IRIS
Incident Response Improvement System
Frequently Asked Questions
11/30/09

Questions	Answers
Test Site	
Is there a way for providers and LMEs to complete a test report as practice?	Test Site is available for providers and LMEs to use. The site address is http://hrdhhs63.dhhs.state.nc.us:8000 and is available through Internet Explorer. **Do not enter real incidents into the test site.**
I just attempted to go to the test website (http://hrdhhs63.dhhs.state.nc.us:8000) and this is the response I received Oops! This link appears to be broken.	That is the correct web address. When the programmer is working on the test site you may get an error message. Wait a bit and try again. Also, make sure: 1. You are using Internet Explorer to access the site. 2. Your firewall allows this site to enter. If you are still unable to access the site report it to dmhquality@dhhs.nc.gov **Do not enter real incidents into the test site.**
Will the test site be up after IRIS goes live?	After IRIS goes live there will be a new test site for training and learning purposes. **Do not enter real incidents into the test site.**
NPI Number	
How do you get a NPI number?	Information about the purpose and how to obtain an NPI number is available on the NC Division of Medical Assistance's website at http://www.ncdhhs.gov/dma/NPI/index.htm. You are not required to have an NPI number in order to use IRIS. See next answer.

What does provider do if they do not have an NPI number?	The entry cannot be required and has been changed accordingly. But note that IRIS uses the NPI number to see if the provider has previously entered address information for a previous incident report. If so, IRIS can fill in some of the Provider Information blanks for you. Most provider agencies do have a NPI number since most are electronically billing Medicaid. Check with your corporate office to determine if your agency has a NPI number.
Data Analysis and Reporting	
Will the providers have the ability to pull any data reports relating to their incident reports?	No, not at this time. Provider, LME and State staff can download the data from individual incidents into Excel spreadsheets. This information from the Excel spreadsheets can be updated with each incident report and data analysis completed as needed. LME and State staff will have access to a reporting function that is being developed.
Does IRIS have import/export capability and for what applications?	IRIS will only export to Excel spreadsheet(s) for one incident at a time. There is no interface between IRIS and any other application for directly importing or exporting.
How to access reports/agency reports?	The reporting function that can be used by LMEs and the State is still being developed. Providers will need to download individual incidents into an Excel spreadsheet for their own data analysis and reporting.
Need clarity on the downloading of forms? Who will download? And what will download look like? And who will receive spreadsheet?	LME and State staff can download the forms and Excel spreadsheets. Information can be downloaded into a PDF file or Excel document. Currently, providers will be able to download information one incident at a time using the incident number but do not have the ability to run reports through IRIS.

The system will require us and LME's to enter information twice since there is no way to aggregate the data to do a quarterly report.	
Incident Number	
Is there a way for a provider to access the incident report by consumer name in case they transpose the incident number assigned?	No. Incident number and consumer name are needed to access incident report.
How do I get an incident report number if I forgot to write or print the incident number?	Providers who need a copy of the incident number will request the number through their LME. LMEs do not have access to the incident number but the LME will request that IRIS send a copy of the incident number to the provider's e-mail address.
Any way to print Incident number?	The incident number can be printed after it is displayed by clicking the FINISHED then PRINT tabs before exiting the IRIS system.
Can a confirmation e-mail be generated to the supervisor that includes the IRIS #?	Due to HIPAA security and confidentiality standards, we are not able to do this.
What is the turn around time and process to get incident numbers from the LME?	Once the LME requests the number from IRIS, IRIS will immediately verify all information provided and send the incident number to the provider's e-mail address.
I know how often I transpose numbers or write them wrong. If this 6 digit number is the only way to get to a report, and if the LME's can't get a number without contacting the Division, I predict this could be problematic for a couple of reasons. We are human, usually trying to multitask, etc, so I believe this will happen more than we think. Also, we have time frames to complete the reports and will be penalized by LME's for not getting them in on time (because I doubt the number, once lost or	If a provider needs another copy of the 10- digit incident number for any reason, the provider would request the number through their LME. The LME would request that IRIS send a copy of the incident number to the provider's e-mail address. As soon as the LME requests the incident number for the provider and IRIS verifies the submitted information, the incident number is e-mailed to the provider's e-mail address. If the submission timeframe is close, the provider may inform the LME about the need for quick assistance. The provider may also document the reason in the notes. <u>We encourage providers to keep a copy of the incident report and incident number in an area that meets HIPAA and confidentiality standards.</u>

