



Division of Technology Services
DEVELOPMENT AND APPLICATION SUPPORT

Incident and Follow-Up Reporting (IFUR) Tool

User Guide

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1. The Incident and Follow-Up Reporting (IFUR) Tool

The Incident and Follow-Up Reporting (IFUR) tool is a web-based software program that you can use to:

- Complete and submit an electronic report about an incident that occurred with a developmentally disabled consumer.
- Complete and submit an electronic follow-up report about an incident.
- Print a hard copy of an incident or follow-up report to complete by hand.

1.1. Product Support

If you encounter a problem with this product, or if you have a question or recommendation regarding this user guide, send an email to the Development and Application Support (DAS) team at DTS-DAS@fssa.in.gov. A member of the DAS Help Desk team will contact you to address the issue.

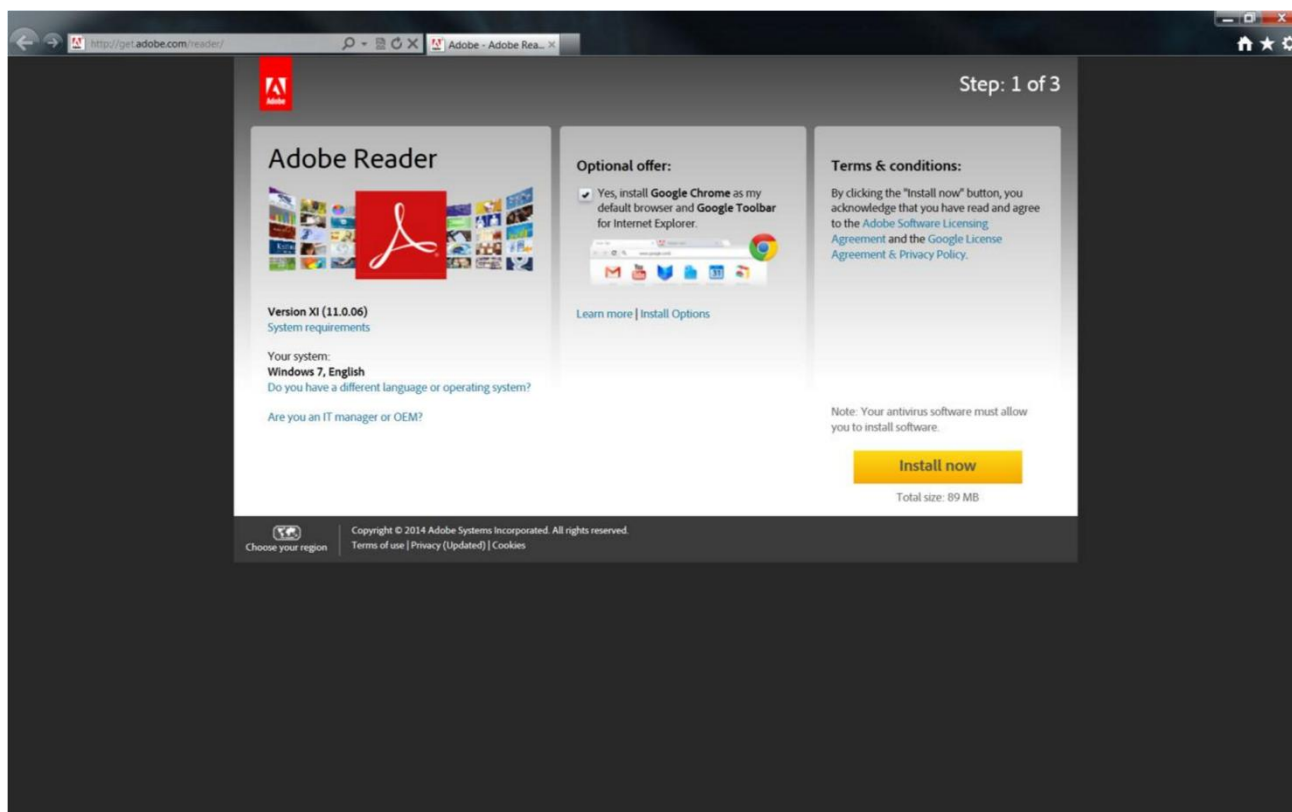
1.2. Installing and Testing the Latest Version of Adobe Reader

Some of the features available in the IFUR tool require that you install the Adobe Reader add-on software to enhance the system's performance. The Adobe Reader is required for saving and printing incident and follow-up reports. Use the following section for installing and testing the latest version of Adobe Reader on your computer (the procedure assumes that you have not installed the Adobe DLM ActiveX control).

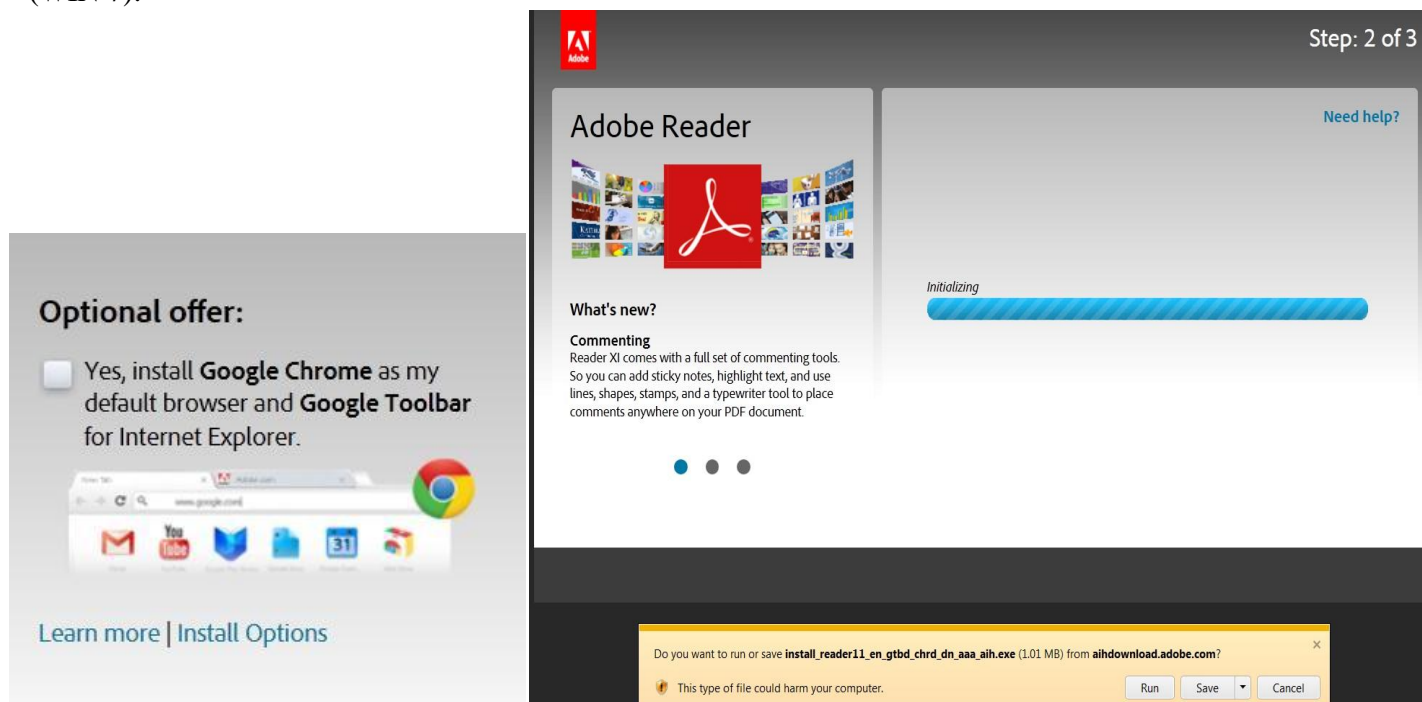
1. Select the following link or enter the URL into the **Address** field of your browser:

<http://www.adobe.com/products/acrobat/readstep2.html>

The Adobe Reader page appears, as in the following illustration:

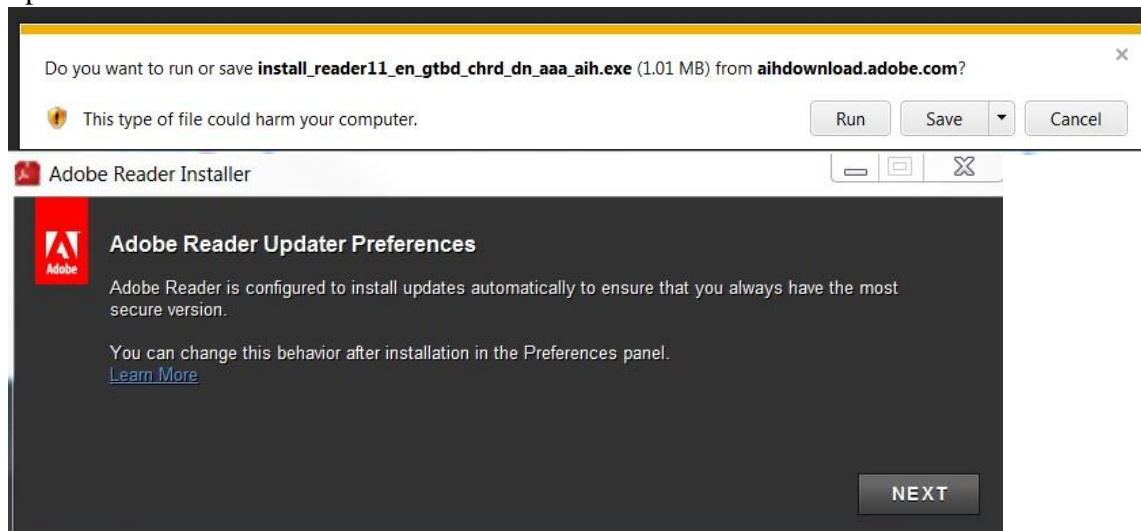


2. Make sure to **uncheck** the Optional offer check box. Select the gold **Download** button. The system displays the following screen and a gold bar appears at the top of your browser window (XP) or on the bottom of your browser (WIN 7):



3. (XP): Select **Click here to install** from the gold bar at the top of the browser window, and then select **Install ActiveX Control** from the shortcut menu that appears.

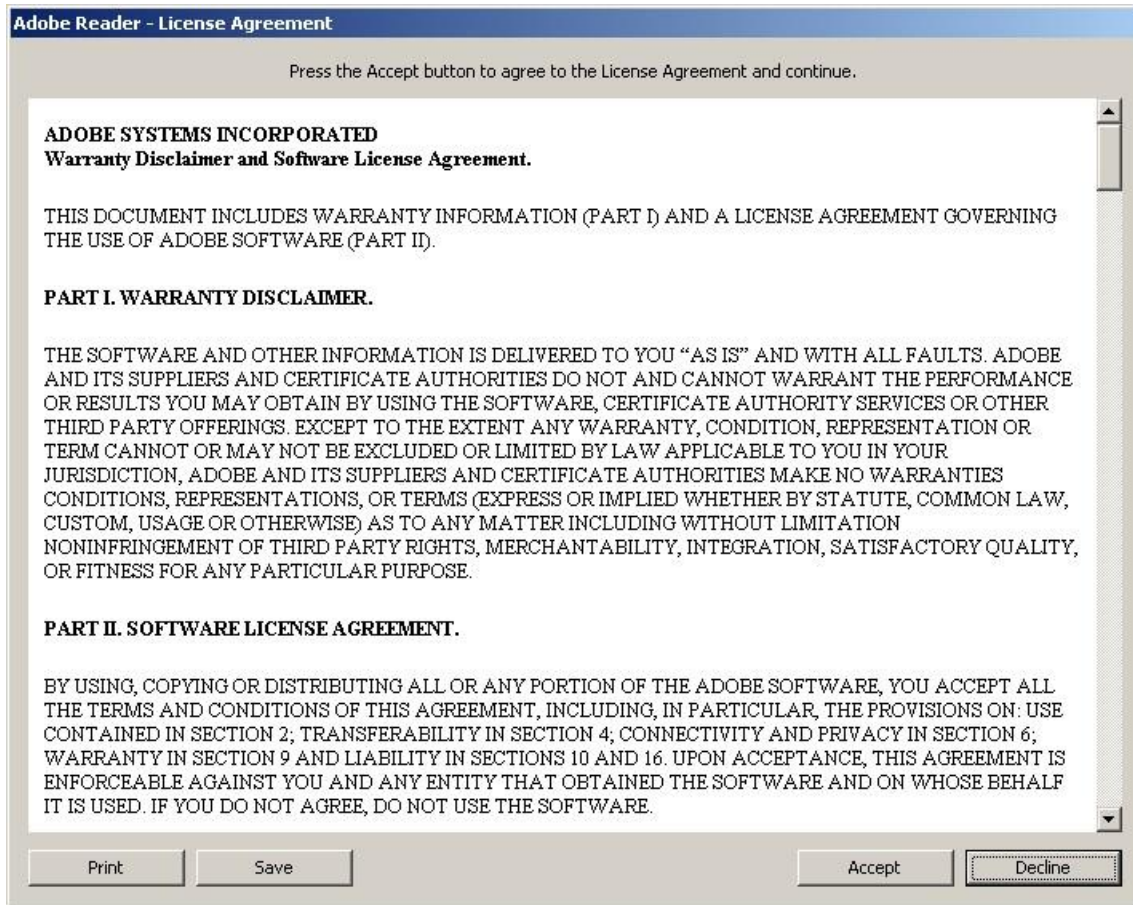
(WIN 7): Select **Run** or **Save** from the box at the bottom of your browser. Then choose next in the Adobe Reader Updater Preferences box.



