



Adverse Incident Reporting

Reporter User Manual

January 2024

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General Instructions

Purpose The electronic Adverse Incident Reporting (AIR) form is used to report adverse/critical incidents involving individuals receiving services from agencies licensed or funded by the Kansas Department for Aging and Disability Services.

- System Requirements and Browser Settings**
- Internet Connection
 - Internet Browser:
 - JavaScript-enabled browser, including Google Chrome, Mozilla Firefox, Apple Safari, and Microsoft Edge.
 - Other browsers may be used with the understanding that KDADS cannot troubleshoot any issues that may arise using KDADS Web Applications with another browser.
-

Contact Persons

| Issue | Contact Person |
|---|--|
| Application How To Questions and Security Access | KDADS Help Desk Phone: 785-296-4987 option 1 or 800-432-3535 E-Mail: kdads.helpdesk@ks.gov |
| Questions about AIR Policies/Guidelines and AIR report statuses | Phone: 800-432-3535, press 0 for the operator, and ask for the Program Integrity & Compliance Manager. |

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

How To

Follow the steps in the table below to access a blank AIR form from the KDADS public web site.

| Step | Action | Result |
|---|---|--|
| 1. | From an internet browser, go to the KDADS public web site at www.kdads.ks.gov . | The <i>Kansas Department for Aging and Disability Services</i> public web site displays. |
|  | | |
| 2. | Click on the Adverse Incident Reporting (AIR) link located under the Quick Links area on the right side of the home page. | A blank Adverse Incident Reporting form displays. |

Creating / Saving the Adverse Incident Reporting (AIR) Form

Introduction

All required fields must be completed before the AIR report form can be successfully saved. The initial creation (saving) of the form is done via the **Create** button. When you **submit** the completed report form to KDADS, the reporting process is complete.

Sample Blank Form

Kansas Department for Aging & Disability Services --- Adverse Incident Reporting Wednesday, Jan 03, 2024

Adverse Incident Reporting - Public Entry Form

Purpose
Effective incident management is essential to assuring the health and welfare of KDADS program participants. The Adverse Incident Reporting (AIR) System focuses on the identification and follow-up to critical events or incidents that bring harm, or create the potential for harm, to a KDADS program participant. AIR focuses on critical events or incidents that the state itself deems as sufficiently serious to warrant near-term review and follow-up by an appropriate authority.

This Report DOES NOT replace a DCF or KDADS Long Term Care Complaint Hotline Report.

Notice

- **Hotline Phone Numbers and Information**
- **Are you a Mandated Reporter?**
- **The Report needs to be completed and submitted to KDADS prior to closing the window.**
- **If you want to print/save a copy of this form, do so PRIOR TO submitting to KDADS. After submitting, the form will be reset.**
- **If you need a copy of your form after you have closed the reporting screen, please call 800-432-3535, press 0 for the operator, and ask for the Program Integrity & Compliance Manager.**
- **Quick Reference for Submitting AIR Reports**

Complete the Incident Information in the regions below and click the **Create** button at the bottom of the page. Once the report is created, a **File Uploads** region will display so that you can attach any document(s) related to this report.

Report Status: WORK IN PROGRESS Report Date: 01/03/2024

Incident Information

Reporter Details

Reporting Organization
Begin typing to find an existing reporting organization. If desired organization is not listed, type in organization's name. If unknown, type/select UNKNOWN.

Reporter To Benefits Anonymous: Yes No

Reporter First Name: _____ Reporter Last Name: _____ Reporter Phone: _____ Reporter E-mail: _____ Relationship to Individual Involved: Select...

Enter numeric digits only. Include area code. Enter E-mail Address, if known.

Individual Details

Individual Involved in Incident

First Name: _____ Last Name: _____ Birthdate: MM/DD/YYYY
If unknown, leave blank. If unknown, leave blank.

