

# WV IMS - AGED AND DISABLED WAIVER

## DIRECTIONS FOR INCIDENT REPORTING



**Enter the member's demographics information here.** Enter name, address, date of birth, phone number (if available), and Medicaid number (if available). You must answer the question, "Does the person have a diagnosis of MR/DD?" Click yes or no. This is diagnosis only. Later, you will report the waiver type. For this section, all data fields are required except the phone number. Do not enter the social security number in this section (not necessary for AD Waiver).

WV Incident Management System - Windows Internet Explorer  
https://www.wvdhhr.org/bhhf/waiver/waiver\_ims\_train/wwwims\_system/app\_main.asp

West Virginia Incident Management System  
WV IMS User: Brown, Cecilia - Date/Time: 3/7/2008 - 1:04:53 PM

**Recipient Information**

<b>Recipients Name</b> brown sue Last Name First Name Middle Name			<b>Recipients Date of Birth</b> 01/10/1945
<b>Recipients SS#</b>	<b>Recipients Medicaid No</b> 9999999999	<b>Recipients Phone No</b> (304) 555-1234	
<b>Recipients Address</b> 123 My Steet Street Address CHARLESTON WV 25301 Kanawha City State Zip Code County			
<b>Recipient MR/DD</b> Does this recipient have a MR/DD diagnosis? <u>No</u>			

Next Section

Search  
Incident Menu  
Print  
Recipients Name: brown, sue  
Recipient Info  
Agency Info  
Incident Info  
Request Agency Incid Rpt

start | Document4 - Microsof... | IMS - Microsoft Outlook | Tender Loving Care - ... | WV Incident Manage... | Norton | 1:04 PM

**Enter your agency information here.** Click Aged and Disabled for the Waiver Program. Click on your agency name and address. Both are “drop down boxes” that offer a choice (You do not have to type in specific address information).

WV Incident Management System - Windows Internet Explorer

https://www.wvdhhr.org/bhhf/waiver/waiver\_ims\_train/wvims\_system/app\_main.asp

Search web...

WV Incident Management System

# West Virginia Incident Management System

WV IMS User: Brown, Cecilia - Date/Time: 2/7/2008 - 1:03:52 PM

[Search](#)

[Incident Menu](#)

[Print](#)

**Recipients Name**  
brown, sue

[Recipient Info](#)

[Agency Info](#)

[Incident Info](#)

[Request Agency Incid Rpt](#)

## Agency Information - Page 1

**Waiver Program**  
Aged & Disabled

**Agency Name** ABODE Health Care Service, Inc.

**Agency Address** PO Box 83, 3753 Winfield Road

Address

<u>WINFIELD</u>	<u>WV</u>	<u>25213</u>
City	State	Zip Code

[Agency Info - Page 2](#)

Done

Internet 100%

start Document4 - Microsof... IMS - Microsoft Outlook Tender Loving Care - ... WV Incident Manage... Norton 1:03 PM

**Enter staff reporting and staff involved.** You may not have staff reporting or involved. If you do not have staff reporting, type in N/A (not applicable) for the staff name. If you do not have staff involved, click NA (see button labeled “NA”).

WV Incident Management System - Windows Internet Explorer

https://www.wvdhhr.org/bhhf/waiver/waiver\_ims\_train/wwwims\_system/app\_main.asp

West Virginia Incident Management System

WV TMS Icar Brown, Carolia - Date/Time: 3/7/2009 - 1:00:50 PM

Search

Incident Menu

Print

Recipients Name  
brown, sue

Recipient Info

Agency Info

Incident Info

Request Agency Incid Rpt

**Agency Information - Page 2**

**Staff Person Reporting**

My Staff (304) 555-4444

Persons Name	Phone No

**Staff Involved**

Staff Name	Work Phone No	Work Phone Ext
1 N/A, N/A	(999) 999-9999	

Next Section

Internet 100%

start Document4 - Microsof... IMS - Microsoft Outlook Tender Loving Care - ... WV Incident Manage... Norton 1:00 PM

**Enter these types of incident.** Click on alleged incident type. First, click type of incident box. 3 options: simple, critical, or abuse/neglect/exploitation. Verify incident meets description in the AD Waiver manual. May add comments or description where comment box is available. Incident may be reported verbal, in writing, or anonymously.