(if in XP) Select **Install** in the **Internet Explorer - Security Warning** window that appears. Wait several seconds as one or more Adobe progress windows appear, indicating the progress of the installation. When the installation is complete, the **getPlus: Info** window appears and indicates that the installation is complete. Select **OK** in the **getPlus: Info** window.

4. Click the Finish button when the installation is complete.

5. When you open your first PDF the **Adobe Reader – License Agreement** window appears, as shown in the following illustration:



6. Select **Accept** to display the PDF file for the document you selected.

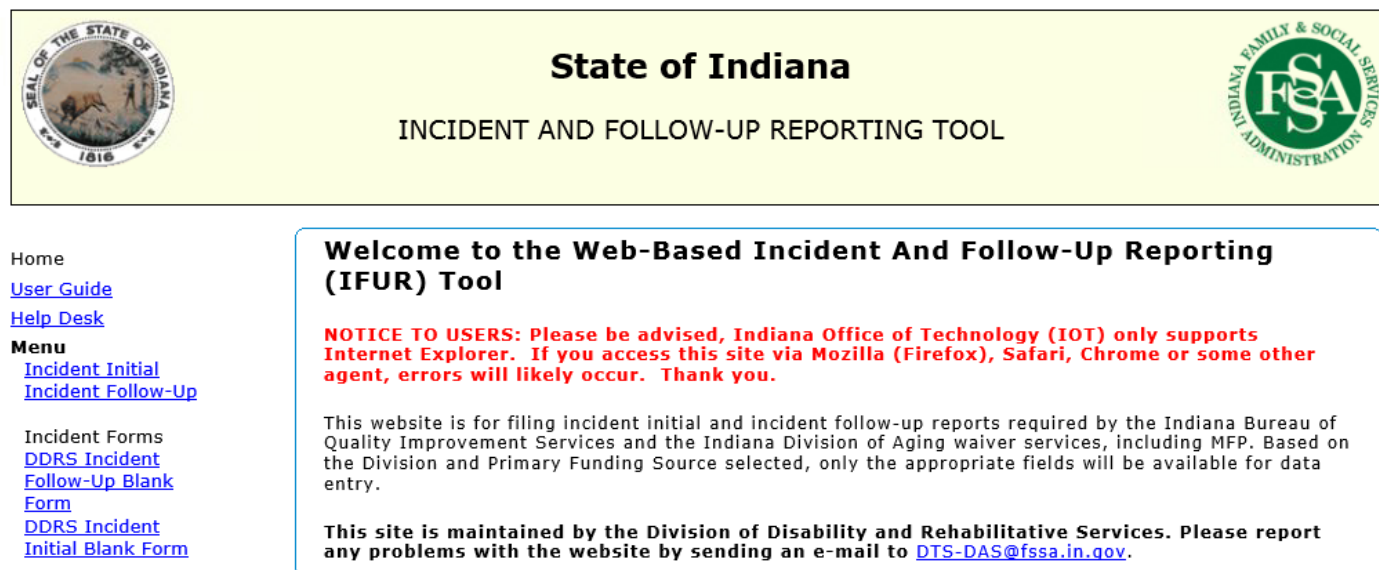
The **Adobe Reader – License Agreement** window appears only once. After you perform the remaining steps in this procedure, the license agreement will not appear again when you select a PDF file.

1.3. Accessing the IFUR Tool

To access the IFUR tool, select the following link or manually enter the URL into your browser's **Address** field:

<https://provider.fssa.in.gov/ifur/>

The IFUR tool home page appears, as shown in the following illustration:



Tip: Read the **Notice to Users** in the Welcome section of the IFUR tool home page to become familiar with some of the changes that have recently occurred with the IFUR tool.

The IFUR tool uses a dynamic menu structure on the left side of the screen that shows or hides menus as you move through the system. You can use one or more of the following menu items:

Home	To return to the IFUR tool home page
User Guide	To access this user guide
Help Desk	To send an email to the help desk
Incident Initial	To start an Incident Initial Report
Incident Follow-Up	To start an Incident Follow-Up Report
Incident Follow-Up Blank Form	To print blank PDF copies of an Incident Follow-Up report
Incident Initial Blank Form	To print blank PDF copies of an Incident Initial Report

2. Completing an Incident Initial Report

To complete an **Incident Initial Report**, select **Incident Initial** from the menu structure. The **Consumer Information** section of the **Incident Initial Report** appears and displays fields that you can use to add demographic information about the consumer. The following illustration shows an example of a completed **Consumer Information** section:

2.1. Consumer Information

The **Incident Initial Report** and **Incident Follow-Up Report** contain several fields that require an entry. If you select the **Continue Report** button to move to the next page and have not completed one or more required fields, the system displays a message in red text at the top of the page and marks each required field with a red asterisk. You must complete the missing fields before the system will move to the next page.