Medicaid #: _____ MCO: Select...
If unknown, leave blank. If unknown, select the Unknown/Not Assigned option.

Incident Details

Incident Date: MM/DD/YYYY Incident Time: HH:MM:AM Incident County: Select...
Enter approximate time in the format shown. If unknown, leave blank. Use the time component of the pop-up calendar or manually type in the time. If unknown, select the UNKNOWN option.

Program Type: Select... Service Received during Incident: Select...
If unknown, select the UNKNOWN option. If unknown, select the UNKNOWN option.

Provider Organization Involved
Begin typing to find an existing provider. If desired provider organization is not listed, type in provider's name. If unknown, type/select UNKNOWN. If not applicable, type/select AIR.

Persons Involved
Include relationship to individual -- For example: staff; family member (spouse; sibling; child, etc.)

Reported to Appropriate State Agency: YES NO UNKNOWN

Incident Type(s)*

| | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Chemical Restraint | <input type="checkbox"/> Death | <input type="checkbox"/> Elopement | <input type="checkbox"/> Emergency Medical Care | <input type="checkbox"/> Exploitation |
| <input type="checkbox"/> Fiduciary Abuse | <input type="checkbox"/> Law Enforcement Involvement | <input type="checkbox"/> Misuse of Medications | <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical Restraint |
| <input type="checkbox"/> Seclusion | <input type="checkbox"/> Self-Neglect | <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Suicide | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Other |

[View Incident Type Definitions](#)

Summary of Facts Relevant to Incident

Results of Incident

Creating / Saving the AIR Form, continued

How To Follow the steps in the table below to create a new Adverse Incident Reporting form.

| Step | Action | Result |
|--|--|---|
| 1. | Click on the AIR form link as described in the previous steps. | A blank AIR form displays. |
| 2. | Enter the information for the incident being reported. | All required fields must be completed before the form can be saved. |
| 3. | Click on the Create button located at the bottom of the form. | <ul style="list-style-type: none">• The report is created and the data is saved.• The report now includes a Report # and a status of WORK IN PROGRESS.• The Create button no longer displays.• The Save button displays.• The Submit to KDADS button displays.• The Delete Report button displays. |
| Note: Validation errors will display for any missing required information, and the report will <i>not</i> be saved. Enter the missing required fields and click the Create button again. | | |
| 4. | A new tab displays to the right of the <i>Incident Information</i> tab. | File Uploads tab displays. |
| 5. | Additions and/or changes to the report can be made as necessary. Click on the Save button to save any additions/changes made. | Additions/changes are saved. |

Form Fields Refer to the next chapter, *Field Descriptions and Requirements* if there are any questions about any of the fields on the AIR form.

Uploading Files Refer to the chapter on *Uploading Supporting Documentation to an AIR Report* for details on how to attach a file to a created AIR form.

Field Descriptions and Requirements

Field Requirements The table below lists all form fields and buttons and their purpose. All fields marked with a red asterisk or a red corner are required. Fields that are conditionally required will also be checked for a valid entry when the form is saved.

