managed Care Organization (MCO) does not meet. For all Level 1 deficiencies, the MCO will develop the remediation plan steps and timeline for completion. A Level 1 deficiency is defined as a deficiency that is administrative in nature or related to reporting that has no direct impact on service delivery. The MCO has three (3) business days to complete, sign, and return the Level 1 CAP Form, for Agency review and approval. The Agency is dedicated to working with the MCO to achieve compliance of established standards.

Incident Information

Print View MCO Notification Log

AIR Report Number: 5894

First Name: NAME Last Name: CUSTOMER54
Date of Birth: 01/26/1986 Medicaid ID: 0019999999
Incident Date: 09/03/2018 Report Submitted Date: 08/17/2018

Statement of Findings (KDADS Use Only) Return to Report Detail Apply Changes

MCO Name: UnitedHealthcare CAP Monitoring Department: Department
Date Deficiency was Identified: 08/24/2018 Date of CAP Authorization: 08/24/2018
CAP Level: LEVEL 1 CAP Completion Due Date: 08/31/2018
Identified Deficiency: Deficiency Identified is listed here.
Requirement(s) or Standard(s): These are the requirements or the standards.
KDADS CAP Program Manager Assigned: DEBY PARHOMEK
Corrective Action Plan Status: SUBMITTED TO MCO
CAP Assigned to KDADS Program Manager Date: 08/24/2018
CAP Assigned to MCO Date: 08/24/2018
CAP Submitted TO KDADS Date:
CAP Approved or Denied Date by KDADS:

CAP Authorization (To Be Completed After CAP Review)

Agency Authorization Signature:

Corrective Action Plan (MCO to Complete)

Create / Edit MCO Action Plan Detail

MCO Corrective Action Plan Detail
no data found

Corrective Action Plan Approval Signature (MCO TO COMPLETE)

The following section is to be completed by the MCO acknowledging implementation of the steps indicated by the Agency.

* MCO CAP Approval Name:

* Title:

* Email:

* Phone:
(Numbers Only)

* Authorized Signature:

Correction Action Plans (CAP) Form – KDADS Entry, continued

Field or Button	Action / Purpose
CAP Form	
Air Report Number	A sequential number that is assigned to the incident when it is created by the reporter.
MCO Name	MCO Associated to the Report
CAP Monitoring Department	KDADS Department
Date Deficiency was Identified	Date Deficiency was Identified
Date of CAP Authorized	Date CAP is Authorized by KDADS Program Manager
KDADS CAP Level	KDADS CAP Level
CAP Completion Due Date	Date CAP response is due to the KDADS Program Manager
Identified Deficiency	Deficiencies that were identified
Requirement(s) or Standard(s)	Requirement(s) or Standard(s) to address in the response.
KDADS CAP Program Manager	KDADS Program Manager assigned to the specific CAP.
KDADS CAP Status	KDADS CAP Status – Used to Group CAPs by the Status
CAP Assigned to KDADS Program Manager Date	Date CAP is assigned to the KDADS Program Manager
MCO CAP Assigned to MCO Date	Date CAP is assigned to the MCO
MCO CAP Submitted Date to KDADS	Date CAP response is submitted to the KDADS Program Manager
CAP Approved or Denied by KDADS Date	Date the CAP status is changed to Approved or Denied by KDADS Program Manager.
Agency Authorization Signature	The name of the Program Manager that Authorized the completion of the CAP.

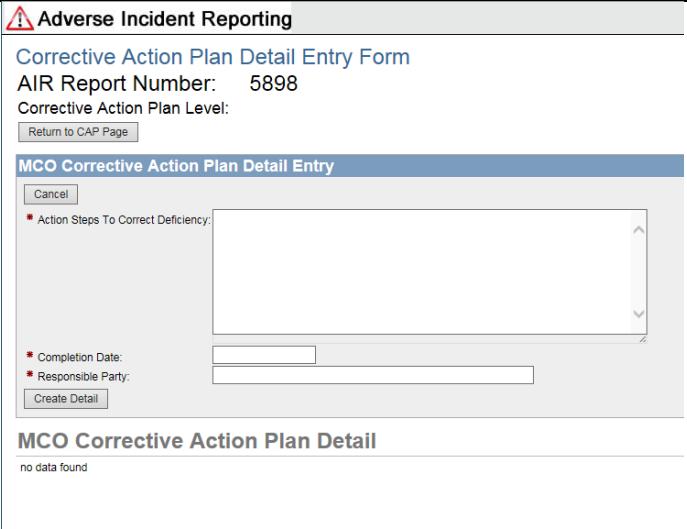
Correction Action Plans (CAP) Form – MCO Entry

CAP Form

Follow the steps below to complete the MCO portion of the CAP Form. The form is identical for Level 1 and Level 2 CAPs except for the Title and Definition paragraph.