***All of the fields in the Consumer Information section of the Incident Initial Report are required.**

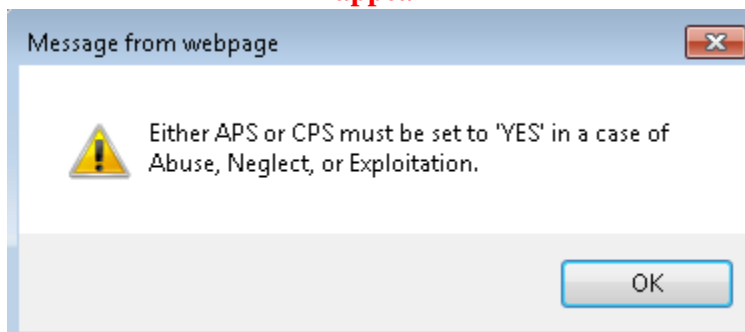
***TIP:** Make sure to choose the correct **Division** when beginning the report.

Consumer(s):

Division:		<div> <div>[Select]</div> <div>Division of Disability and Rehabilitative Services</div> <div>Division of Aging</div> </div>	
Consumer Information			
SSN(last 4 digits):		<input type="text"/>	
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text" value="IN"/>	Zip code:	<input type="text"/>
DOB:	<input type="text"/>	County:	<div>[Select] ▼</div>
Gender:	<div>[Select] ▼</div>		
Abuse, Neglect, or Exploitation (A/N/E)			
A / N / E ?: <input type="radio"/> Yes <input type="radio"/> No			
Primary Funding Source:	<div>[Select] ▼</div>		

***A/N/E applies only to Division of Aging and will remain grayed out if DDRS is chosen.**

If A/N/E YES is selected you cannot continue without entering APS or CPS info. The following error will appear



2.1.1 Funding sources DDRS

- AFC
- CAREGIVER SUPPORTS
- CFC
- CIH WVR (Formerly DD)
- FS WVR (Formerly SSW)
- LP-ICF/IDD
- MFP-CIH
- NURSING HOME
- SDC/SOF
- SGL
- SLI RESIDENTIAL
- SSBG
- TITLE XX

2.1.2 Funding Sources DA

- A&d WAIVER
- CHOICE
- MFP
- MFP-PRTF
- SSBG
- TBI WAIVER
- TITLE III
- TITLE III E

2.2. Informed Section

The system displays the **Informed** section of the **Incident Initial Report**. This section of the report disables the fields that are not required, based on the funding source that you selected. Disabled fields appear gray in color, as shown in the following illustration of the CIH WVR funding source fields:

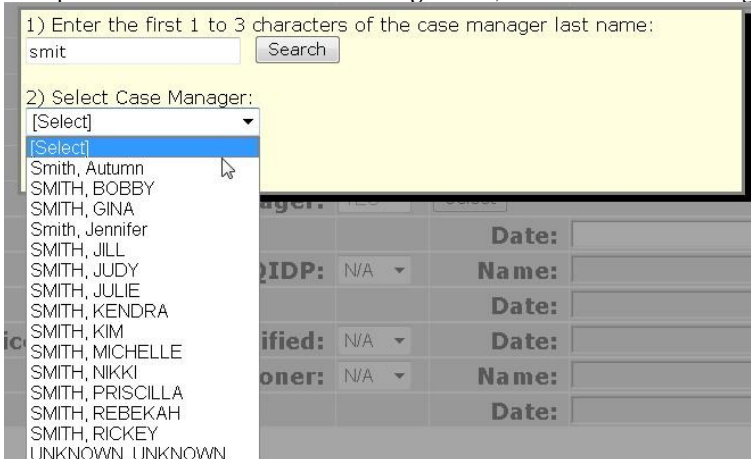
Informed			
Indicate which of the following agencies and individuals have been informed:			
APS:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
		County:	<input type="text" value="[Select]"/>
		Phone:	<input type="text" value="() - -"/>
		Method:	<input type="text" value="[Select]"/>
CPS:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
		County:	<input type="text" value="[Select]"/>
		Phone:	<input type="text" value="() - -"/>
		Method:	<input type="text" value="[Select]"/>
RES. Provider(BDDS):	N/A		
HCBS Provider(DA):	N/A		
HAB/VOC Provider(BDDS):	N/A		
Other Provider:	N/A		
Legal guardian:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
BDDS SC(BDDS):		<input type="text" value="Select"/>	
		Date:	<input type="text"/>
AAA(DA):	N/A	<input type="text" value="Select"/>	
		Date:	<input type="text"/>
Case Manager:	YES	<input type="text" value="Select"/>	
		Date:	<input type="text"/>
QIDP:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
Police involvement/notified:	N/A	Date:	<input type="text"/>
Coroner:	N/A	Name:	<input type="text"/>
		Date:	<input type="text"/>
Individual supervising at time of incident(BDDS):		<input type="text"/>	
Responsible Supervisory provider(BDDS):		<input type="text" value="Select"/>	
Individual providing services at time of incident(DA):		<input type="text"/>	
HCBS provider agency(DA):		<input type="text" value="Select"/>	
<input type="button" value="Remove This Consumer"/> <input type="button" value="Add Additional Consumer"/> <input type="button" value="Cancel Report"/> <input type="button" value="Continue Report"/>			

2.2.1 Contingency Fields

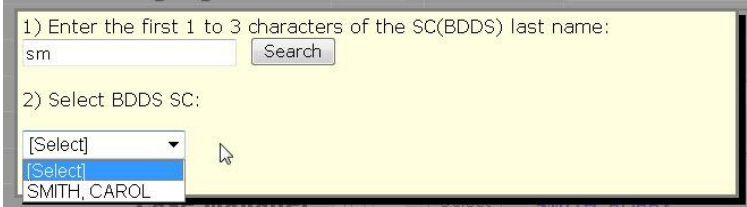
The requirement for some fields is contingent on other selections. For example, if you select a waiver funding source from the **Primary Funding Source** field in the **Consumer Information** section, you must complete the **Case Manager**, **Name**, and **Date** fields in the **Informed** section.

The following table describes the contingency fields in the **Informed** section of the **Incident Initial Report**.