| Field or Button | Action / Purpose |
|-------------------------------------|---|
| Create | Creates the report once all required fields are completed. The button disappears after the report is successfully created and is replaced by the Save button. |
| Save | Button displays after the report is successfully created. Saves any subsequent changes to the initial data entered. |
| Submit to KDADS | Button displays after the report is successfully created. When data entry is complete, clicking on this button will submit the report to KDADS, and the report clears, so that you can enter another incident report, if desired. If you are finished, close the browser window/tab. |
| Clear Report | Clears and resets the report form to a blank form. NOTE: If you clear a report after clicking the Create button, the report will still be in the KDADS AIR system in a WORK IN PROGRESS status. KDADS will process the report after two days. If you do not want KDADS to process the report, then you must contact the <i>Program Integrity & Compliance Manager</i> (see contact details at the beginning of this document). |
| Delete Report | Button displays after the report is successfully created. Use this button if you want to delete the report from the KDADS AIR system PRIOR TO submitting the report to KDADS. |
| Print Report | Button displays after the report is successfully created. Use this button to print or save the report at any time PRIOR TO submitting the report to KDADS. |
| Reporter Details Region | |
| Reporting Organization | The name of the <i>Reporting Organization</i> . Begin typing the name of the <i>Reporting Organization</i> in the field to find an existing reporting organization. If you see the desired organization, select it from the list of options. If the desired organization is not listed, type in the organization's name. If unknown, type/select <i>UNKNOWN</i> . When entering a new organization's name, omit punctuation before and after <i>INC</i> or <i>LLC</i> , i.e., enter <i>My Organization LLC</i> instead of <i>My Organization, LLC</i> . |
| Reporter to Remain Anonymous | If the reporter elects to remain anonymous, then no reporter fields will be displayed on any of the Report Detail pages or reports. However, the information will be available if the investigator is associated with the State of Kansas. |
| Reporter Fields | Name, phone number, and e-mail (optional) of person reporting the incident. |
| Relationship to Individual Involved | Select the relationship of the reporter to the individual involved in the incident from the options provided. |

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| Field or Button | Action / Purpose |
|---|---|
| <i>Individual Details Region</i> | |
| First/Last Name of the Individual | Name of the individual involved in the incident being reported. |
| Birthdate | Individual's date of birth. Leave blank if unknown. |
| Medicaid # | If the client is a Medicaid customer, and you know the Medicaid ID number, enter the Medicaid # in this field. Leave blank if unknown. |
| MCO | The individual's KanCare Managed Care Organization (MCO) provider, if known. If unknown or the individual is not assigned to a KanCare organization, select the <i>Unknown/Not Assigned</i> option. |

| Field or Button | Action / Purpose |
|---------------------------------------|---|
| <i>Incident Details Region</i> | |
| Incident Date | Date that the incident occurred. Enter the date or click on the calendar icon to select the date from a calendar popup. Leave blank if unknown. |
| Incident Time (If Known) | Time that the incident occurred. Enter the time or click on the calendar icon to select the time from the time portion of a calendar popup. Leave blank if unknown. |
| Incident County | Select the county where the incident occurred. If unknown, select the <i>UNKNOWN</i> option. |
| Program Type | <p>Select the program type from the list of available options. If unknown, select the <i>UNKNOWN</i> option. Options include the following:</p> <ul style="list-style-type: none"> • Aging and Disability Resource Center • Autism • Center for Independent Living • Certified Community Behavioral Health Clinic • 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 • Residential Care Facility • Senior Care Act • Severe Emotional Disturbance • Substance Abuse Treatment Facility • Technology Assisted • Traumatic Brain Injury • Unknown |
| Service Received during Incident | <p>Select the service received during the incident from the list of available options. If unknown, select the <i>UNKNOWN</i> option. Options include the following:</p> <ul style="list-style-type: none"> • Day Supports • Lives in Shared Living Arrangement • Lives with Parents/Family/Friend • Mental Health - Community • Mental Health - Onsite • Personal Service Attendant • Residential Supports • Targeted Case Management - HCBS Only • Unknown |
| | |

