

## Overview

This job aid is intended as a guide to the subject areas in Enterprise Incident Management (EIM for Office of Long-Term Living (OLTL) program office staff and providers. Use this guide as a reference tool when running the *Incident and Complaint Custom Report* in EIM to choose the subject areas for your reporting needs. Use the Table of Contents to view the OLTL specific subject areas for incidents and complaints.

## Table of Contents

Subject Areas Description .....	2
Office of Long-Term Living (OLTL) Incident Subject Areas .....	3
Office of Long-Term Living (OLTL) Complaint Subject Areas .....	11

## Subject Areas Description

The questions in the incident and complaint documents in EIM are grouped into subject areas, which are used to define the output of the *Incident and Complaint Custom Report*. When requesting the report, users can select which subject areas they would like to include in the report output. Running the report will produce an Excel spreadsheet with the questions in the selected subject areas as the columns in the spreadsheet.

**Note:** *Each program office has different subject areas associated with it.*

The report is organized by Subject Area Name, Document Name, Page Name and Question. Each subject area contains at least one question. The screen shot below depicts the structure of the report output.

K	L
<b>Subject Area:</b>	<b>Incident Description</b>
<b>Document:</b>	<b>Incident First Section</b>
<b>Page:</b>	<b>Incident Description</b>
<b>Question:</b>	<b>Incident Description</b>

## Office of Long-Term Living (OLTL) Incident Subject Areas

Subject Area	Document	Page	Question
Incident Description	First Section	Incident Description	Incident Description
Incident Description	First Section	Incident Description	Description
Incident Description	First Section	Incident Description	Location of Incident
Incident Description	First Section	Incident Description	If community site, or other, please explain
Incident Description	First Section	Incident Description	Were restraints or restrictive interventions being used during the occurrence?
Incident Description	First Section	Incident Description	If restraints or restrictive interventions were used, please explain
<b>Incident Detail</b>			
Incident Detail	First Section	Incident Classification	Date Reviewed
Incident Detail	First Section	Incident Classification	Reviewer
Incident Detail	First Section	Incident Classification	Was this incident reported to Adult Protective Services
Incident Detail	First Section	Incident Classification	Date referred to Adult Protective Services
Incident Detail	First Section	Incident Classification	Is the individual's health and welfare at risk?
<b>Incident Detail-Final</b>			
Incident Detail-Final	Final Section	Verification Of Incident Classification	Discovery Date and Time
Incident Detail-Final	Final Section	Verification Of Incident Classification	Primary Category
Incident Detail-Final	Final Section	Verification Of Incident Classification	Primary Category Date Occurred
Incident Detail-Final	Final Section	Verification Of Incident Classification	Secondary Category
Incident Detail-Final	Final Section	Verification Of Incident Classification	Secondary Category Date Occurred
Incident Detail-Final	Final Section	Verification Of Incident	Reason for Reclassification (if

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
		Classification	applicable)
Incident Detail-Final	Final Section	Verification Of Incident Classification	Certified Investigation Required
Incident Detail-Final	Final Section	Verification Of Incident Classification	Proceed with Investigation?
Incident Detail-Final	Final Section	Verification Of Incident Classification	Assigned Certified Investigator
Incident Detail – Initial	First Section	Incident Classification	Discovery Date and Time
Incident Detail – Initial	First Section	Incident Classification	Primary Category
Incident Detail – Initial	First Section	Incident Classification	Primary Category Date Occurred
Incident Detail – Initial	First Section	Incident Classification	Secondary Category
Incident Detail – Initial	First Section	Incident Classification	Secondary Category Date Occurred
Incident Detail – Initial	First Section	Incident Classification	Reason for Reclassification (if applicable)
Incident Detail – Initial	First Section	Incident Classification	Certified Investigation Required
Incident Detail – Initial	First Section	Incident Classification	Proceed With Investigation?
Incident Detail – Initial	First Section	Incident Classification	Assigned Certified Investigator
Individual Case Management Information	First Section	Individual Information	Agency Name
Individual Case Management Information	First Section	Individual Information	Assigned SC
Individual Case Management Information	First Section	Individual Information	Assigned SC Phone
Individual Case Management Information	First Section	Individual Information	Waiver/ Program
Individual Contact Information	First Section	Individual Information	Residential County
Individual Contact Information	First Section	Individual Information	Phone Number