Contingency Fields for Consumer Information and Informed Sections

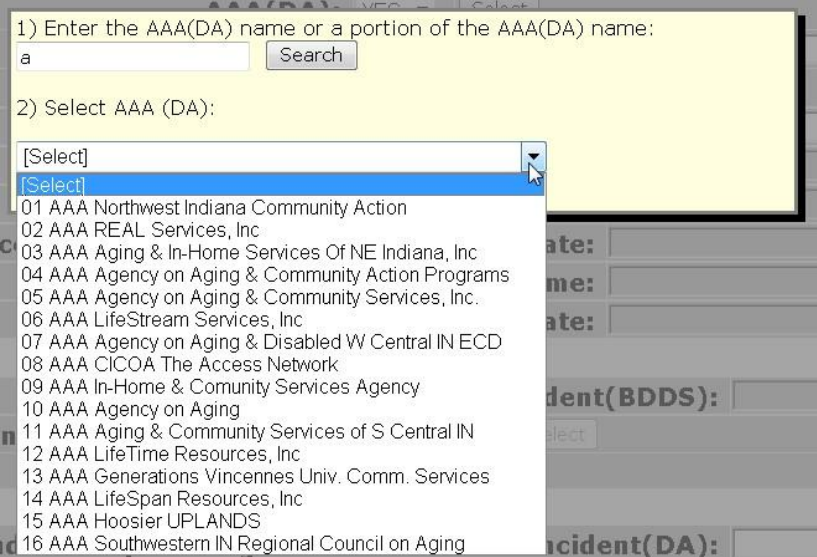
If this Field	Contains	Then
Primary Funding Source Refer to the Primary Funding Source table for information about all of the fields affected by an entry in this field	One of the following entries: A&D WAIVER CIH WVR FS WVR TBI WAIVER	<p>Case Manager field contains Yes. You must select the Case Manager and complete the corresponding Date field. To select the Case Manager, click the Select button. A search window appears. Enter the first 1 to 3 characters of the Case Manager's last name in the text box and select Search. The system uses the entry to populate the drop down list in the Select Case Manager field, as shown in the following illustration:</p>  <p>Important If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter St. and include the period. Select a case manager name from the list and then select the Submit button.</p>
Primary Funding Source	SGL	QMRP field must contain Yes .

Contingency Fields for Consumer Information and Informed Sections (continued)

If this Field	Contains	Then
Primary Funding Source	One of the following entries: A&D WAIVER TBI WAIVER	The following BDDS fields must contain N/A or be left blank: <ul style="list-style-type: none"> RES. Provider(BDDS) HAB/VOC Provider(BDDS) BDDS SC(BDDS) Name BDDS SC(BDDS) Date Individual supervising at time of incident(BDDS) Responsible Supervisory provider (BDDS)
Primary Funding Source	One of the following entries: AFC CIH WVR LP-ICF/MR NURSING HOME SDC/SOF SGL SLI FS WVR TITLE XX	<p>You must select a Service Coordinator and complete the corresponding Date field.</p> <p>To select the Service Coordinator, click the Select button. A search window appears. Enter the first 1 to 3 characters of the Service Coordinator's last name in the text box and select Search. The system uses the entry to populate the drop down list in the Select BDDS SC field, as shown in the following illustration:</p>  <p>Important If you are searching for a name with a space or a period, you must include the space or period. For example, to search for St. James, enter st. and include the period.</p> <p>Select a Service Coordinator name from the list and then select the Submit button.</p> <p>The following aging fields must contain N/A or be left blank:</p> <ul style="list-style-type: none"> HCBS Provider(Aging) AAA(Aging) Individual providing services at time of incident(Aging) HCBS provider agency(Aging)

Contingency Fields for Consumer Information and Informed Sections (continued)

If this Field	Contains	Then
APS or CPS	Yes	The following APS/CPS fields must be completed: <ul style="list-style-type: none"> Name Date County Phone Method
Legal guardian	Yes	The following Legal guardian fields must be completed: <ul style="list-style-type: none"> Name Date

AAA(DA)	Yes	<p>You must select the AAA name and complete the AAA (DA) Date field.</p> <p>To select the AAA, click the Select button. A search window appears. Enter the AAA name or a portion of the AAA name in the text box and select Search. The system uses the entry to populate the drop down list in the Select AAA (DA) field, as shown in the following illustration:</p>  <p>Select a AAA name from the list and then select the Submit button.</p>
QMRP	Yes	<p>The following QMRP fields must be completed:</p> <ul style="list-style-type: none"> • Name • Date
Police	Yes	The Police Date field must be completed.
Coroner	Yes	<p>The following Coroner fields must be completed:</p> <ul style="list-style-type: none"> • Name • Date

The table displayed on the next page describes all of the fields affected by an entry in the **Primary Funding Source** field. To use the table, locate the funding source in the top row, and then read down to determine which fields require an entry.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">LEGEND</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: green; border: 1px solid black; margin-right: 5px;"></div> Required </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; border: 1px solid black; margin-right: 5px;"></div> Unavailable </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: white; border: 1px solid black; margin-right: 5px;"></div> Optional </div> </div> </div>		PRIMARY FUNDING SOURCE										
		ALL FIELDS NOT MARKED ARE OPTIONAL FIELDS										
		A&D WAI VEP	AF C	CI H W AI VE	ICF /M R LP	MF P	NU RSIHO NGME	SD C/ SO F	SG I	FS W AI VE P	TBI W AI VE R	TIT LE XX
APS/CPS												
If the option button is -	yes											
Then fill-in the -	Date											
Select the -	County											
Fill-in the -	phone											
And select the -	method											
RES. Provider (BDDS)												
	yes	X				X					X	
HCBS Provider (DA)												
	yes		X	X	X		X	X	X	X		X
HAB/VOC Provider (BDDS)												
	yes	X				X					X	
Other Provider												
	yes											
Legal Guardian	an											
If the option button is -	yes											
Then fill-in -	Name											
And fill-in -	date											
BDDS SC(BDDS)												
Click -	Select	X	✓	✓	✓	X	✓	✓	✓	✓	X	✓
And fill-in -	date											
AAA(DA)												
If the option button is -	yes		X	X	X		X	X	X	X		X
Click -	select											
And fill-in -	date											
Case Manager												
If the option button is -	yes	✓		✓		✓				✓	✓	
Click -	select											
And fill-in -	date											
QMRP												
If the option button is -	yes	✓							✓			
Then fill-in -	Name											
And fill-in -	date											
Police												
If the option button is -	yes											
And fill-in -	date											
Coroner												
If the option button is -	yes											
Then fill-in -	Name											
And fill-in -	date											

Individual Supervision at the Time of Incident (BDDS) Field

Fill-in -		X	✓	✓	✓	X	✓	✓	✓	✓	X	✓
Responsible Supervisory Provider (BDDS)												
Select -		X	✓	✓	✓	X	✓	✓	✓	✓	X	✓

Individual Providing Services at the Time of Incident (DA)												
Fill-in -		✓	x	x	x	✓	x	x	x	x	✓	x
HCBC Provider Agency (DA)												
Select -		✓	x	x	x	✓	x	x	x	x	✓	x

2.3. Reporting Person / Agency and Incident Information

After you complete the fields in the **Consumer Information** and **Informed** sections, select the **Continue Report** button to move to the next page of the report. You can also use the additional buttons at the bottom of the page to remove the consumer, add another consumer, or cancel the report.