| | |
|---|---|
| Provider Organization Involved | The name of the <i>Provider Organization</i> involved in the incident, if any. Begin typing the name of the <i>Provider Organization</i> in the field to find an existing provider. If you see the desired provider, select it from the list of options. If the desired organization is not listed, type in the organization's name. If unknown, type/select <i>UNKNOWN</i> . If not applicable, type/select <i>N/A</i> . When entering a new organization's name, omit punctuation before and after <i>INC</i> or <i>LLC</i> , i.e., enter <i>My Organization LLC</i> instead of <i>My Organization, LLC</i> . |
| Persons Involved | List persons other than the individual who were involved in the incident, including the name(s) and their relationship to the individual involved. |
| Field or Button | Action / Purpose |
| <i>Incident Details Region (continued)</i> | |
| Reported to Appropriate State Agency | Indicates if the appropriate State Agency was notified, or if this information is unknown. NOTE: Submitting an Adverse Incident Reporting form does <i>not</i> replace reporting the incident to a <i>Protection Reporting Center</i> . |
| Agency Contacted | Select the appropriate agency that was contacted. |
| Date Notified (If Known) | The date that the State Agency was notified, if known. Leave blank if unknown. |
| Intake Number (If Known) | The Intake Number of the notification to the State Agency, if known. Leave blank if unknown. |
| Incident Type(s) | Select at least one Incident Type from the list of options. If you select the <i>Other</i> option, enter an explanation in the <i>Other Explanation</i> text box that is provided. To see the definitions of the <i>Incident Types</i> , click on the <i>View Incident Type Definitions</i> link. |
| Summary of Facts Relevant to Incident | The relevant facts of the incident being reported. |
| Results of Incident | The actions taken regarding the individual, as a result of the reported incident, i.e., Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other, etc. |

Printing/Saving an AIR Report

Introduction

If you want to print/save a copy of the incident report form, do so **PRIOR TO** submitting the report form to KDADS. After submitting, the form will be reset, and you will not be able to save/print the report.

How To

Follow the steps in the table below to print/save an AIR report form.

| Step | Action | Result |
|------|---|---|
| 1. | After you have created the report, but prior to submitting it, click on the Print Report button at the bottom of the page. | A <i>Print Settings</i> message displays. |
| 2. | <i>Read the message before continuing!</i> | |
| 3. | Click on the OK button to open your web browser's print dialog box. OR Click on the Cancel button to return to the report form. | OK = Report will open in your web browser's print dialog box. Cancel = Return to report form. |
| 4. | If printing, select the desired printer from the list of printers. If saving, select the save to PDF option, if available. | The print dialog box will adjust the available options depending on your selection. |
| 5. | Make any necessary adjustments to the print settings to capture all components of the report form and to size the report so that it is legible and fits on 1-2 pages. | The print dialog should show a preview of what the printed/saved form will look like. |
| 6. | Click the Print or Save button, depending on your web browser and your desired action. | If printing, the form should be sent to your selected printer. If saving, then the web browser will either save the file to your pre-defined directory, or it will present you with the option to select the desired save location. You can configure your web browser on how to handle saving downloaded files. |

Uploading Supporting Documentation to an AIR Report

Introduction

If there is supporting documentation related to the adverse incident being reported, you can upload an electronic version of the documentation to the AIR report form.

The File Upload utility on the *File Uploads* tab of the AIR form is accessible after you have created the incident report.

Source File Requirements

Source File Name: There are specific rules that must be followed in the naming of the source file that will be uploaded. If necessary, rename the source file before you attempt to upload it. The source file name can contain *only* the following characters:

- Alpha-numeric characters (A-Z and 0-9)
- The following special characters: dash (-), underscore (_), slash (/), and period (.)

Source File Size: The source file (the file you are uploading) should not exceed 100MB. To conserve KDADS file server space, we request that the source files be saved in a way to reduce the file size as much as possible. For example, if you are scanning a hard copy of a file, make sure your scanner is not using too high of a resolution – 200-300 dpi should be sufficient. Be aware of the size of image files that are uploaded and resize/compress them, if possible. If uploading a PDF file, you can reduce the size of the file with *Adobe Acrobat Pro*, if available.