written down incorrectly by staff, will be available immediately). This is one thing the LME's give us grief over all the time on the FEM and in monitoring.	
Level I Incidents	
Can providers use IRIS to document Level I incident	No. Level 1 Incidents cannot be entered and printed. You must SAVE an incident report before you can PRINT it. Once saved, they will remain in IRIS forever. You will be able to print a blank copy of the incident report form, from the DMH web site, that can then be used to document Level I incidents.
Peer Review	
Please clarify: Peer Review: if a consumer ends services on July 1, 2009 and is later known to have passed away on August 13, 2009 is a peer review needed for level III (unknown death) if consumer not actively receiving services on August 13, 2009?	A Peer Review is needed only if the consumer was actively receiving services or was on the provider's premises when the incident occurred. An incident report, however, is needed since the incident occurred within 90 days of last service.
In regard to peer reviews with Level III incidents are these also required when "first learning of"? (ex. Case Manager learns from a family member of consumers death (of unknown)	Peer Review is needed only if consumer was actively receiving services or was on the provider's premises when an incident occurred.
Cause of Death /Medical Examiners Report	
If the cause of death is not known at the time of the incident, do we need to obtain any additional information?	Since it is an unknown death, we would request that the provider obtain a free copy of the medical examiner's report and update the incident report based on the findings of the medical examiner's report. The web address for requesting a free copy of the Medical Examiner's Report, Autopsy Report or Toxicology Report is http://www.ocme.unc.edu/docrequest.shtml.

Required Items	
A star indicates required information that must be completed: "License number" block has a star – what if incident occurs with unlicensed service such as community support or while consumer was receiving periodic (CAP) service?	License number is no longer a required element and star has been removed. If no license number, leave block blank.
Attaching Documents	
What if I need to attach "hard copy" document, what do you do?	Documents will need to be scanned, uploaded electronically and attached to IRIS. If hard copies must be reviewed, providers should talk with LME or applicable state agency about the best method for review.
Is there a way to add description /comments/ observations/ details to all incidents or can providers add narratives as attachments? Some info may be lost without a narrative description.	Additional information can be provided in the comment tab for each section and general information can be typed into incident comments. Additional documentation can be uploaded into IRIS through the attached documentation feature.
Do LMES have ability to add attachments?	Yes. LMEs, providers and DHHS staff members use the same attachment feature.
Attachments to report, such as death certificates I'm assuming are to continue to be faxed to LME and state. This wasn't covered during the conference.	Documents will need to be scanned, uploaded electronically and attached to IRIS.
(re. Attaching documents) Does it download as a PDF? Word document?	Attached documents upload in their original format and can be viewed and printed in the original format.
Can attached documents be removed in mistakes are found?	No. They become part of the saved incident history. You may correct/ amend the documents and resubmit. Make a brief comment specifying what has been changed so the reader can quickly find the updated information.
Should providers password protect their attached documents such as peer review, clinical review for Level III's etc.?	No. If the document is password protected reviewers will not be able to review it.