The **Reporting Person and Agency** and **Incident Information** sections appear, as shown in the following illustration:

Reporting Person and Agency			
Name:	<input type="text"/>		
Position:	<input type="text"/>		
Phone #:	<input type="text" value="() -"/>	Extension:	<input type="text"/>
Reporting Entity:	<input type="text" value="Select"/>		
Date Report Submitted:	<input type="text" value="9/18/2015"/>		
E-mail Address:	<input type="text"/>		
Incident Information			
Incident Date:	<input type="text"/>	Time (HH:MM AM/PM):	<input type="text"/>
Date of Knowledge:	<input type="text"/>		
Where occurred:	<input type="text" value="[Select]"/>		
Other(explain):		<input type="text"/>	
Is this Incident regarding:			
The Death of this consumer?		<input type="text" value="[Select]"/>	
a PRN that was administered to this consumer? (BDDS)		<input type="text" value="NO"/>	
Was the consumer handcuffed?		<input type="text" value="NO"/>	
Was the consumer tasered?		<input type="text" value="NO"/>	
		<input type="text" value="Cancel Report"/>	
		<input type="text" value="Continue Report"/>	

2.3.1 Required information

The following fields in the **Reporting Person and Agency** section are required:

- Name
- Position
- Phone #
- Reporting Agency
- E-mail Address

The following fields in the **Incident Information** section are required:

- **Incident Date**
- **Time of Incident**
- **Date of Knowledge**
- **Where occurred**

The following fields in the **Incident Regarding** section are required:

- **...the Death of a Consumer?**
- **...a PRN administered?** ☐ **Consumer handcuffed?**
- **Consumer tasered?**

The following table describes the contingency fields in the **Incident Information** section:

Contingency Fields in the Incident Information Section

If this Field	Contains	Then
Primary Funding Source (in the Consumer Information section)	A&D WAIVER TBI WAIVER	The field labeled a PRN that was administered to this consumer? (BDDS) must contain No .
Where occurred	Other	You must complete the Other (explain) field.
Death of the consumer?	Yes	<p>You must complete all of the questions in the Narrative: Details – DEATH section (see Section 2.4 – Narrative Information).</p> <p>Important If you complete an incident report for more than one incident, this field becomes unavailable. The system is designed to accept only one DOP incident per report.</p>
PRN that was administered to this consumer?	Yes	<p>You must complete all of the questions in the Narrative: Details – PRN section (see Section 2.4 – Narrative Information).</p> <p>Important If you complete an incident report for more than one incident, this field becomes unavailable. The system is designed to accept only one PRN incident per report.</p>

2.3.2 Incident regarding the Death of this consumer

If you entered **YES** in the **Is this Incident regarding the Death of this consumer** field in the **Incident Information** section, then the **Narrative: Details – DEATH** section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:

Narrative: Details - DEATH	
1. Date of Death:	<input type="text"/> / <input type="text"/> / <input type="text"/> Time Of Death (HH:MM AM/PM): <input type="text"/>
2. Place Of Death:	[Select] <input type="text"/>
Other Setting (please explain): <input type="text"/>	
3. What was the setting if in NF less than 90 days:	<input type="text"/>
4. Circumstances immediately preceding the death, IF KNOWN:	<input type="text"/>
5. Circumstances immediately following the death or discovery of the death, IF KNOWN:	<input type="text"/>
6. Describe all life-saving measures, IF ANY WERE APPLICABLE, that were attempted at the time of death (i.e., CPR administered, 911 called, transported to hospital, etc.), IF KNOWN:	<input type="text"/>
7. If no life-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) order, etc.), IF KNOWN:	<input type="text"/>
8. Was the individual admitted into a nursing facility within 30 days of the date of death?	[Select] <input type="text"/>
9. Was the individual discharged from a nursing facility within 30 days of the date of death?	[Select] <input type="text"/>
10. Was the death of the individual expected?	[Select] <input type="text"/>
11. Was there a DNR status?	[Select] <input type="text"/>
12. What is the preliminary cause of death?	<input type="text"/>
13. Description of the event(s) surrounding this death is as follows:	[Select] <input type="text"/>
Other Circumstance(s) (please explain): <input type="text"/>	

2.3.3 Incident Regarding PRN

If you entered **YES** in the **Is this Incident regarding a PRN** that was administered to this consumer field in the **Incident Information** section, then the **Narrative: Details – PRN** section appears above the **Describe the Incident** and **Plan to Resolve** fields, as shown in the following illustration:

Narrative: Details - PRN	
1. Length of time the targeted behavior lasted:	<input type="text"/>
2. Description of what precipitated the targeted behavior:	<input type="text"/>
3. Description of what efforts and/or activities were used and/or attempted to stop the behavior prior to the use of the PRN. For PRN's used before medical / dental procedures, description of the desensitization plan that is in place. Please Note: Even when a PRN has been approved by the guardian, physician, Human Rights Committee, IDT, etc., and/or is in the consumer's BSP, this information is still mandatory to process this incident initial report.	<input type="text"/>
4. State the criteria for the use of a PRN:	<input type="text"/>
5. PRN protocol (notification process, approval process, name and title of staff approving what medication and dosage):	<input type="text"/>
6. Date / Time of prior PRN:	<input type="text"/>

If you entered **YES** in both of the **Is this Incident regarding...** fields in the **Incident Information** section, then both of the **Narrative: Details** sections appear above the **Describe the Incident** and **Plan to Resolve** fields.