How To

Follow the steps in the table below to open a Corrective Action Plan within the Report Detail page.

Step	Action	Result
1.	Open the CAP form either through the CAP Worklist or the Detailed Incident Report Information page.	Opens the associated CAP Form.
2.	To enter the CAP Detail Steps, click on the <i>Create / Edit MCO Action Plan Detail</i> button.	Detail Entry Form page opens.
		
3.	Enter text into the Action Steps To Correct Deficiency text box.	Expand or reduce the size of the text box by putting the mouse pointer in the lower right-hand corner of the text box. Click and drag to the desired size. Entry can also be copy and pasted into this text field.
4.	Enter the Completion Date	Date Action Step was completed
5.	Enter the Responsible Party	Person who was responsible for completed the Action Step

Continued on next page

Correction Action Plans (CAP) Form – MCO Entry, continued

How To

Continued

Step	Action	Result								
6.	Click on the <i>Create Detail</i> button	Action step is saved and added to the table below the entry fields.								
<p>Corrective Action Plan Detail Entry Form AIR Report Number: 5898 Corrective Action Plan Level: <input type="button" value="Return to CAP Page"/></p> <p>MCO Corrective Action Plan Detail Entry</p> <p><input type="button" value="Cancel"/></p> <p>* Action Steps To Correct Deficiency: <input type="text"/></p> <p>* Completion Date: <input type="text"/></p> <p>* Responsible Party: <input type="text"/></p> <p><input type="button" value="Create Detail"/></p> <p>MCO Corrective Action Plan Detail</p> <table border="1"> <thead> <tr> <th>Select ↑</th> <th>Action Steps To Correct Deficiency</th> <th>Completion Date</th> <th>Responsible Party</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Enter each action step to correct the issue here. Continue adding until all steps are entered.</td> <td>08/31/2018</td> <td>Person Entering the Steps Name</td> </tr> </tbody> </table> <p>row(s) 1 - 1 of 1</p>			Select ↑	Action Steps To Correct Deficiency	Completion Date	Responsible Party	<input type="checkbox"/>	Enter each action step to correct the issue here. Continue adding until all steps are entered.	08/31/2018	Person Entering the Steps Name
Select ↑	Action Steps To Correct Deficiency	Completion Date	Responsible Party							
<input type="checkbox"/>	Enter each action step to correct the issue here. Continue adding until all steps are entered.	08/31/2018	Person Entering the Steps Name							
7.	Repeat until all action steps are entered and saved.									
8.	When complete, click on the <i>Return to CAP Page</i> button	Returns to the CAP Page for completion.								

Correction Action Plans (CAP) Form – MCO Completion

CAP Form Completion

After the Action Plan Detail has been completed the CAP Form needs to be completed and the response submitted back to the KDADS Program Manager. Follow the steps in the table below.

Step	Action	Result
1.	Complete the following fields: <ul style="list-style-type: none">• MCO CAP Approval Name• Title• Email• Phone• Authorized Signature	All fields required.
2.	Click the <i>Apply Changes</i> button	Form is saved.
3.	Click on the <i>Submit CAP to KDADS</i> button.	All fields are disabled, and status is changed. Email sent to KDADS Program Manager that a CAP has been submitted.

Correction Action Plans (CAP) – Notification Log

CAP Notification Log The CAP Notification Log is a secure and encrypted way to communicate with the KDADS Program Manager assigned to the issued CAP. The Program Manager can also communicate with the MCO CAP notification group regarding an issued CAP.

Incident Information

[Return to CAP Detail Page](#)

AIR Report Number: 5894 KDADS Program Manager: DEBYPARHOMEK Incident Date: 09/03/2018
 Individual Name: NAME CUSTOMER54 Date of Birth: 01/26/1986
 Medicaid ID: 00199999999 Organization: UnitedHealthcare

Note Entry

Date: 08/31/2018

Note Author: MCOUHC TESTUSER E-mail From: KDADS.HELPDESK@KDADS.KS.GOV E-mail To: DEBY.PARHOMEK@KS.GOV

Note:

[Save and Send Email to KDADS](#)

NOTES

Note Date	Note Author	Email From	Email To	Notes
08/31/2018	MCOUHC TESTUSER	KDADS.HELPDESK@KDADS.KS.GOV	DEBY.PARHOMEK@KS.GOV	THIS IS A TEST OF THE NOTIFICATION LOG

1 - 1

How To Follow the steps in the table below to enter a message into the Note Entry region.