Can providers attach all types of files?	Yes
Quarterly Reports	
Will IRIS eliminate the need for provider to complete provider quarterly incident reports?	No. The provider quarterly incident report is to continue to be submitted to LMEs per the current procedure (Level I incidents are not submitted into IRIS.)
Will the IRIS system replace or cover the requirements and responsibilities of doing quarterly reports? If so when.	When IRIS is fully implemented, the LME Quarterly Report for Submission of Level II and Level III incidents will no longer be required as IRIS will generate the report. Providers will need to continue to submit the quarterly Provider report to LMEs in the same format as the past (paper or electronic reporting form) since Level I incidents are not submitted into IRIS.
How do you report "no" incidents?	This information should be reported on the Provider Quarterly Incident Report which will still be submitted to the LME but not through IRIS. Write" no incidents" on the quarterly report form and submit to the LME.
Training	
Are there going to be additional training dates? Locations?	There will be additional web conference trainings hosted by DMH/DD/SAS and LMEs. Times and locations will be announced through the LMEs.
Submission of Incident Reports	
Necessary time frames for submission?	Timeframes for submission of incidents have not changed.
If LME is not funding a given client in a facility do incident reports need to be reported?	Yes, providers receiving any public funding must participate in the DHHS incident reporting system. Host LMEs must receive copies of incident reports for consumers receiving publicly funded services within their catchment area. This includes services for consumers' whose home county is another LME.
If LME only funds a client for 45 days do incident reports need to be filed after 45 days, while the client is still a resident of the facility but not considered a LME client?	Yes, if the consumer is receiving any publicly funded services, the incident must be reported.
What will stop a staff from completing the supervisor section of the report?	LME staff will continue calling provider supervisor staff to validate the incident.

What will prevent the general public from going in and entering data since there is no provider login?	On the front page, the general public is encouraged to call DMH/DD/SAS Advocacy and Customer Service section for any questions or complaints. In order to assure that the incidents are actual incidents, LME staff will continue calling provider supervisor staff to validate the incident
If IRIS is down, how does that affect the reporting timelines?	Providers will need to telephone the LME to inform them of the incident and will need to fax a paper copy of the incident if IRIS is not available within submission timeframes.
Does the IRIS system apply to ICF providers/facilities? If so, does this mean ICF providers will submit to IRIS and not submit to LME and DHSR?	Yes. NC Administrative Rules 10A 27G .0603 (b) specifically refer to the inclusion of ICF-MR providers. ICF-MR providers are required to report Level II and II incidents through IRIS. Once submitted, IRIS will notify the appropriate LME and DHSR as appropriate.
Can providers have a hard copy to complete the incident report if there are computer problems or if IRIS is down? This would assist in meeting the (72) hours deadline.	Blank forms for each type of incident will be posted on the Division web site.
Who from the State should receive the completed form?	IRIS will submit the electronic form to the appropriate State agency based on licensing status. Ex. Incidents involving a death of a consumer due to accident, suicide or homicide/violence in a licensed agency will be submitted to DMH/DD/SAS and DHSR.
Also, since there are no oversight controls available to providers, how could we trust that all incidents have been reported? We have no way of checking.	LMEs will be validating the incident with the provider in order to assure that the incident is regarding the specified consumer. If the LME does not call the provider about an incident, the provider should call the LME. If this is a provider question, the provider may also need to update or develop new staff procedures regarding the submission and review of incidents. .
Updating Information	
Can you go back and change information after you save, if you get new information?	Yes, providers are expected to update information as soon as they are aware of any additional information. All parties who were originally notified through IRIS will be notified when changes to the incident report (unless the changes