WV Incident Management System - Windows Internet Explorer

https://www.wvdhhr.org/bhhf/waiver/waiver\_ims\_train/wwwins\_system/app\_main.asp

Search web...

WV Incident Management System

West Virginia Incident Management System

WV TMS User: Brown, Carolia - Date/Time: 3/7/2008 - 1:02:04 PM

Search

Incident Menu

Print

Recipients Name  
brown, sue

Recipient Info

Agency Info

Incident Info

Request Agency Incid Rpt

Incident Information - Page 1

Referral  
Adult Protective Services/Children Protective Services Referral No

Type of Incident  
Critical Incident

Alleged Incident  
Accident/Injury - Requiring treatment beyond first-aid - Fall

Incident Information - Page 2

Done

Internet 100%

start Document4 - Microsof... TMS - Microsoft Outlook Tender Loving Care - ... WV Incident Manage... Norton 1:02 PM

**Enter the factual account of the incident.** Enter the date the incident occurred. The time of the incident is optional because you may not know the exact time of the incident. Describe the facts of the incident in the body of the comment section.

WV Incident Management System - Windows Internet Explorer

https://www.wvdhhr.org/bhhf/waiver/waiver\_ims\_train/wwwims\_system/app\_main.asp

Search web...

WV Incident Management System

West Virginia Incident Management System

WV TMS User: Brown, Sue - Date/Time: 3/7/2008 - 12:31:50 PM

Search

Incident Menu

Recipients Name  
brown, sue

◆ Recipient Info

◆ Agency Info

◆ Incident Info

◆ Finish

Request Agency Incid Rpt

Incident Information - Page 2

Incident County: Kanawha

Incident Date: 3 / 6 / 2008  
Month Day Year

Incident Time: 11 : 30 AM  
Hour Minute AM/PM

Incident Settings: Home - AD Waiver Only

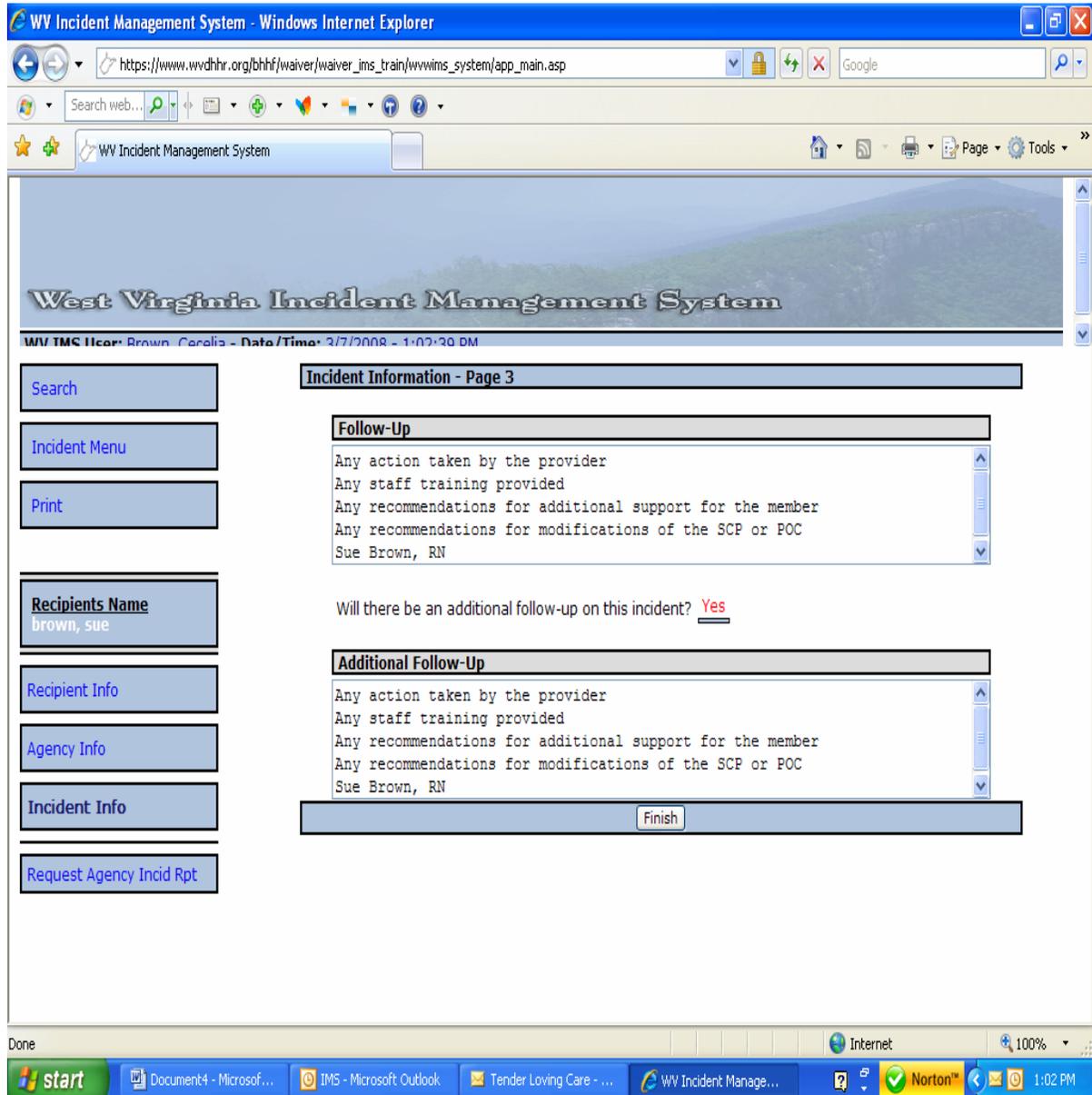
Brief Description of Incident

