

Incident Management Review Report Tip Sheet



The purpose of this tip sheet is to help users understand the content of the Incident Management Review Report. The Incident Management Review Report request page allows users to request a report containing information about the timeliness of one or more incidents. This information is gathered and calculated based on user-entered data and system generated timestamps and is available only to ODP users.

Column	Column Group	Column Name	Description
A	Incident Details	Incident ID	The Incident ID assigned by EIM.
B	Incident Details	Incident Status	The status of the incident.
C	Incident Details	Document Requiring Attention	For incidents with an incident status of Open, this column displays the current document in need of submission (with a "Created" or "In Progress" document status). Once an incident status is closed this field will be blank.
D	Incident Details	MCI	The MCI number of the individual. This column will be blank for incidents for individuals without an MCI number and for site level incidents.
E	Incident Details	Last Name	The individual's last name - or will be blank for site level incidents.
F	Incident Details	First Name	The individual's first name - or will be blank for site level incidents.
G	Incident Details	Waiver/Program	The Waiver/Program of the individual for individual incidents - or 'N/A' for incidents for individuals without an MCI number and for site level incidents.
H	Incident Details	Needs Level	The individual's Needs Level based on their assessment results.
I	Incident Details	Needs Group	The individual's Needs Group based on the Needs Level entered for the individual.
J	Incident Details	County	The Residential County of the individual for individual incidents or the service location county for site level incidents.

Column	Column Group	Column Name	Description
K	Incident Details	AE	The name of the Administrative Entity responsible for performing the management review. This column will be blank for State Center incidents.
L	Incident Details	Region	The name of the region responsible for performing the management review. This column will be blank for State Center incidents.
M	Incident Details	MPI	The most recently saved MPI number of the provider.
N	Incident Details	Service Location ID	The most recently saved Service Location ID of the provider service location.
O	Incident Details	Provider Name	The most recently saved provider's business name.
P	Incident Details	Service Location Name	The most recently saved Service Location Name associated with the Service Location ID.
Q	Incident Details	Point Person	The last and first name of the most recently assigned point person.
R	First Section	Status	The status of the First Section document.
S	First Section	Primary Category	The Primary Category for the incident that was saved/submitted in First Section.
T	First Section	Secondary Category	The Secondary Category for the incident that was saved/submitted in First Section. This column will display comma separated values if more than one secondary category is saved.
U	First Section	Discovery Date	The Discovery Date that was saved/submitted in First Section (MM/DD/YYYY).
V	First Section	Discovery Time	The Discovery Time that was saved/submitted in First Section.
W	First Section	Occurrence Date	The Occurrence Date that was saved/submitted in First Section.
X	First Section	Submitted Date	The date the First Section document was submitted (MM/DD/YYYY).

Column	Column Group	Column Name	Description
Y	First Section	Submitted Time	The time the First Section document was submitted (HH:MM:SS AM/PM).
Z	First Section	Time Elapsed (Hours)	The number of hours between First Section Submitted Date & Time and Discovery Date & Time. This column will display as a decimal value with up to 2 decimal places (for example, 24.01).
AA	First Section	Was the First Section submitted on time?	Displays whether the First Section was submitted on time. The measure for critical and non-critical incidents is 24 hours and 72 hours for abbreviated incident reports. For Optionally Reportable Events, this field will always display "Yes" as there is no due date assigned.
AB	Final Section	Status	The status of the first Final Section document.
AC	Final Section	Submitted Date	The date the first Final Section document was submitted (MM/DD/YYYY).
AD	Final Section	Submitted Time	The time the first Final Section document was submitted (HH:MM:SS AM/PM).
AE	Final Section	Due Date	The due date of the first Final Section document (MM/DD/YYYY).
AF	Final Section	Time Elapsed (Days)	The number of days between Final Section Submitted Date and Final Section Created Date (for the first version).
AG	Final Section	Was the Final Section submitted on time?	The Final Section was submitted on time by comparing the document submission date with the document due date. This field will account for changes in the Final Section document due date through report extensions.
AH	Final Section	If late, how many days late?	Displays how many days late the Final Section was submitted, by comparing the document submission date with the document due date (for example, 9). This will be 0, if the Final Section was not late.

Column	Column Group	Column Name	Description
AI	Final Section	Did the initiating organization file an extension?	Displays whether a provider filed a report extension.
AJ	Final Section	If so, what reason did the initiating organization provide for the extension?	Displays the reason that was entered in the system for the extension.
AK	Final Section	How many extensions were filed by the initiating organization?	Displays the number of extensions the initiating organization filed.
AL	Final Section	Did the County/AE file an extension?	Displays whether the County/AE filed a report extension.
AM	Final Section	If so, what reason did the County/AE provide for the extension?	Displays the reason that was entered in the system for the extension.
AN	Final Section	How many extensions were filed by County/AE?	Displays the number of extensions the County/AE filed.
AO	Final Section	Was any final section not approved for corrective action reasons?	Displays whether any Final Section was marked as 'Not Approved' for corrective action reasons in any management review (County, Regional or State Center).
AP	Final Section	Investigation Required?	Displays whether an investigation is required (Mandatory, Optional, etc.) based on the Final Section associated with the first Provider Certified Investigator Report. If a Provider Certified Investigator Report was not performed, this field will display the values saved in the first Final Section.

Column	Column Group	Column Name	Description
AQ	Final Section	Investigation Outcome	Displays the investigation outcome (Confirmed, Not Confirmed, etc.) based on the Final Section associated with the first Provider Certified Investigator Report. If a Provider Certified Investigator Report was not performed, this field will display the values saved in the first Final Section.
AR	Provider Certified Investigator Report	Status	The status of the first Provider Certified Investigator Report document.
AS	Provider Certified Investigator Report	Submitted Date	The date the first Provider Certified Investigator Report document was submitted (MM/DD/YYYY).
AT	Provider Certified Investigator Report	Submitted Time	The time the first Provider Certified Investigator Report document was submitted (HH:MM:SS AM/PM).
AU	Provider Certified Investigator Report	Investigator Name	The name of the assigned certified investigator from the first Provider Certified Investigator Report.
AV	Provider Certified Investigator Report	Assignment Date	The Investigation Assignment Date from the first Provider Certified Investigator Report document (MM/DD/YYYY).
AW	Provider Certified	Assignment Time	The Investigation Assignment Time from the first Provider Certified Investigator Report document (HH:MM:SS AM/PM).

Column	Column Group	Column Name	Description
	Investigator Report		
AX	Provider Certified Investigator Report	Start Date	The Investigation Start Date from the first Provider Certified Investigator Report.
AY	Provider Certified Investigator Report	End Date	The Investigation End Date from the first Provider Certified Investigator Report.
AZ	Provider Certified Investigator Report	First Witness Statement Date	The First Witness Statement Date from the first Provider Certified Investigator Report document (MM/DD/YYYY).
BA	Provider Certified Investigator Report	First Witness Statement Time	The First Witness Statement Time from the first Provider Certified Investigator Report document (HH:MM:SS AM/PM).
BB	Provider Certified Investigator Report	Last Witness Statement Date	The Last Witness Statement Date from the first Provider Certified Investigator Report document (MM/DD/YYYY).
BC	Provider Certified Investigator Report	Last Witness Statement Time	The Last Witness Statement Time from the first Provider Certified Investigator Report document (HH:MM:SS AM/PM).

Column	Column Group	Column Name	Description
BD	Provider Certified Investigator Report	Days to Complete Witness Statements	The number of days between First Witness Statement Date & Time and Last Witness Statement Date & Time.
BE	Provider Certified Investigator Report	Witness Statements within 10 Days?	Displays whether the Witness Statements were collected within 10 days.
BF	Provider Certified Investigator Report	Was the Provider Investigation started on time?	Displays whether the Provider Certified Investigator Report Assignment Date is within 1 day of the Investigation Start Date.
BG	Provider Certified Investigator Report	Time Elapsed (Days)	The number of days between Provider Certified Investigator Report Assignment Date and Provider Certified Investigator Report End Date.
BH	Provider Certified Investigator Report	Was the Provider Investigation completed on time?	Displays whether the Provider Certified Investigator Report End Date is within 30 days of the Investigation Assignment Date.