	made by the provider change the distribution process for IRIS).
Printing	
Can you go back into the system to print reports after completion?	Yes. Providers will need the incident number and consumer name in order to access the report. LME and State staff will be able to print reports through their work lists.
Can we print off paper copies for audit purposes or to submit to our company's QI/QA dept?	Yes. Providers will need the incident number and consumer name in order to access the report. LME and State staff will be able to print reports through their work lists. Providers are encouraged to make a paper copy of the incident report.
Paper Copies	
If an electronic IRIS form is submitted is a paper copy also required?	Paper submission is not required but provider is encouraged to keep a paper copy to verify submission through IRIS.
Are there any more paper forms that still need to be completed and submitted?	Provider Quarterly Incident reports will still need to be completed.
Healthcare Personnel Registry (HCPR)	
Is the 5 day HCPR attached to IRIS like the 24 hour report?	After submitting the 24 hour report, providers can enter additional information into the other sections of the HCPR Facility Report within IRIS in order to complete the 5 day HCPR report.
24 hr for HCPR but can the provider go back to finish report to submit to LME	Yes, provider can update information at any time. All parties who were originally notified through IRIS will be notified when changes are made to the incident report.
So providers can use IRIS to submit a HCPR Report when not related to a consumer incident?	Yes, providers can submit a HCPR report that is not related to a consumer incident. The LME will not have access. The report will be sent directly to HCPR.
In an effort to meet the (24) hour deadline for HCPR, will providers need to submit the incident report within (24) hours?	Yes. If a HCPR report is needed, the HCPR guidelines must be followed. Additional information should be provided as soon as it is available.

When reporting a name to the NC Healthcare Registry, does that need to be completed if convicted or just report the allegations; will this show up when running a new employee's name and social security number?	The HCPR website, located at https://www.ncnar.org/nchcpr.html, provides information about the specific allegation that must be reported as well as the information available when an employer completes a HCPR check.
Will providers be required to utilize the HCPR reporting mechanism through IRIS versus paper format currently being used?	HCPR will still accept paper format but HCPR prefers that IRIS is used.
Pg. 50 – Did this accident result in mental anguish lasting 5 days or more? Reports are due within 72 hours – how would we know a 5 day length?	The 5 day report is updated information for the Healthcare Personnel Registry (HCPR). For additional information, please review the HCPR website (http://www.ncdhhs.gov/dhsr/hcpr/flohcinv.html)
Supervisor Section	
Is report not actually submitted until Supervisor enters the information they are required to?	Correct. The provider staff can enter the information and save but the supervisor submits the report. If the report is not submitted with 72 hours of the incident report being started, the LME will receive an alert that the provider has an incident report that has not been submitted.
There does not appear to be an entry system for supervisor credentials and name? Where is the "safety net" as system allows anyone to enter.	The incident submission tab under Supervisor's actions does request the name and title of the supervisor. LME staff will continue calling provider supervisor staff to validate that the incident occurred.
Will a supervisor need to sign off on a report for completion (like paper copies)?	Supervisor will need to submit the report by completing the supervisor actions section of the report.
Since there is no supervisor login, an employee could complete that part as well. How would a provider be able to keep track of this? My experience is that the honor system does not work when it comes to incidents.	The submit button for the incident is in the supervisor's section. The LME will continue to telephone the provider supervisor or specified contact to validate that incident occurred. Providers and LMEs may need to revise or develop new procedures regarding the staff procedure for the submission and review of incidents. IRIS also does a time and date stamp on each report so that the

	incident can be tracked.
90 Day Rule	
When exactly did the 90 day rule after discharge come into place?	Implementation Bulletin #55 (April 2009) specified the timeframe for submission of incidents and the updated incident rules [10A NCAC 27G .0604 (a)] which became effective 8/1/09 also specified the 90 day timeframe. The 90 day rule specifies that providers report a Level III incident that occurs within 90 days of the last service provision. Example: the last service was provided June 30 and the incident occurred September 19, 81 days after the last service provision. This falls within the 90 day rule and should be reported by the provider.
Need clarity on Incident Reports should be submitted if a consumer received a service 90 days prior to the incident. I thought they should be submitted regardless of 90 day rule? An incident is an incident, and should be reported. Even 1-day prior.	State was asked to specify a timeframe since some agencies no longer close charts but may not have seen consumer in many years. As a result, providers are to report a Level III incident that occurs within 90 days of the last service provision. If provider becomes aware of an incident such as a death after the 90 days, they may report the incident but are not required to do so.
If you no longer have contact with previous consumers, how would provider know to make the report?	If services are discontinued and provider does not have contact with the consumer, the provider may be unaware of the incident; therefore, the provider has nothing to report. If the provider becomes aware of the incident (such as being told by another person or reading an article in the newspaper) the provider should report the incident if the incident occurred within 90 days after the last service provision.
Provider ID, Passwords and Log-ins	
How do providers obtain a user ID and password to access?	Providers do not need a user ID or password to access IRIS.
How do you obtain company ID# & Password? Is it one for each site? Is it one statewide – 40 plus	Provider ID and Passwords are not required.

offices?	
If the State is not providing each provider with their own ID/etc. how are we to obtain an incident number?	Providers will be given an incident number when they click FINISHED after completing the incident report. IRIS automatically provides a ten-digit randomly selected incident number for each incident report.
Since there is no provider log in system, how will we insure security? For example, a former employee, who would have knowledge of all the information needed to enter an incident report, could do so. Employees working at other organizations could do this as well, since we may see/have seen the same person.	Only the submitting provider will have the incident number. If several providers submit incidents regarding the same incident, the providers will each receive different incident numbers. The LME will continue to communicate with the provider supervisor or specified contact to validate that incident occurred. Providers and LMEs may need to revise or develop new procedures regarding the submission and review of incidents.
Routing within Provider Agency before Submission of Incident Report	
Can you e-mail copies to other person's within provider company? Is it possible?	No. IRIS cannot e-mail information to non-users due to HIPAA and confidentiality guidelines. If you use your own email system to send copies within your company, be sure to password protect them. And send the password in a separate email, not in the same email with the protected document.
Several of the providers are raising the issue of a way to protect the supervisor comment area. The concern is that anyone could complete that area and bypass appropriate routing. Is there a way to prevent this from happening?	Provider agencies may have to develop a procedure in the same manner that procedures were developed for the paper format. In order to encourage submission by the supervisor, the submit button for the incident has been placed in the supervisor's section. In addition, the LME will continue to telephone the provider supervisor or specified contact to validate that incident occurred.
Is there the possibility that using IRIS, an organization can start an incident report, not submit it to the Division (et al) so that internal supervisory reviews can occur prior to sending the	The provider staff can begin the report and save the information and incident number. The staff can provide the supervisor with the incident number and the supervisor can review the incident on-line.

report. We have scattered offices and services, and it is not possible for a supervisor to always physically be available to the person(s) completing the incident report. Therefore, what would greatly aid our completion of the report is the capacity to share it electronically inside the agency prior to official submission.	
Data Entry	
Will consumer information auto fill if a previous report has been submitted on that consumer?	No. Due to confidentiality and HIPAA security concerns, no consumer information will automatically fill into the report.
When you are entering consumer information, is it last name first or vice versa?	It is specified as first name first. Each part of the name has a specific box.
Can you stop the report & come back to complete it?	Yes, you can save the document for up to 72 hours as long as it has the mandatory information. You can return later, add additional information and then submit the incident report. After 72 hours, the Host LME is automatically alerted that an incident report has been started but has not been submitted.
How can more than one service be provided at the same time based on the new rule requirements?	You are correct: two services cannot be provided and billed at the same time. Since both licensed residential and licensed non-residential services can be provided on the same day, we have listed both types of services. In order to clarify, we will specify residential and non-residential.
"Date of incident" vs. " Date provider learned of the incident" – please clarify – if reporting as "first learning of an incident" would this box be checked instead of "date of incident" block	Yes. INCIDENT and DATE PROVIDER LEARNED of INCIDENT are two different data fields. Frequently, the provider will learn about the incident after the actual date the incident occurred. Example: The incident occurred on a Saturday and the provider learned about it on the following Monday. Saturday's date is the DATE of the INCIDENT and Monday is the DATE the PROVIDER LEARNED of the INCIDENT. If you do not know the date of the incident, check UNKNOWN under DATE of INCIDENT. Do not use the date that