Step	Action	Result
1.	Open the CAP form either through the CAP Worklist or the Detailed Incident Report Information page.	Opens the associated CAP Form.
2.	Click on the <i>MCO Notification Log</i> button.	Notification Log page opens.
3.	Type in the Note text box.	Will accept 4,000 characters.
4.	Click on the <i>Save and Send Email to KDADS</i> button.	Note will display in the table below the fields. Email will be sent to the Program Manager as listed.

E-Mail Message

An Adverse Incident Report CAP has had a Note Entry entered for your review.

Report Number: 5892

Please access the Adverse Incident Reporting Web Application to review by clicking the KDADS Web Application icon on the website below.

www.aging.ks.gov/webapps.html

Department for Aging and Disability Services Web Applications Website

08/31/2018 02:16:01 PM

MCO Completed Worklist

Overview

The *MCO Completed WorkList* page displays incidents where the MCO has completed their investigation.

MCO Completed WorkList

Below are the description of the fields available in the report and the action or purpose of those fields.

Field or Button	Action / Purpose
MCO Completed Worklist	
Select	Opens Incident Detail Information page
AIR Report Number	A sequential number that is assigned to the incident when it is created by the reporter.
Incident Date	Date the incident occurred.
Report Submitted Date	Date the reporter created the Adverse Incident Report.
Report Assigned Date (KDADS)	Date the report was assigned to a KDADS Program Integrity employee for investigation.
Report Assigned to (KDADS)	KDADS Program Integrity employee assigned to the specific report.
MCO Notified Date	Date KDADS Notified the MCO of the Adverse Incident Report.
MCO Notified	MCO Organization that KDADS notified of the Adverse Incident Report.
MCO Report Status	MCO Report Status
Individual First Name	Individual First Name
Individual Last Name	Individual Last Name
Incident County	County where incident occurred.

Continued on next page

MCO Completed Worklist, continued

Field or Button	Action / Purpose
MCO Completed Worklist	
Program Type	<ul style="list-style-type: none"> • Aging and Disability Resource Center • Autism • Center for Independent Living • Community Developmental Disability Organization • Community Mental Health Center • Financial Management Services Provider • Frail Elderly • Intellectual / Developmental Disabled • Mental Health Provider (Non-CMHC) • Money Follows the Person • Older Americans Act (OAA) • PACE • Physically Disabled • Private Psychiatric Hospital • Psychiatric Residential Treatment Facility • Senior Care Act (SCA) • Severe Emotional Disturbance • Substance Abuse Treatment Facility • Technology Assisted • Traumatic Brain Injury • Unknown
Program Type Revised	The current Program Type that was revised by KDADS from what was entered by the reporter.
Service	<ul style="list-style-type: none"> • Day Supports • Lives in Shared Living Arrangement • Lives with Parents/Family/Friend • Mental Health - Community • Mental Health - Onsite • Personal Service Attendant • Residential Supports • Targeted Case Management - HCBS Only • Unknown

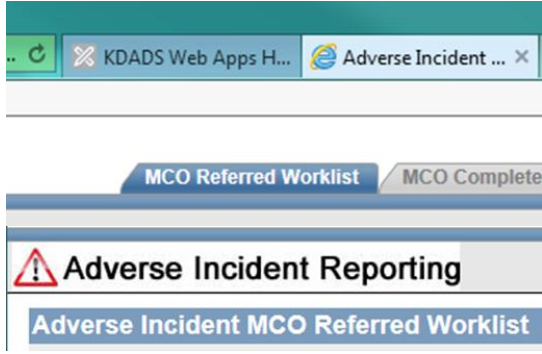
Close Application/Log Out of KDADS Web Applications

Introduction

When done working in the *Adverse Incident Report* web application, the application should be closed to prevent unauthorized access to any data in AIR. To prevent unauthorized access to *any* application, the user should log out completely from the *KDADS Web Applications Home Page*.


How To Close a Single Application

Follow the steps in the table below to exit the *Submitted AIR Reports* web application.

Step	Action	Result
1.	On the the right side of the browser tab, click on the X.	The window/tabbed window closes and the KDADS Web Applications Home Page displays.
		

How To Log Out of KDADS Web Applications

Follow the steps in the table below to logout of KDADS Web Applications.

Step	Action	Result
1.	If not already displayed, display the KDADS Web Applications Home Page.	
2.	Find the Logout link at the top of the page and click on it.	The logout process runs and the KDADS Login Page for Web Applications displays.
		
3.	Close the window or tabbed window the KDADS Login page resides in.	