Adverse Incident Reporting (AIR) KDADS 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:
	   (785) 296-4987 or
	   (800) 432-3535
	
	 E-Mail:
	   KDADS.Helpdesk@ks.gov

Questions about AIR Policies and Guidelines	*Phone:*
	   (785) 296-4986 or
	   (800) 432-3535
	 Ask for the program manager for the waiver or service that the affected client is associated with.

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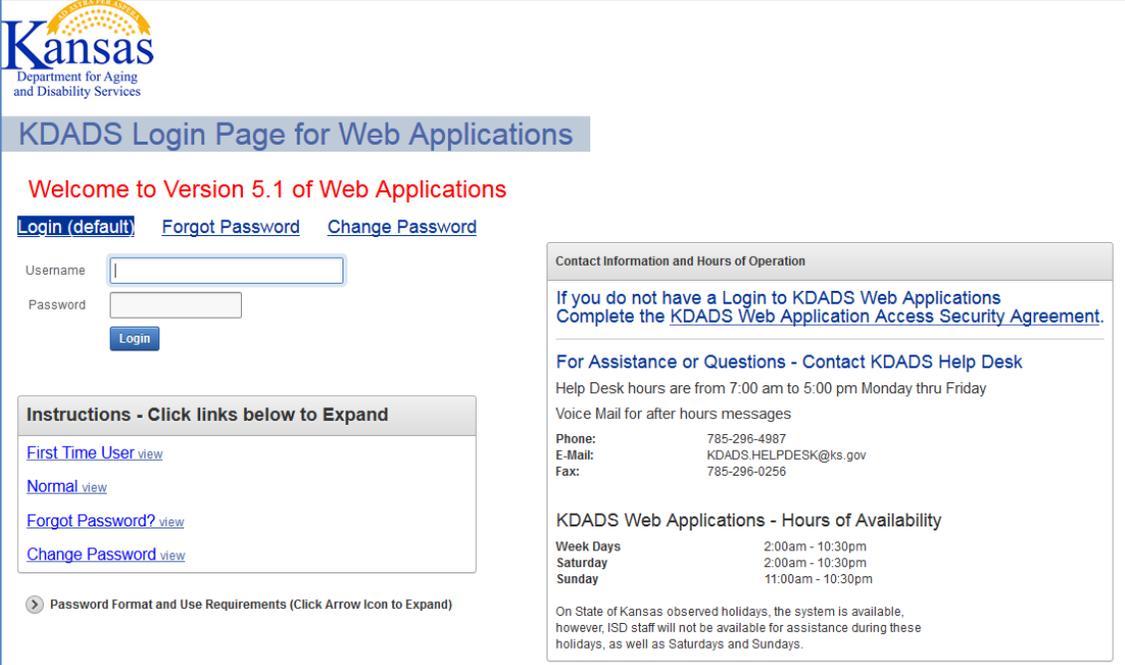
Step	Action	Result
1.	Open an internet browser. Go to the KDADS Provider Information website at www.kdads.ks.gov/provider-home	The KDADS Provider Information home page displays:
2.	Select the **Web Apps** link on the right side of the black menu bar under the sunflower field banner.	The KDADS Web Application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

Step	Action	Result
5.	Click on the **Login** button, *OR* Tab to the **Login** button and press **Enter**.	The KDADS Web Applications Home page displays.
6.	Click on the **AIR** icon.	The *Reported Adverse Incidents Worklist* page displays.

Access and E-Mail Maintenance Tab – Set User Group Access

Overview   The *Set User Group Access* button under the *Access and E-mail Maintenance* navigation tab is used to maintain the group members of each Program Type used in AIR, and the MCO and ValueOptions organizations. This tab is available only to KDADS AIR users that have been given the required security access to maintain these groups.

Introduction   When an AIR form is submitted to report an adverse incident, one of the requirements is to indicate what Program Type the individual is associated with.

The Program Type drop-down list is populated with the 'program type' groups found on the *User View Access Maintenance* page. The group members assigned to these Groups are the users that have access to the incidents associated with their group (Program Type.)

Additionally, the MCO and ValueOptions users that access AIR are defined here. The group members of each 'organization' group are the users that can access their clients' Adverse Incident reports.