Enter the factual account of the incident

Incident Information - Page 3

start | Document4 - Microsof... | IMS - Microsoft Outlook | Tender Loving Care - ... | WV Incident Manage... | Norton | 12:32 PM

**Enter follow-up that results in recommendations or actions:** Incidents must be reviewed by an RN, a licensed social worker, or a licensed counselor. To verify your review, add your name and credentials at the end of the comment section to signify that you have conducted a review of the incident. Example: Sue Brown, RN



**Verify information is correct before final submission.** You will see a screen that looks like the screen below. Completed sections have a green diamond under the status column. Incomplete sections have a red diamond under the status column. After you verify that the information entered into the IMS is accurate, click the submit button at the bottom. Once submitted, you cannot change the information. The submit button is directly below this screen.

Finished					
		◆ - Section Complete	◆ - Section Incomplete		
<u>Section</u>	<u>Status</u>	<u>Completed</u>	<u>Date/Time</u>	<u>Section Message</u>	
Recipient Info	◆				
Agency Info	◆				
Incident Info	◆				
<b>Warning:</b> No changes can be made once this incident is submitted.					

## CONTINUE THE PROCESS

**After entering an incident into the IMS, the following must be completed:**

**Print document:** Print document from the IMS.

**Director's Review/Signature:** Director reviews, signs and dates document at the bottom of the document.

**Records:** File incident documents in an administrative file.

**Availability:** Incidents and administrative must be readily available for provider reviews

## NOW

## YOU HAVE COMPLETED AN INCIDENT REPORT