	the provider learned of the incident as the date of the incident unless both occurred on the same date. You can amend the report by adding the actual incident date later.
Sometimes there is no one else involved but the box is "starred" – who/what do you check if they were alone?	"No One" has been added to this list of choices. This field will remain mandatory.
Rather than having a save button when it's not required, have a button that states "continue" or "next tab" (so that required fields are not inadvertently lost if clicked at the wrong time)?	This is a misconception. If you press the SAVE button at any time during data entry, and required fields are not entered, IRIS will simply tell you what is missing. The data will not be lost.
Will the diagnosis have code number with them to more easily locate the diagnosis (not just names)?	DSM-IV codes will be added at a later date.
What happens if the person is not in the program, does the money follow the person?	Please check No under the question regarding Money Follows the Person and complete the other questions as appropriate to the incident.
Will providers need to know the home LME for consumers in order to complete the form?	No- Providers need to know the home county and IRIS will determine the home LME.
Under licensed residential services which do you select for Intermediate Care Facility (ICF)? Is it on the list?	This will be added.
Explain "consumer behavior" as type of incident (see page 21 of the State's handout)	Additional information is available in the guidance manual which is currently located at http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm. Updated manual will be posted on IRIS.
Should providers indicate on the type of incident when a consumer requires transportation via	If an incident report is required for any of the incident categories, please include under the incident comment if the consumer required transportation

ambulance to the ER in an outpatient setting; where should this be indicated on the IRIS?	via ambulance.
Type of incident says "Check all that apply", should this be one choice?	No, there are times when an incident may involve more than one type of incident.
Should providers choose MH/DD tab based on primary diagnosis? Since some consumers receive services from all areas.	Please choose tabs applicable to the diagnosis. If a person has a diagnosis in each of the disability areas, we request that the services be chosen from the applicable tab(s).
Height/weight and medical exam seems to be unrelated in 99% of incidents. Can the value on the information be explained or information removed?	Information on height, weight and medical exams are needed in other cases, such as abuse and neglect, medication concerns and treatment issues.
Should providers check CTP funding if the consumer gets Innovations/CAP MR?	Innovations has been added to the waiver section.
Service information under the "services tab" seems to be repeated under mental health services tab. Can they be linked to automatically populate when entered the first time?	Not at this time. We will consider for future up dates .
Medication	
Medications – just names or dosage & frequency as well?	Please include the name, dosage, frequency of the medication and the reason that the consumer is taking the medication.
In regards to medication errors is it required to attach notes from the PCP or pharmacist?	These notes do not need to be saved in IRIS but should be kept with the consumer's medical record.
Guidance Manual	
Is a manual (user manual) going to be sent to providers?	A guidance manual will be posted on IRIS website and a user's manual with tips for each section will be integrated into the IRIS system.
Need to provide a list of Level I, II, and III incident categories/ levels.	Listing of Level I, II and III incident categories are attached to the current incident report and are specified in the guidance manual, which is located on the DMH/DD/SAS website. An updated manual and Leveling grid are being

	developed and will be posted to the IRIS and DMH/DD/SAS websites.
Restrictive Interventions	
What if the intervention lasted less than 1 minute and what if total length of time of restrictive intervention over past 30 days is less than 1 hour?	More specific information would be needed before being able to answer this question. Additional detailed information regarding restrictive intervention time and requirements is available through the following rules: 10A NCAC 27E .0101, 10A NCAC 27E .0104, 10A NCAC 27E .0106, 10A NCAC 27E .0107 and 10A NCAC 27E .0108. Call you LME if you have additional questions.
What if the length of time for the total of Restrictive Intervention is less that (1) hour, what box should be checked?	Additional choices for length of time of the restrictive intervention have been added.
Reporting Requirements	
Are Critical Incident Reports required for Mobile Crisis Services? If so what is determined as "out of ordinary" as Mobile Crisis is already needed for "out of ordinary" events? When can providers expect more guidelines to be published for Mobile Crisis?	Yes. Mobile crisis services are required to participate in the DHHS Incident Reporting system. Guidelines specific to Mobile Crisis will be published soon.
Can other types of Level II/III incidents be reported or do we have to report or should report than those listed. (and on criteria table); specifically medical related incidents.	Incident specified on the criteria table should be reported. Medical issues, by themselves, are not reported as incidents. If the medical issue results in an incident, such as a fall or injury, the fall or injury should be reported. If you are unsure whether an event should be reported, contact your LME.
Do we need to report medically related incidents- Example: consumer has intense seizure that results in trip to ER and hospital admission overnight?	If the individual routinely has seizures, this would be considered a medical issue that should be tracked and discussed with treatment team. In your example, the seizure would not be an incident but any injury or fall due to the seizure would make the event an incident since this would have resulted in treatment by a licensed professional at the hospital.

If a customer transfer to another provider would you still need to do an incident report when you learn of an incident?	The new provider would be responsible for reporting the incident. If unsure about reporting, please check with the LME. Providers are encouraged to communicate with each other and the LME to ensure that the new provider is aware of and reporting the incident.
How are incidents handled that occur outside of the facility i.e. work	Additional information is needed in order to answer the question. Please discuss specific question with LME.
Question from provider about multiple providers reporting same incident. ?	Multiple providers should submit incident reports based on their own knowledge and information regarding the incident. When multiple providers serve the same consumer, we welcome multiple reporting in order to obtain all information.
What does "under the care of the reporting provider" mean for a non-residential service such as Intensive In-home or MST?	Providers of non-residential service should submit incident reports if a consumer received a service in the 90 days prior to the incident.
In regards to suspensions and expulsions, will providers be required to use this section for whenever a child is suspended from school as part of the Day Program treatment?	Yes- suspensions from day treatment programs should be reported since day treatment programs are publicly funded mh/dd/sas services. School suspensions from public and private schools are not required to be reported unless the provider was providing a service at the time of the incident.
Other	
Does IRIS require an electronic medical record staff signature?	No.
This report is not linked to DSS, correct?	IRIS is not able to provide reports to DSS because DSS does not have a central reporting procedure.
If the LME disagrees with IRIS level, can the LME change the level?	The LME would need to contact the provider in order for any missing or additional information to be added to the incident and to change the level if needed. If IRIS is not correctly leveling an incident, the LME should contact the IRIS administrator at DMH/DD/SAS through the IRIS e-mail.

Supervised Living Low – is listed as a licensed residential service – and it is not licensed?	Supervised Living Services can be either licensed or unlicensed. Any home with a minor child or 2 or more adults must be licensed.
Feedback: "last seen" information is in fact too much to expect – already much more information in IRIS expected than before.	The information is not mandatory but will be kept since it is vital for suicides and attempted suicides. This can be re-evaluated at a later date.
How will the clinical home get copies of the reports?	Provider will need to provide information regarding the incident to the clinical home provider. Providers are not required to provide a copy of the incident but clinical information must be provided.
Does the client have the right to refuse information going into the IRIS system? What about releases signed?	Administrative rules require that providers comply with the reporting of incidents so no releases are required. Consumers do not have the right to refuse information be entered into the system but all information in the system should be limited to the minimal amount needed for the review of the incident. All individuals involved in the IRIS process must maintain all HIPAA and confidentiality standards.
What process will LMEs use to track reports which do not have an LME number?	Reporting function is still being developed and we would appreciate suggestions from LMEs.
During the training- Candy mentioned (during the med error) that they would be changing the medication given to non consumer. Why is this a med error considering the parent is a consumer and not a staff? Why wouldn't the incident be considered as abuse or neglect? More favorable neglect?	This has been removed from the Medication Error section. Report this under "Other Consumer Behavior" and describe the incident in the Comments section.
Does the State have any tool to evaluate understanding of this process such as an example of a quiz?	A quiz has not been developed at this time. A self-check quiz will be available on the IRIS website at a later time.
Does the investigation need to be completed within (72) hours?	Each type of investigation has specified timeframes. Please check appropriate rules for each type of investigation: complaint, HCPR, etc.