Source File Type: Most file types are compatible with the Upload File utility. However, be aware that files that are application-specific may not be accessible if the user opening the file does not have that application installed on their computer. For this reason, we recommend the following file types, as they are accessible via multiple image-viewing applications or PDF readers that are common to many business applications:

- PDF (current Microsoft Office applications have a built-in 'save as PDF' option)
 - JPG/JPEG (most scanners will scan images to this format)
 - BMP (most scanners will scan images to this format. Preferred after JPG/JPEG, as BMP files tend to be larger in size than JPG/JPEG)
-

How To

Follow the steps in the table below to upload a file to a saved Adverse Incident Report.

| Step | Action | Result |
|------|--|---|
| 1. | Navigate to the File Uploads tab on the report form. | The File Uploads tab displays. |
| 2. | Click on the Add File(s) button below the Instructions region on the tab. | The Upload File(s) dialog box will open. |
| 3. | Click in the Content field. | A dialog box showing your local computer and/or network file directory should show. |

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Uploading Supporting Documentation to an AIR Report, continued

How To

Continued

| Step | Action | Result |
|------|---|--|
| 4. | Navigate to the location on your computer or organization's network where the file(s) is/are located. | |
| 5. | Select one or more files. To select more than one file, hold down the Control key while selecting your files. | The file(s) is/are highlighted. |
| 6. | Click on the Open button. | If you select one file, the filename will appear in the Content field. If you select multiple files, the Content field will show the total number of files you selected. |
| 7. | Enter an optional short descriptive name in the Description field. | NOTE: If you select multiple files, the description will apply to all files. |
| 8. | Click on the Save File button. | The uploaded file information displays in the File Uploads table, indicating the source file(s) is/are attached to the AIR report. |

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Uploading Supporting Documentation to an AIR Report, continued

Delete an Attached File

Follow the steps in the table below to delete a file attached to an AIR report form.

Note: Deleting an attached file does *not* delete the source file from its original location.

| Step | Action | Result |
|------|---|--|
| 1. | To delete an uploaded file from an AIR report, click on the trash can icon in the Delete File column next to the filename in the Uploaded Files table. | A Delete File Confirmation dialog box appears. |
| 2. | To continue with the file deletion, click the Delete button. To cancel the delete action and return to the report form, click the Cancel button. | <ul style="list-style-type: none">• The attached file is deleted from the AIR report.• The Uploaded Files table is updated. |

Deleting an AIR Report

Introduction

Once you have created a new incident report, but **PRIOR TO** submitting the report to KDADS, you can delete the report, if necessary, to remove the report from the KDADS AIR system. Otherwise, if you leave the report in a WORK IN PROGRESS status and do not delete it or submit it to KDADS, KDADS will process the report after two days.

How To

Follow the steps in the table below to delete an AIR report form.

| Step | Action | Result |
|------|---|---|
| 1. | Navigate to the Incident Information tab of the AIR report form. | The Incident Information tab displays. |
| 2. | Click on the Delete Report button at the bottom of the page. | A <i>Confirm Clear/Delete Report</i> message displays. |
| 3. | <i>Read the message before continuing!</i> | |
| 4. | Click on the Delete button to delete the report and all attached files, if any. OR Click on the Cancel button to return to the report form. | Delete = Report is deleted and the report form is reset. Cancel = Return to report form. |

Submitting a Completed AIR Report to KDADS

Introduction

Submitting a completed Adverse Incident report to KDADS adds the report to the KDADS AIR system worklist so that KDADS can process it. Depending on a report's circumstances, KDADS may refer the report to the proper MCO for processing as well.

How To

Follow the steps in the table below to submit a completed AIR report to KDADS.

NOTE: You **MUST** upload Supporting Documentation (covered in a previous chapter) to an AIR report **BEFORE** you submit the report form to KDADS.

| Step | Action | Result |
|------|---|--|
| 1. | Navigate to the Incident Information tab and click on the Submit to KDADS button at the bottom of the tab. | A warning message displays. |
| 2. | <i>Read the message before continuing!</i> | |
| 3. | Click on the OK button to submit the report form. OR Click on the Cancel button to return to the report form. | OK = Report submitted to KDADS. No further changes can be made. Cancel = Return to report to make changes. Report is not submitted to KDADS. |