2.4. Narrative Information

After you complete the information in the **Reporting Person and Agency** and **Incident Information** sections, select **Continue Report** to move to the next page of the report. The **Describe the Incident** and **Plan to Resolve** fields appear, as shown in the following illustration:

The screenshot shows two large, empty text input areas. The top area is titled "Describe the Incident:" and the bottom area is titled "Plan to Resolve (immediate and long term):". Both areas have a vertical scrollbar on the right side, indicating they can hold multiple lines of text.

2.5. Incident Investigation

This section is titled "Please complete the following section for any allegation of Abuse, Neglect or Exploitation". It contains several form elements:

- Staff Suspended Pending Outcome of Investigation:** A dropdown menu with "[Select]" as the current value.
- Was the Abuse, Neglect or Exploitation Substantiated?:** A dropdown menu with "[Select]" as the current value.
- Actions taken by Provider:** A list of checkboxes for various actions:
 - ☐ Staff suspension
 - ☐ Staff termination due to ANE
 - ☐ Staff termination (for other reasons)
 - ☐ Staff resigned
 - ☐ Disciplinary action
 - ☐ Probation
 - ☐ Staff removed from home
 - ☐ Staff moved to another home
 - ☐ Staff training
 - ☐ Revised agency policy
 - ☐ Staff returned to work
 - ☐ Follow behavioral support plan (BSP)
 - ☐ Addressed all issues
 - ☐ Changed schedule (consumer, transportation, etc)
 - ☐ Turned investigation over to the authorities / police involvement
 - ☐ Other changes made
 - ☐ Not applicable
 - ☐ No action taken
- Alleged Perpetrator:** Two text input fields for "First Name" and "Last Name".

At the bottom of the form are three buttons: "Cancel Report", "Edit Incident Information", and "Preview Report". A red arrow points to the "Preview Report" button.

2.6 Incident Initial Report Preview

After you have completed the fields in the **Incident Investigation** sections, select **Preview Report** to move to the next page of the report. The **Incident Initial Report** appears, as shown in the following partial illustration:

Cancel Report

Edit Incident Narrative

Submit Incident Initial Report

A PDF copy of the report will be created and emailed during the Submit process. That may take a few seconds to complete, so please be patient and do not click the submit button multiple times.

Division of Aging		
Incident# 319947	INCIDENT INITIAL REPORT - Confidential	REV 08-01-2010
	For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure	

2.6. Submitting, Saving, and Printing an Incident Initial Report

After you review the completed **Incident Initial Report** for accuracy and completeness, select the **Submit Incident Initial Report** button above the **Incident Initial Report Preview** page. You can also use the buttons above the report to cancel the **Incident Initial Report** or edit the incident information.

When you select the **Submit Incident Initial Report** button, the system displays:

- A message indicating that the report(s) were submitted to the /DA Central Office
- The confirmation number(s) for the report(s)
- A reminder to print or save a hard copy of the report(s)
- A **Save/Print** button

The following partial illustration shows the messages that appear when you submit an **Incident Initial Report**:

[User Guide](#)
[Help Desk](#)

Incident Initial Report has been SUCCESSFULLY submitted to the DDRS/DA Central Office. Confirmation Number(s): 319947.

Remember to either save or print this report so that you can provide copies to other applicable parties according to the Incident Reporting Policy.

[Save/Print - 319947](#)

[Report New Incident](#)

Division of Aging		
Incident# 319947	INCIDENT INITIAL REPORT - Confidential	REV 08-01-2010
	For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure	
SECTION I - CONSUMER INFORMATION		

After you submit an **Incident Initial Report**, an email will be sent to you with a .pdf attachment copy of your report:

Initial Incident Report (Securely delivered by DataMotion)

NOREPLY@fssa.in.gov

Sent: Fri 9/18/2015 12:04 PM

To:

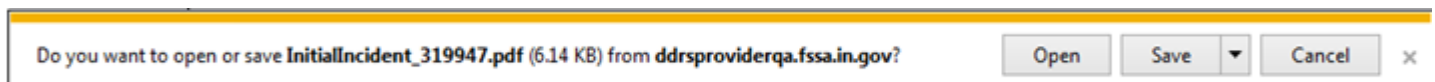
Message | Incident_Reports.PDF (6 KB)

You are receiving this correspondence to confirm that Incident Report #319948 was successfully submitted to Division of Aging on 9/18/2015 at 12:03 PM.

If you need a copy of this report, please contact DTS-DAS@fssa.IN.gov and include the report number.

Thank you.

Or you can save and print the report by selecting the **Save/Print** button. The **File Download** window appears, as shown in the following illustration:



Select **Open** to display the report or **Save** to save the report.

When you select **Open**, the system displays the report as a PDF file in a separate **Adobe Reader** window. The following partial illustration shows the top half of a test report in the **Adobe Reader** window:

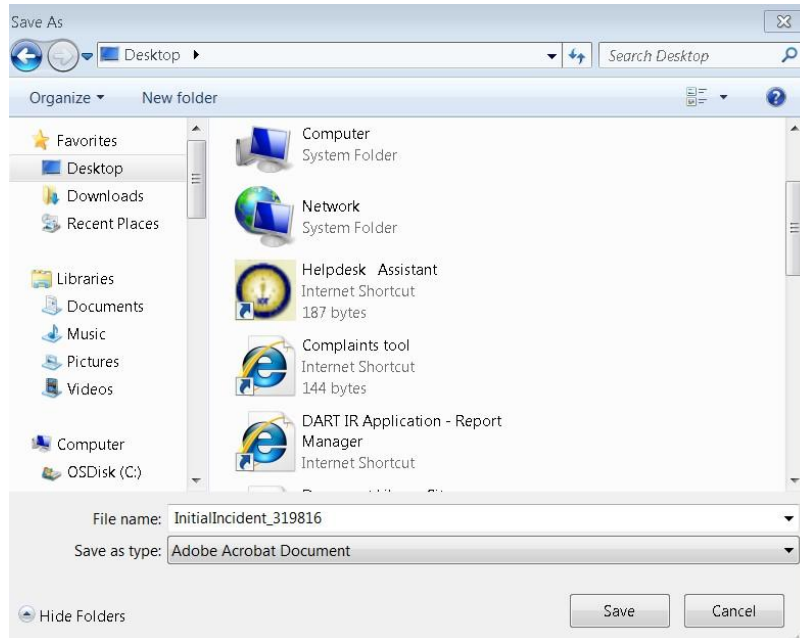
Indiana Division Of Aging Incident#: 319947	INCIDENT INITIAL REPORT - Confidential For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure	REV 08-01-2010
SECTION I - CONSUMER INFORMATION		
SSN: ***-**-1234	LAST NAME: cooper	FIRST NAME: sheldon
ADDRESS: 123 south st	CITY: lafayette	STATE: in ZIP: 47905
DOB: 3/19/1971	COUNTY: TIPPECANOE	GENDER: M
PRIMARY FUNDING SOURCE: A&D WAIVER		
INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:		
HCBS PROVIDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	LEGAL GUARDIAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME DATE
AAA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME DATE	
OTHER PROVIDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	CASE MANAGER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME LONG, JASMINE DATE 9/18/2015
QIDP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	NAME DATE	

You can:

- Use the **Print** icon on the standard toolbar to print the report.
- Use the **File > Print** menu on the menu bar to print the report.

- Use the **File > Save a Copy** menu on the menu bar to save a copy of the report.

When you select **Save** from the **File Download** window, the **Save As** window appears so that you can save the report as a PDF file in your desired folder. The following illustration shows an example of the **Save As** window:



3. Completing an Incident Follow-Up Report

Select **Incident Follow-Up** from the menu structure on the home page. The **Consumer Information** section of the **Incident Follow-Up Report** appears and displays fields that you can use to enter information about the consumer.

3.1. Consumer Information

The **Incident Initial Report** and **Incident Follow-Up Report** contain several fields that require an entry. If you select the **Continue Report** button to move to the next page and have not completed one or more required fields, the system displays a message in red text at the top of the page and marks each required field with a red asterisk. You must complete the missing fields before the system will move to the next page.

***All of the fields in the **Consumer Information** section of the **Incident Follow-Up Report** are required.**

Consumer Information			
First Name:	Bill	Last Name:	Jeffs
SSN (last 4 digits):	5241	Agency:	Division of Disability and Rehabilitative Services ▼
Incident Number:	319816	Incident Date:	02/14/2014

3.2. Narrative Details

The **Describe the Investigation into the Incident...** and **Describe Actions being taken...** fields are below **Consumer Information** fields, as shown in the following illustration:

Narrative Details

Describe investigation into the incident and/or all other follow-up actions taken: (size limit of 1000)	
	<div>test entry</div>
Describe systemic actions being taken to assure health and safety issues: (size limit of 1000)	
	<div>test entry</div>

3.3.Reporting Information

All fields within the **Reporting Information** section are required. At the bottom of this section you can choose buttons to **Add Additional Consumers** or **Remove This Consumer**

Reporting Information	
Name of Person Submitting Report:	Title of Person Submitting Report:
<input type="text"/>	<input type="text"/>
Agency Submitting Report:	<input type="button" value="Select"/>
Date Report Submitted: 9/18/2015	
Telephone Number of Person Submitting Report:	Email Address of Person Submitting Report:
<input type="text"/>	<input type="text"/>

3.4.Incident Follow-Up Report Preview

After you complete the fields in the **Incident Follow-Up Report**, select the **Preview Report** button. The system displays the **Incident Follow-Up Report** on your screen, which provides an opportunity to review the contents of the report before you submit it. The following illustration shows an example of an **Incident Follow-Up Report**:

A PDF copy of the report will be created and emailed during the Submit process. That may take a few seconds to complete, so please be patient and do not click the submit button multiple times.

Division of Aging		
Follow-Up#: 171147	INCIDENT FOLLOW-UP REPORT - Confidential	REV 08-01-2010
	For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure	
INCIDENT FOLLOW-UP REPORT - Confidential		
Consumer Information		

3.5.Submitting, Saving, and Printing an Incident Follow-Up Report

When you are satisfied that the **Incident Follow-Up Report** is accurate, select the **Submit Incident Follow-Up Report** button above the report to submit it. You can also use the buttons above the report to cancel the **Incident Follow-Up Report** or edit the information in the report.

When you select the **Submit Incident Follow-Up Report** button, the system displays:

- A message indicating that the report(s) were submitted to the /DA Central Office
- The confirmation number(s) for the report(s)
- A reminder to print or save a hard copy of the report(s)

- A **Save/Print** button

The following partial illustration shows the messages that appear when you submit an **Incident Follow-Up Report**:

Incident Follow-Up Report has been SUCCESSFULLY submitted to the DDRS/DA Central Office. Confirmation Number(s): 171147.

Remember to either save or print this report so that you can provide copies to other applicable parties according to the Incident Reporting Policy.

[Save/Print - 171147](#)

[Report New Follow-Up](#)

After you submit an **Incident Follow-Up Report**, you can save and print the report by selecting the **Save/Print** button. The **File Download** window appears, as shown in the following illustration:



Select **Open** to display the report or **Save** to save the report.

When you select **Open**, the system displays the report as a PDF file in a separate **Adobe Reader** window. The following partial illustration shows the top half of a test report in the **Adobe Reader** window:

Indiana Division Of Aging Follow-Up#: 171147	INCIDENT FOLLOW-UP REPORT - Confidential For Use in Reporting Circumstances in 460 IAC 1.2-9-2 and/or DA Policy and Procedure	REV 08-01-2010
INCIDENT FOLLOW-UP REPORT - Confidential		
Consumer Information		
CONSUMER NAME:	sheldon cooper	
SSN:	***-**-1234	Incident Number: 319948 Incident Date: 9/17/2015
NARRATIVE - DETAILS		
Describe investigation into the incident and/or all other follow-up actions taken.		
test entry		
Describe systemic actions being taken to assume health and safety issues.		

You can:

- Use the **Print** icon on the standard toolbar to print the report.
- Use the **File > Print** menu on the menu bar to print the report.
- Use the **File > Save a Copy** menu on the menu bar to save a copy of the report.

When you select **Save** from the **File Download** window, the **Save As** window appears so that you can save the report as a PDF file in your desired folder. The following illustration shows an example of the **Save As** window:

