

## INCIDENT MANAGEMENT PAPER INCIDENT REPORTING PROCESS

### ABI/MFP Waiver Participants

#### Introduction

Agencies serving fewer than 10 individuals in the community through the ABI and MFP waivers will be submitting incidents by completing a paper incident report and submitting it to the involved Massachusetts Rehabilitation Commission case manager. All other providers are expected to follow the HCSIS process outlined in the HCSIS quick guide.

The following outlines the process for reporting an incident using a paper incident report.

Timelines for reporting an incident using paper are identical to reporting incidents directly into the HCSIS system. The paper report does not include some data fields not requiring data entry. In all other fields, the paper incident report is identical to the HCSIS report.

The incident reporting reference materials should be used by all providers regardless of whether they are reporting directly into the system or submitting a paper incident report.

#### Reporting Process Using a Paper Incident Report

1. An event occurs that meets the definition of one of the incident categories. The reporter should complete the initial report section of the incident report. The provider needs to fax the initial report within the required timelines for minor and major review incidents (1 day for major review and 3 days for minor review incidents from time of discovery) to the appropriate case manager/service coordinator for review.
2. The case manager/service coordinator will enter the initial report into the HCSIS system exactly as submitted by the provider. There may be communication between the case manager and provider before the final report is submitted.
3. The provider faxes the completed final report section of the incident report within 7 calendar days of discovery of the incident. The case manager/service coordinator enters the final report into HCSIS exactly as written by the provider.
4. The case manager/service coordinator completes their review of the incident and approves (with or without changes) or disapproves the incident and enters the final report into HCSIS. The completed incident report is faxed to the provider.
5. If the incident report is disapproved, the provider needs to make requested changes to the report and fax the revised report to the case manager/service coordinator. The revised report is reviewed, and is either approved or disapproved. The revised report is entered into HCSIS by the case manager/service coordinator.

6. If the incident report is again disapproved, the provider should return to step 3 to complete the incident report process.