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Individual Contact Information	First Section	Individual Information	Email
Individual Contact Information	First Section	Individual Information	Address Line 1
Individual Contact Information	First Section	Individual Information	Address Line 2
Individual Contact Information	First Section	Individual Information	Address Line 3
Individual Contact Information	First Section	Individual Information	City
Individual Contact Information	First Section	Individual Information	State
Individual Contact Information	First Section	Individual Information	Zip Code
<b>Individual Demographics</b>			
Individual Demographics	First Section	Individual Information	MCI
Individual Demographics	First Section	Individual Information	SSN
Individual Demographics	First Section	Individual Information	Individual Name
Individual Demographics	First Section	Individual Information	Case Management System
Individual Demographics	First Section	Individual Information	Gender
Individual Demographics	First Section	Individual Information	Date of Birth
<b>Initial Action</b>			
Initial Action	First Section	Initial Action Taken	Initial Action Taken
Initial Action	First Section	Initial Action Taken	Please describe the initial action taken
Initial Action	First Section	Initial Action Taken	What agencies were notified initially
Initial Action	First Section	Initial Action Taken	Type of investigation initiated by Provider
Initial Action	First Section	Initial Action Taken	Type of onsite investigation
Initial Action	First Section	Initial Action Taken	If onsite investigation, please select provider location
Initial Action	First Section	Initial Action Taken	If community site, or other, please explain
<b>Initiator Information</b>			
Initiator Information	First Section	Initiator Information	Organization Type
Initiator Information	First Section	Initiator Information	Organization

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Initiator Information	First Section	Initiator Information	MPI (if applicable)
Initiator Information	First Section	Initiator Information	Initiator Name
Investigation	Final Section	Provider Investigation	Provider Investigation
Investigation	Final Section	Provider Investigation	Investigation Type
Investigation	Final Section	Provider Investigation	Investigation Start Date
Investigation	Final Section	Provider Investigation	Investigation End Date
Investigation	Final Section	Provider Investigation	Description of incident
Investigation	Final Section	Provider Investigation	Investigation action taken
Investigation	Review Investigation	Investigation Information	Investigation Type
Investigation Details	Review Investigation	Investigation Information	Investigation Start Date
Investigation Details	Review Investigation	Investigation Information	Investigation End Date
Investigation Details	Review Investigation	Investigation Information	Description of Incident
Investigation Details	Review Investigation	Investigation Information	Investigation Action Taken
Investigation Details	Review Investigation	Investigation Information	Did any of the following outcomes occur as a result of the incident?
Investigation Details	Review Investigation	Investigation Information	If other, please describe
Investigation Results	Final Section	Provider Investigation Summary	Provider Investigation Summary
Investigation Results	Final Section	Provider Investigation Summary	Were referrals made to other agencies?
Investigation Results	Final Section	Provider Investigation Summary	If so, what agency were they referred to:
Investigation Results	Final Section	Provider Investigation Summary	Was the participant notified within 24 hours that a critical incident report has been filed?

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Investigation Results	Final Section	Provider Investigation Summary	Was participant notified of the resolution and measures implemented to prevent recurrence?
Investigation Results	Final Section	Provider Investigation Summary	If so, who notified the individual (name, title and agency)?
Investigation Results	Final Section	Provider Investigation Summary	Are further investigative actions required?
Investigation Results	Final Section	Provider Investigation Summary	If so, please describe what additional actions are required:
Investigative Action Taken	Review Investigation	Investigation Action Taken	Were referrals made to other agencies?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, what agency were they referred to:
Investigative Action Taken	Review Investigation	Investigation Action Taken	Was participant notified of the resolution and measures implemented to prevent recurrence?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, who notified the individual (name, title and agency)
Investigative Action Taken	Review Investigation	Investigation Action Taken	Are further investigative actions required?
Investigative Action Taken	Review Investigation	Investigation Action Taken	If so, please describe what additional actions are required:
Investigative Action Taken	Incident Final Section	Provider Investigation Summary	Provider Investigation Action Taken
Program Office Investigation Assignment	Management Review	Investigation Assignment	Does the incident require additional investigation?
Program Office Investigation Assignment	Management Review	Investigation Assignment	Proceed with Investigation?
Program Office Investigation Assignment	Management Review	Investigation Assignment	Assigned Investigator
Program Office Investigation Assignment	Management Review	Investigation Assignment	Investigation Approval Status

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Program Office Investigation Assignment	Management Review	Investigation Assignment	If the investigation was not approved, please provide comments
Program Office Review Details	Management Review	Management Review Information	Review Date
Program Office Review Details	Management Review	Management Review Information	Review Approval Status
Program Office Review Details	Management Review	Management Review Information	If the incident report is not approved, please provide comments
Program Office Review Details	Management Review	Management Review Information	Incident Closure Date
Program Office Review Details	Management Review	Management Review Information	Was the incident closed on time?
Program Office Review Details	Management Review	Management Review Information	Was the BIS Regional Supervisor Alerted?
Program Office Review Details	Management Review	Management Review Information	Is the incident high profile?
Program Office Review Details	Management Review	Management Review Information	If so, was executive staff apprised?
Program Office Review Details	Management Review	Management Review Information	Did any of the following outcomes occur as a result of the incident?
Program Office Review Details	Management Review	Management Review Information	If other, please describe:
Provider Contact-Final	Final Section	Verification Of Provider Information	Phone
Provider Contact-Final	Final Section	Verification Of Provider Information	Email
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 1
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 2
Provider Contact-Final	Final Section	Verification Of Provider Information	Address Line 3
Provider Contact-Final	Final Section	Verification Of Provider Information	City