Groups   These are the program types to which users can be assigned for access:
- Amerigroup
- CMHC Providers
- Community Mental Health Centers
- Community Services and Programs Commission (CSP)
- HCBS Waiver Providers
- HCBS Waiver Providers – CAP: *Will populate the Program Managers Assigned field within the CAP Page.*
- Not Assigned
- Private Psychiatric Hospital
- Psychiatric Residential Treatment Facilities
- Substance Abuse Treatment Providers
- Sunflower
- UnitedHealthCare
- ValueOptions

Generally, the MCOs and ValueOptions 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.

Add or Delete Groups   If additional groups need to be added or a group needs to be deleted, send an email to the KDADS Help Desk (KDADS.Helpdesk@ks.gov) to request the change. Include the group to be added/deleted, and justification for the request.

Access and E-Mail Maintenance Tab – Set User E-Mail Notifications

Overview   The **Set User E-Mail Notifications** button under the *Access and E-mail Maintenance* navigation tab is used to maintain the e-mail group members of each Program Type used in AIR, and the MCO and ValueOptions organizations. 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 referring 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 will receive the e-mail notifications.

E-Mail Groups   There are additional groups in the E-mail notification maintenance from the User group maintenance. Group members can be different between the two. Separate lists allow for users to access the submitted AIR reports to not necessarily have to also receive the notification emails every time a triggering event occurs for a report.

These are the group to which users can be assigned to receive e-mail notifications:
- 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

The below groups are used to receive notices if there has been a Corrective Action Plan (CAP) issued:
- HCBS Waiver Providers – CAP:
- Amerigroup – CAP
- Sunflower – CAP
- UnitedHealthCare – CAP

Access and E-Mail Maintenance Tab – Adding/Updating Group Members

How to Edit Group Members   Follow the steps in the table below to edit the Group Members in an AIR Set User Group Access module.

Step	Action	Result
1.	Launch the *Submitted AIR Reports - KDADS* web application.	The default **Reported Adverse Incident WorkList** page displays.
2.	Click on the **Access and E-Mail Maintenance** tab.	
3.	Click on the **Set User Group Access** or the **Set User E-Mail Notifications** button.	Appropriate Group Listing displays. This instruction example is using the User Assess Maintenance.

How To   *continued*

Step	Action	Result
4.	Find the Group to be updated and click on the **edit** link next to the group name.	The *Group Members* shuttle list displays. The current group members are listed on the right. Members that can be added are listed on the left.

Apply Changes **Group Members**

KDADSTESTUSER
MCOTESTUSER

Potential Group Members

TESTUSER
PAPASMURF

Current Group Members
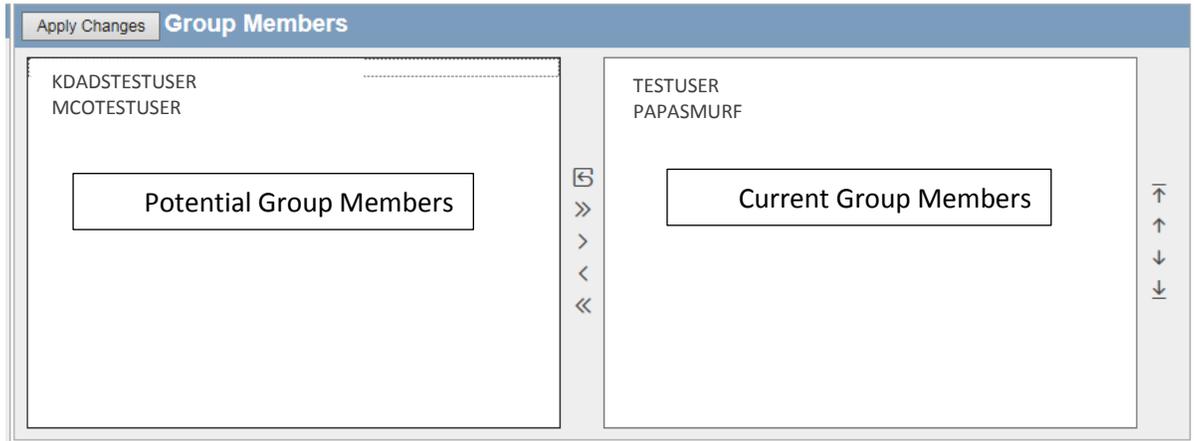
Icon	Description
⟲	Refreshes the listing (if changes have not been applied)
»	Moves complete list of names to the active list
>	Moves selected name(s) to the active list
<	Removes selected name(s) from the active list
«	Removes complete list of name(s) from the active list

	Add a Member to the Group	
a.	Select the name from the potential group members on the left.	The name is highlighted.
b.	Click on the '**>**' icon located between the two lists of names.	The highlighted member is moved to the current group member list.
OR	Double-click on the name from the potential group members on the left.	The name automatically moves to the current group member list.
OR	Select multiple names from the potential group members list (Ctrl+click)	Multiple names are highlighted.
c.	Click on the '**>**' icon.	All highlighted names move to the current group member list.
d.	Click on the **Apply Changes** button.	The change is saved.

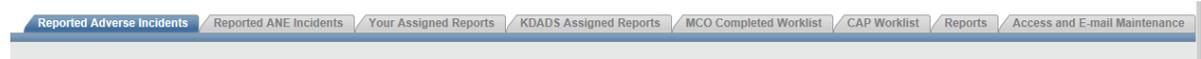# Access and E-Mail Maintenance Tab – Adding/Updating Group Members, continued

How To   *continued*

		Remove a Member From the Group	
a.	Select the name from the current group members on the right.	The name is highlighted	
b.	Click on the '<' icon located between the two lists of names.	The highlighted member is moved to the potential group member list.	
OR	Double-click on the name from the current group members on the right.	The name automatically moves back to the potential group member list.	
OR	Select multiple names from the current group members list (Ctrl+click)	Multiple names are highlighted.	
c.	Click on the '<' icon.	All highlighted names move to the potential group member list.	
d.	Click on the **Apply Changes** button.	The change is saved.	

Adverse Incident Application Navigation

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

| Reported Adverse Incidents | Reported ANE Incidents | Your Assigned Reports | KDADS Assigned Reports | MCO Completed Worklist | CAP Worklist | Reports | Access and E-mail Maintenance |

Navigational Tab	Action / Purpose
Reported Adverse Incidents	Submitted reports to KDADS that have not been reviewed and assigned.
Reported ANE Incidents	Submitted reports to KDADS that have not been reviewed and assigned.
Your Assigned Reports	Reports Assigned to the user.
KDADS Assigned Reports	Reports that have been reviewed and assigned to a KDADS employee for investigation/review.
MCO Completed Worklist	Listing of reports where the MCO has completed their portion of the investigation.
CAP Worklist	Worklist of Corrective Action Plans (CAP) regardless of CAP status.
Reports	Pre-designed Reports
Access and E-mail Maintenance	Used by KDADS to maintain the user access to program groups and e-mail notifications group members. Specific access is given for this navigation tab to display. At the time of this user manual update, the KDSDS Commissioners have access only.

Reported Adverse Incident Listing

Overview	When a KDADS user is set up for AIR access, they are associated with one or more specific program types (HCBS waiver, PRTF, SUD, etc.) For each program type association, a radio button to select the program is added to the Worklist Category, located at the top of the *Reported Adverse Incident Listing* page. This ensures the user only sees AIR reports associated with the programs they work with. The *Reported Adverse Incident Listing* page only displays incidents submitted for the Program Type selected.	
Adverse Incident Listing	KDADS users can see all reported incidents that are associated with the programs that they work with. The Reported Adverse Incident Listing page displays these incidents. They are sorted by the date the incident was submitted to KDADS by the Reporter.	
How To View the Incident Listing	Follow the steps in the table below to display submitted incidents for a specific program type.	

Step	Action	Result
1.	On the *Reported Adverse Incident Listing* page, click on the desired **Worklist Category** radio button.	The submitted incidents for the selected Program Type display as an Interactive Report.

Select the desired Program Type here

Select	Air Report Number	KDADS AIR Report Status	Report Date ↓=	Incident Date	Report Submitted Date	Reporting Organization Name	Individual First Name
	5901	REPORTED	08/31/2018	08/31/2018	-	PROVIDER IS US	PERSON5000
	5888	REPORTED	08/28/2018	08/28/2018	08/11/2018	PROVIDER 5	NAME

Reported Adverse Incident Listing, continued

Step	Action	Result
2.	Example: *HCBS Waiver Providers* is selected.	Incidents submitted with Program Type of *HCBS Waiver Providers* display. The report is formatted to group the incidents by report status.

⚠ **Adverse Incident Reporting**
○ Psychiatric Residential Treatment Facility

Adverse Incident Reports Submitted

DCF Reporting Entry Page - KDADS Only

* **Worklist Category:** ◉ HCBS Waiver Providers

Q ⌄ [   ] Go | Actions ⌄

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Select	Air Report Number	KDADS AIR Report Status	Report Date ↓≡	Incident Date	Report Submitted Date	Reporting Organization Name	Individual P Name
🗋	5888	REPORTED	08/28/2018	08/28/2018	08/11/2018	PROVIDER 5	NAME
🗋	5886	REPORTED	08/26/2018	08/26/2018	08/09/2018	PROVIDER 4	NAME
🗋	5884	REPORTED	08/24/2018	08/24/2018	08/07/2018	PROVIDER 3	NAME
🗋	5880	REPORTED	08/20/2018	08/20/2018	08/03/2018	PROVIDER 1	NAME
🗋	5878	REPORTED	08/18/2018	08/18/2018	08/01/2018	PROVIDER 1	NAME
	Count:5						

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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).

Reported Adverse Incident Listing, continued

Reported Adverse Incidents WorkList

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

Reported Adverse Incident Listing	
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.
KDADS AIR Report Status	The overall status of the AIR Report – on this report it will be "REPORTED"
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.
Reporting Organization Name	Organization (Provider) if know which the Reporter is associated.
Individual First Name	Individual First Name
Individual Last Name	Individual Last Name
Incident County	County where incident occurred.
Program Type	- 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

Reported Adverse Incident Listing, continued

Field Descriptions *continued*

Reported Adverse Incident Listing (continued)	
Field or Button	**Action / Purpose**
Service	• 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

Reported Adverse Incident Listing, continued

How To Open a Submitted Incident

Follow the steps in the table below to open a submitted incident.

Step	Action	Result
1.	On the *Reported Adverse Incident WorkList*, click on the desired **Worklist Category** radio button.	The submitted incidents for the selected Program Type display as an Interactive Report.
2.	Click on the **Select** icon located at the beginning of the incident row to be opened.	The selected AIR report opens.

DCF Information Entry Form – KDADS Only

Overview   The *DCF Information Entry Form* page is for KDADS only data entry of incidents that are received from the Department of Children and Families (DCF) through a shared email box. These will be completed per this shared information. These submitted reports do display on the Reported Adverse Incident Listing or the Reported ANE Incidents Worklist page.

How To Data Enter the DCF Reporting page   Follow the steps in the table below to access the DCF Information Entry Form and submit an incident.

Step	Action	Result
1.	On the *Reported Adverse Incident WorkList*, click on the *DCF Reporting Entry Page – KDADS Only* button.	The data entry page will display.

Field Descriptions   The table below describe each field found on the DCF Information Entry Form.

Field or Button	Action / Purpose
Status and Person Reporting Incident Information **Region**	
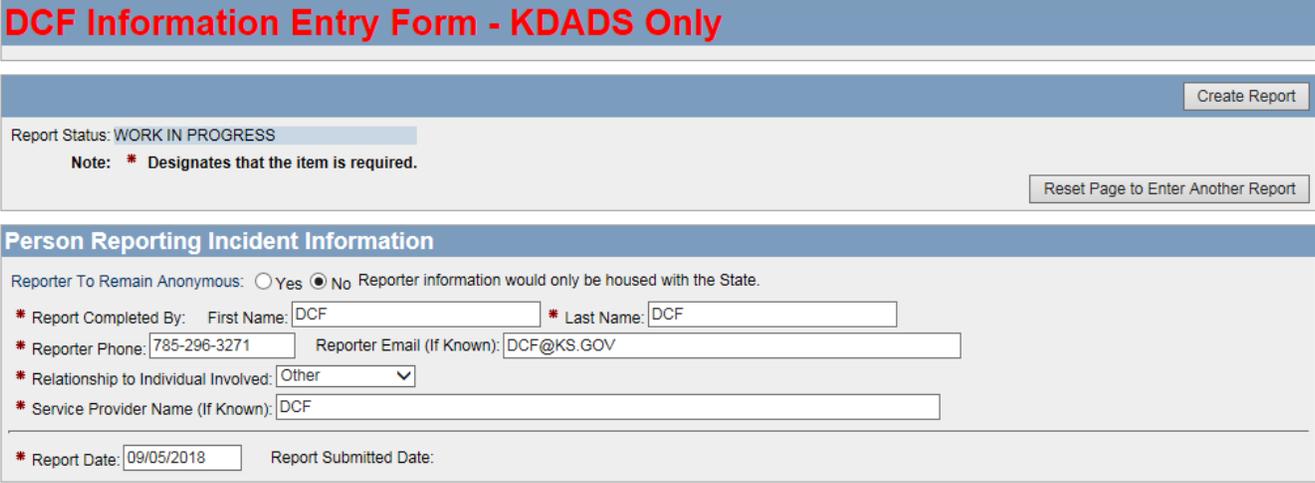
Create Report Button	Once all required fields are entered, then the Report can be created then submitted.
Submit to KDADS Button Print View of AIR Report Button	Once the report is created, other buttons display. To finish the report, click on the Submit to KDADS button.
Reset Page to Enter Another Report Button	Once the report is in submitted status then another report can be created by clicking on this button.
Reporter to Remain Anonymous	If the reporter elects to remain anonymous then no reporter fields will be displayed on the Report Detail page for the MCO. KDADS will be able to view all the information regarding the reporter. The field indicating this selection will be displayed for reference.
All fields	Reporter information and the organization is defaulted to DCF Information.
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.

Continued on next page

Field or Button	Action / Purpose
Individual Involved in Incident Information Region	

Individual Involved in Incident Information

* First Name: [   ]   * Last Name: [   ]
Date of Birth (If Known): [   ]
Medicaid ID (If Known): [   ]   * MCO Organization (If Known): [~ Select ~   ▼]
Program Type (If Known): [~ Select ~   ▼]
Service Received During Incident (If Known): [~ Select ~   ▼]
KAMIS Person Number (If Known): [   ]

Field or Button	Action / Purpose
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.
Medicaid ID (if known)	Individual's Medicaid ID number if known.
MCO Organization (if known)	The individual's KanCare provider.
Program Type (if known)	- 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

Field or Button	Action / Purpose
Individual Involved in Incident Information **Region (continued)**	
Service Received During Incident (if known)	• 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.
Incident Information **Region**	
Incident Date	Date the incident occurred.
Incident Time (if known)	Time the incident occurred.
County Where Incident Occurred (if known)	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.

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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.

Adverse Incident(s) Click on the Incident Link to see the detailed definition.
This Report DOES NOT replace a DCF or KDADS Long Term Care Complaint Hotline Report

Abuse: ☐   Death: ☐
Elopement: ☐   Emergency Medical Care: ☐
Exploitation: ☐   Fiduciary Abuse: ☐
Law Enforcement Involvement: ☐   Misuse of Medications: ☐
Natural Disaster: ☐   Neglect: ☐
Restraint: ☐   Seclusion: ☐
Serious Injury: ☐   Suicide: ☐
Suicide Attempt: ☐
Other: ☐
Other Explanation:

Adverse Incident(s) Listing as of September 1, 2018	• Abuse • Death • Elopement • Emergency Medical Care • Exploitation • Fiduciary Abuse • Law Enforcement Involvement • Misuse of Medications • Natural Disaster • Neglect • Restraint • Seclusion • Serious Injury • Suicide • Suicide Attempt • Other o Other Explanation

Field or Button	Action / Purpose
***Reported to Appropriate State Agency:** ⦿ YES ○ NO ○ UNKNOWN **Which Agency Contacted:** ⦿ DCF Adult (APS) / Child (CPS) Protection Services ○ KDADS Long Term Care Complaint Hotline **Date Notified (If Known):** [_____] **Intake Number (If Known):** [_____]	
Reported to Appropriate State Agency	Indicates if the appropriate State Agency was notified, or if this information is unknown. • Yes – Default • No • Unknown
Which Agency Contacted	Indicates which State Agency was contacted. • DCF Adult (APS) / Child (CPS) Protection Services - Default • KDADS Long Term Care Complaint Hotline
Date Notified (If known)	Date of notification
Intake Number (If known)	Intake Number, if known.
Incident Details Region	
Incident Details ***Summary of Facts Relevant to Incident:** [_____] ***Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):** [_____]	
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.

Reported ANE Incidents WorkList

Overview	The *Reported ANE WorkList* page only displays incidents submitted and the incident reported is either Abuse, Neglect or Exploitation. These submitted reports do not display on the Reported Adverse Incident Listing page.

Reported ANE Incidents WorkList	Below is an example of the Reported ANE Incidents Worklist and the description of the fields available.

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

Reported ANE Incidents WorkList

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

Reported ANE Incidents 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.
KDADS AIR Report Status	The overall status of the AIR Report – on this report it will be "REPORTED"
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.
Reporting Organization Name	Organization (Provider) if know which the Reporter is associated.
Individual First Name	Individual First Name
Individual Last Name	Individual Last Name
Incident County	County where incident occurred.
Program Type	- 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

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Reported ANE Incidents WorkList, continued

Field Descriptions *continued*

Reported ANE Incidents WorkList (continued)	
Field or Button	**Action / Purpose**
Service	- 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

How To Open a Submitted Incident

Follow the steps in the table below to open a submitted incident.

Step	Action	Result
2.	On the *Reported ANE Incidents WorkList*, click on the **Select** icon located at the beginning of the incident row to be opened.	The selected AIR report opens.
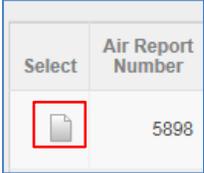
Detailed Incident Report Information Page – Description of Fields

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**	
Reporter to Remain Anonymous	If the reporter elects to remain anonymous then no reporter fields will be displayed on the Report Detail page for the MCO. KDADS will be able to view all the information regarding the reporter. The field indicating this selection will be displayed for reference.
All fields	Reporter information and the organization to which the reporting person is associated.
Incident Information **Region**	
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

Field or Button	Action / Purpose
Individual Involved in Incident Information Region	

Individual Involved in Incident Information		
Individual Information	**Medicaid Information**	**Program and Services Information**
First Name / Last Name / Date Of Birth (If Known): NAME CUSTOMER9 12/12/1969	MCO (If Known) / Medicaid ID Number (If Known): UNITEDHEALTHCARE - MCO 00199999999	Program Type (If Known) / Service Received During Incident (If Known) / KAMIS Person Number (If Known): INTELLECTUAL / DEVELOPMENTAL DISABLED RESIDENTIAL SUPPORTS -

Field or Button	Action / Purpose
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)	- 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

Field or Button	Action / Purpose
Individual Involved in Incident Information Region (continued)	
Service Received During Incident (if known)	• 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. **Adverse Incident and Incident Details** This Report DOES NOT replace a DCF or KDADS Long Term Care Complaint Hotline Report 	Adverse Incident(s)	Reported to Appropriate State Agency		
	Reported To Appropriate State Agency:	Which Agency Contacted:	Date Notified (If Known):	Intake Number (If Known):
Elopement YES	N	-	-	-		
Adverse Incident(s) Listing as of September 1, 2018	• 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 o Other Explanation

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. • 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**	

Incident Details

Summary of Facts Relevant to Incident:

Incident facts comment area with 4000 characters for the provider to state the details of the incident.

Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):

Incident Results comment area with 4000 characters for the provider to state the results of the incident.

Field or Button	Action / Purpose
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	
Correct Report Submitted Button	Opens a page where 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.
Print AIR Report Button	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. All correspondence references this number.
KDADS Report Correction Note (If Applicable)	Displays the comment made if KDADS corrected the report.
Delete Button	KDADS has the ability to Delete a Report from the system.
Current Report Status	Displays the status of the overall AIR investigation and is set by KDADS.

Status	How Used
Reported	Status automatically changes to REPORTED when the reporter clicks on the **Submit to KDADS** button. *Submitted Date* field auto-populates when the status is changed.
Assigned	When the report has been assigned to KDADS Program Integrity staff to review/resolve. *Assigned Date* field auto-populates when the status is changed.
Completed	When the incident reporting/resolution process has been completed. *Completed Date* 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.
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.
** For instructions on how to view or upload documents using File Upload, refer to the *File Upload Feature for 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

Field or Button	Action / Purpose
KDADS Investigation Actions Region	

Continued on next page

Field or Button	Action / Purpose
KDADS Investigation Actions Region (continued)	
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	• Yes – Confirms that KDADS has verified the program type originally submitted, or the corrected one entered by KDADS. • No – Selected until the program type *is* 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	• Yes – Confirms that KDADS has verified the MCO assigned to the individual. • No – Selected until the MCO *is* 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 *Notify Organization of Submitted Report* 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.
DCF Determination Region	
DCF Substantiated DCF Unsubstantiated DCF Screened-Out	KDADS will be entering Reports received by DCF through a shared email box. These will be completed per this shared information.

Continued on next page

Assignment / Resolution – Description of Fields, continued

Field or Button	Action / Purpose
Corrective Action Plan Information Region	
KDADS CAP Level	Indicates if a Corrective Action Plan (CAP) has been issued regarding this incident. ** All CAP's issued by KDADS will also be listed on the CAP Worklist.
KDADS CAP Level Review CAP Level X Buttons	Indicates the level of the CAP: • None • Level 1 or Level 2 Button will forward to the CAP Form for Review or Completion **Corrective Action Plan Information** KDADS CAP Level: NONE **Corrective Action Plan Information** KDADS CAP Level: LEVEL 1 Review CAP Level 1 Form KDADS CAP Program Manager Assigned: COLINRORK **Corrective Action Plan Information** KDADS CAP Level: LEVEL 2 Review CAP Level 2 Form KDADS CAP Program Manager Assigned: DEBYPARHOMEK
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.	• 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

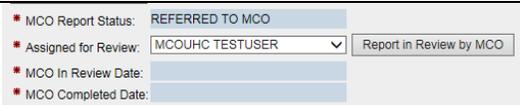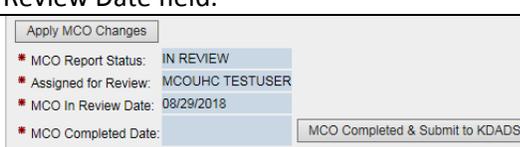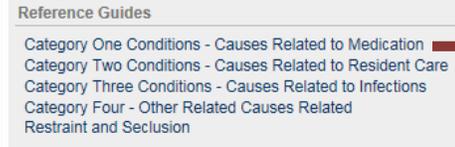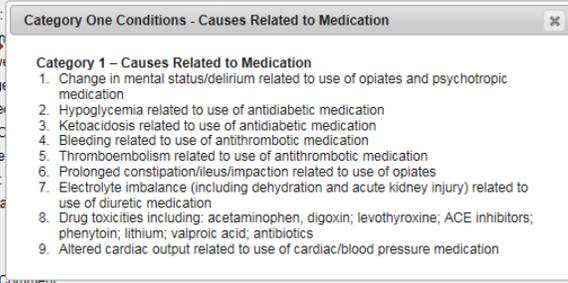**Field Descriptions** The Assignment/Resolution region of the Detailed Incident Information Page is only visible to KDADS staff and MCOs. MCO users have full access and complete this part of the Detailed Incident Information form. All fields will be read-only for KDADS users.

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

Field or Button	Action / Purpose
MCO Findings	

Field or Button	Action / Purpose
Action Buttons:	
Apply MCO Changes	Saves Data Entry
Report in Review by MCO	 This button will change the status to *In Review* and auto-populate the MCO In Review Date field.
MCO Completed & Submit to KDADS	 This button will change the status to *Completed By MCO* and auto-populate the MCO Completed Date field.
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	

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 *In Review.*
MCO In Review Date	Automatically populated when status is changed to *In Review*.
MCO Completed Date	Automatically populated when status is changed to *Completed by MCO*.
MCO Completed Comment	A comment is required for the status to be changed to *Completed By MCO.*

Continued on next page

Field or Button	Action / Purpose
MCO Findings	
MCO Taken Region Must select at least one Action Taken and enter an Action Taken Comment.	• 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 *Completed By MCO.*
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.
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.	

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	

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

Field or Button	Action / Purpose
CAP Worklist - *continued*	
Program Type	- 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	- 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 KDADS Program Manager
MCO CAP Due Date	Date CAP response is due to the KDADS Program Manager
MCO CAP Submitted Date to KDADS	Date 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.
	Corrective Action Plan Information KDADS CAP Level: LEVEL 1 [Review CAP Level 1 Form] KDADS CAP Program Manager Assigned: COLINRORK	**Corrective Action Plan Information** KDADS CAP Level: LEVEL 2 [Review CAP Level 2 Form] KDADS CAP Program Manager Assigned: DEBYPARHOMEK
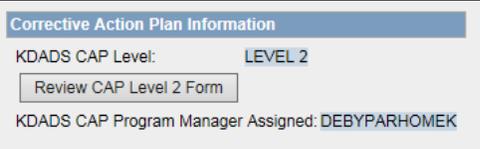
Correction Action Plans (CAP) Form – KDADS Entry

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] [Notification Log]

AIR Report Number: 5872

First Name: NAME   Last Name: CUSTOMER106
Date of Birth: 12/12/1996   Medicaid ID: 00199999999
Incident Date: 08/12/2018   Report Submitted Date: 08/12/2018

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

MCO Name: Sunflower State Health Plan CAP Monitoring Department: [   ]
Date Deficiency was Identified: [   ]   Date of CAP Authorization: [   ]
CAP Level: LEVEL 1   CAP Completion Due Date: [   ]
Identified Deficiency: [   ]

Requirement(s) or Standard(s): [   ]

KDADS CAP Program Manager Assigned: [~ Select ~   ▾]
Corrective Action Plan Status: CAP ISSUED
CAP Assigned to KDADS Program Manager Date:
CAP Assigned to MCO Date:
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)

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 *Create / Edit MCO Action Plan Detail* 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
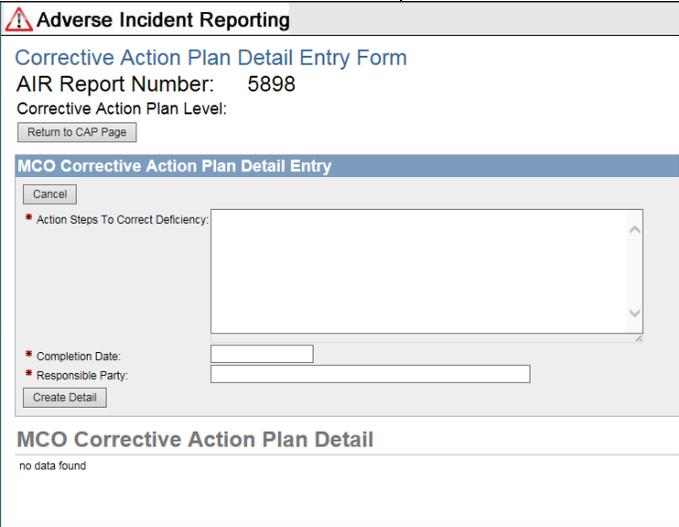
Continued on next page

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

How To   Continued

Step	Action	Result
6.	Click on the *Create Detail* button	Action step is saved and added to the table below the entry fields.

Corrective Action Plan Detail Entry Form
AIR Report Number: 5898
Corrective Action Plan Level:
[Return to CAP Page]

MCO Corrective Action Plan Detail Entry
[Cancel]

* Action Steps To Correct Deficiency:

* Completion Date:
* Responsible Party:
[Create Detail]

MCO Corrective Action Plan Detail

Select ⇅	Action Steps To Correct Deficiency	Completion Date	Responsible Party
✏	Enter each action step to correct the issue here. Continue adding until all steps are entered.	08/31/2018	Person Entering the Steps Name

row(s) 1 - 1 of 1

Step	Action	Result
7.	Repeat until all action steps are entered and saved.	
8.	When complete, click on the *Return to CAP Page* 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: • MCO CAP Approval Name • Title • Email • Phone • Authorized Signature	All fields required.
2.	Click the *Apply Changes* button	Form is saved.
3.	Click on the *Submit CAP to KDADS* 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 *MCO Notification Log* button.	Notification Log page opens.
3.	Type in the **Note** text box.	Will accept 4,000 characters.
4.	Click on the *Save and Send Email to KDADS* 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

| Field or Button	Action / Purpose
MCO Completed Worklist	
Program Type	- 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	- 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.
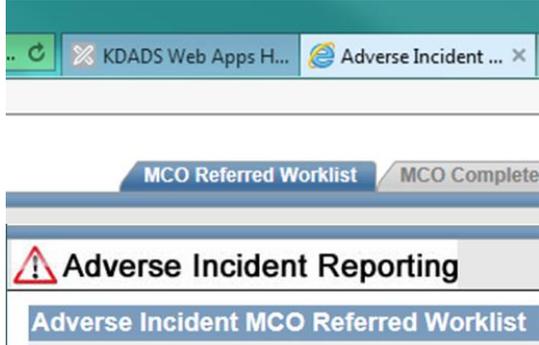
How To Log Out of KDADS Web Applications
Follow the steps in the table below to logout of KDADS Web Applications.

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.

Step	Action	Result
3.	Close the window or tabbed window the KDADS Login page resides in.	