Where do (we) document the summary of the actual incident (as an attachment or what?)	Most of the information is collected through drop-down boxes and data fields. Please use the COMMENTS section to add additional comments as required and check "other" only when needed. In general, due to the information collected, there should not be a need for a summary.
Will providers receive confirmation the report has been submitted?	Yes. After the supervisor has submitted the incident, a message will be displayed indicating that the incident has been submitted and IRIS will assign the incident number.
Provider indicated they thought the state was going to person first language. Why is the word consumer used?	We did not make many changes to the language within the process in order to avoid any confusion during implementation. We still advocate for person first language.
How can an agency use IRIS and maintain administrative control?	Additional information is needed in order to answer the question. Please discuss the specific question with the LME.
• Also, if an allegation of abuse, neglect or exploitation is made, the person making the initial report would be able to make a report to the Health Care Registry without oversight (because they would have the number and could go back in at any time). We currently staff those reports with our state directors and HR. • It also seems that you **have** to enter staff info. if there is an allegation; however, if the staff works for someone else, we would not have the necessary information (e.g. they work for an assisted living or home health	• Any staff can currently call HCPR and make an allegation against another staff. Any staff can currently go to the HCPR website and download the HCPR 24-hour and 5-day reports. Yes, they will be able to make these reports to HCPR using IRIS but I don't expect an increase in false reporting. No matter the tool used for reporting, HCPR will discuss the allegation with the supervisor. • Can you contact the other provider and request the other information? • Does this not happen currently? If it happens in the future the error can be corrected when it is discovered. For the sake of the innocent the person entering the data should take pains to correctly enter the name(s). However, all data should be entered correctly and checked for errors. This can be done by the person entering the data as well as by the supervisor who reviews the incident report before it is

care). You do not report to the HCR for licensed staff but it looks like entering employee information is a required field. • Also, we have several staff with the same names and if the information wasn't entered correctly, an allegation could be made against the wrong person.	submitted. If the HCPR report is submitted by a supervisor, one would expect the data to be correct.
• We also have a number of individuals with the same name. If the LME number is not required, how will anyone be sure who the report refers to, especially if you did not know there were two people with the same name? • We also have people with the same LME number, but from different LME's. We have discovered these things through our statewide database and have had to make adjustments because of it.	IRIS does not ask for or use LME identification numbers.
Given the difficulties using the system (during the training) it follows that direct service staff will have even more trouble. Not only is their time for paperwork very limited, many are still trying to improve their computer skills, as that is not what they do all day and it is not as familiar to them as it is to those of us who have to use computers regularly. We see that things such as tabs and drop down menus are foreign and often overlooked. Heck, we have trouble getting people to figure out how to open attachments. And if staff couldn't	Unfortunately, we did experience several problems with IRIS during the initial trainings. Our programmer has corrected these and we routinely enter data into IRIS for quality review purposes. As soon as we are given a 'go live date" for IRIS, DHHS staff, some LME's and providers will conduct BETA testing to make sure everything is working correctly before we actually "go live". If the staff are unable to utilize IRIS, the provider will need to develop a procedure to ensure all Level II and III incidents are entered into IRIS. The LME's offer initial IRIS training will offer additional follow up training; however, the LME cannot be expected to teach basic computer skills. ***DMH/DD/SAS is conducting IRIS training on December 3 and 4. Contact your***

figure out how to attach a document, I expect others will have the same problem.	***LME if you would like to participate.***