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Provider Contact-Final	Final Section	Verification Of Provider Information	County
Provider Contact-Final	Final Section	Verification Of Provider Information	State
Provider Contact-Final	Final Section	Verification Of Provider Information	Zip Code
<b>Provider Contact-Initial</b>			
Provider Contact-Initial	First Section	Provider Information	Phone
Provider Contact-Initial	First Section	Provider Information	Email
Provider Contact-Initial	First Section	Provider Information	Address Line 1
Provider Contact-Initial	First Section	Provider Information	Address Line 2
Provider Contact-Initial	First Section	Provider Information	Address Line 3
Provider Contact –Initial	First Section	Provider Information	City
Provider Contact-Initial	First Section	Provider Information	County
Provider Contact –Initial	First Section	Provider Information	State
Provider Contact-Initial	First Section	Provider Information	Zip Code
Provider Contact-Initial	First Section	Provider Information	Staff First Name
Provider Contact-Initial	First Section	Provider Information	Staff Last Name
<b>Provider Demographics-Final</b>			
Provider Demographics-Final	Final Section	Verification of Provider Information	MCI
Provider Demographics-Final	Final Section	Verification of Provider Information	Name
Provider Demographics-Final	Final Section	Verification of Provider Information	Service Location ID
Provider Demographics-Final	Final Section	Verification of Provider Information	Service Location Name
<b>Provider Demographics-Initial</b>			
Provider Demographics-Initial	First Section	Provider Information	MPI
Provider Demographics-Initial	First Section	Provider Information	Name
Provider Demographics-Initial	First Section	Provider Information	Service Location ID
Provider Demographics-Initial	First Section	Provider Information	Service Location Name

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Provider Demographics-Initial	First Section	Provider Information	Provider Type
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Which of the following outcomes occurred as a result of the incident?
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	If Other, please describe
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Date outcome initiated
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Outcome narrative
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Date outcome completed
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	Does the outcome prevent recurrence?
Provider Investigation Action Taken	Final Section	Provider/Sc Agency Action Taken	If no, please explain
Reporter Contact Information	First Section	Reporter Information	Address Line 1
Reporter Contact Information	First Section	Reporter Information	Address Line 2
Reporter Contact Information	First Section	Reporter Information	Address Line 3
Reporter Contact Information	First Section	Reporter Information	City
Reporter Contact Information	First Section	Reporter Information	County
Reporter Contact Information	First Section	Reporter Information	State
Reporter Contact Information	First Section	Reporter Information	Zip Code
Reporter Contact Information	First Section	Reporter Information	Phone
Reporter Contact Information	First Section	Reporter Information	Email
Reporter Information	First Section	Reporter Information	Reporter Information
Reporter Information	First Section	Reporter Information	Initial Reporter Type
Reporter Information	First Section	Reporter Information	First Name
Reporter Information	First Section	Reporter Information	Last Name

## Office of Long-Term Living (OLTL) Complaint Subject Areas

Subject Area	Document	Page	Question
Complaint Agency Contact	Complaint Report	State Agency Information	State Agency
Complaint Agency Contact	Complaint Report	State Agency Information	If other, please specify agency
Complaint Agency Contact	Complaint Report	State Agency Information	Phone
Complaint Agency Contact	Complaint Report	State Agency Information	Email
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 1
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 2
Complaint Agency Contact	Complaint Report	State Agency Information	Address Line 3
Complaint Agency Contact	Complaint Report	State Agency Information	City
Complaint Agency Contact	Complaint Report	State Agency Information	County
Complaint Agency Contact	Complaint Report	State Agency Information	State
Complaint Agency Contact	Complaint Report	State Agency Information	Zip Code
<b>Complaint Agency Information</b>			
Complaint Agency Information	Complaint Report	State Agency Information	Staff First name
Complaint Agency Information	Complaint Report	State Agency Information	Staff Last name
<b>Complaint Details</b>			
Complaint Details	Complaint Investigation	Complaint Investigation Research	Complaint Description
<b>Complaint Management Review</b>			
Complaint Details	Complaint Management Review	Complaint Review	Complaint Description
Complaint Details	Complaint Management Review	Complaint Review	Complaint Severity Level
Complaint Details	Complaint Management Review	Complaint Review	Additional Information Required
Complaint Details	Complaint Management Review	Complaint Review	Proceed With Investigation?
Complaint Details	Complaint Management Review	Complaint Review	Assigned Staff

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Complaint Details	Complaint Management Review	Complaint Review	Approval Status
Complaint Details	Complaint Management Review	Complaint Review	If not approved, please provide comments
Complaint Details	Complaint Report	Complaint Classification	Complaint Severity Level
Complaint Details	Complaint Report	Complaint Classification	Complaint Reported Date and Time
Complaint Details	Complaint Report	Complaint Classification	Complaint Communication Method
Complaint Details	Complaint Report	Complaint Classification	Waiver/ Program
Complaint Details	Complaint Report	Complaint Classification	County
Complaint Details	Complaint Report	Complaint Classification	Primary Category
Complaint Details	Complaint Report	Complaint Classification	Primary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Secondary Category
Complaint Details	Complaint Report	Complaint Classification	Secondary Category Date Occurred
Complaint Details	Complaint Report	Complaint Classification	Complaint Description
Complaint Individual Case Management Information	Complaint Report	Individual Information	Waiver/ Program
Complaint Individual Contact	Complaint Report	Individual Information	Phone
Complaint Individual Contact	Complaint Report	Individual Information	Email
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 1
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 2
Complaint Individual Contact	Complaint Report	Individual Information	Address Line 3

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Complaint Individual Contact	Complaint Report	Individual Information	City
Complaint Individual Contact	Complaint Report	Individual Information	County
Complaint Individual Contact	Complaint Report	Individual Information	State
Complaint Individual Contact	Complaint Report	Individual Information	Zip code
<b>Complaint Individual Demographics</b>			
Complaint Individual Demographics	Complaint Report	Individual Information	MCI Number
Complaint Individual Demographics	Complaint Report	Individual Information	SSN
Complaint Individual Demographics	Complaint Report	Individual Information	First Name
Complaint Individual Demographics	Complaint Report	Individual Information	Last Name
Complaint Individual Demographics	Complaint Report	Individual Information	Middle Initial
Complaint Individual Demographics	Complaint Report	Individual Information	Suffix
Complaint Individual Demographics	Complaint Report	Individual Information	Gender
Complaint Individual Demographics	Complaint Report	Individual Information	Date of Birth
<b>Complaint Investigation</b>			
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Start Date
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	End Date
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	What investigation methodology was used?
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Was this complaint about a provider or state agency?
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	If this complaint was associated with a provider, what was the provider's type?

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Concerns Issues
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Facts of the Investigation
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	Summary of investigation / OLTL Investigation Staff Conclusion:
Complaint Investigation	Complaint Investigation	Complaint Investigation Research	What actions were taken to resolve the complaint?
<b>Complaint Investigation Results</b>			
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	How were the investigation results communicated?
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	What outcome occurred?
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	If other, please describe:
Complaint Investigation Results	Complaint Investigation	Complaint Investigation Results	Was the initial complaint priority correct?
<b>Complaint Provider Contact</b>			
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Phone
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Email
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 1
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 2
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Address Line 3
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	City
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	County
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	State
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Zip Code
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Staff First Name
Complaint Provider Contact	Complaint Report	Provider Information (Complainant)	Staff Last Name

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Phone
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Email
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 1
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 2
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Address Line 3
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	City
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	County
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	State
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Zip Code
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Staff First Name
Complaint Provider Contact	Complaint Report	Provider Information (Complaint About)	Staff Last Name
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	MPI Number
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Provider Name
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Service Location
Complaint Provider Demographics	Complaint Report	Provider Information (Complainant)	Provider Type
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	MPI Number
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Provider Name
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Service Location
Complaint Provider Demographics	Complaint Report	Provider Information (Complaint About)	Provider Type

# Incident and Complaint Custom Report Subject Area Job Aid



Subject Area	Document	Page	Question
Complaint Reporter Information	Complaint Report	Complaint Reporter	Type of Reporter
Complaint Reporter Information	Complaint Report	Complaint Reporter	First Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Last Name
Complaint Reporter Information	Complaint Report	Complaint Reporter	Middle Initial
Complaint Reporter Information	Complaint Report	Complaint Reporter	Suffix
Complaint Reporter Information	Complaint Report	Complaint Reporter	Phone
Complaint Reporter Information	Complaint Report	Complaint Reporter	Email
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 1
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 2
Complaint Reporter Information	Complaint Report	Complaint Reporter	Address Line 3
Complaint Reporter Information	Complaint Report	Complaint Reporter	City
Complaint Reporter Information	Complaint Report	Complaint Reporter	County
Complaint Reporter Information	Complaint Report	Complaint Reporter	State
Complaint Reporter Information	Complaint Report	Complaint Reporter	Zip code
Complaint Reporter Information	Complaint Report	Complaint Reporter	If the reporter is an individual representative (advocate), please describe their relationship to the individual: