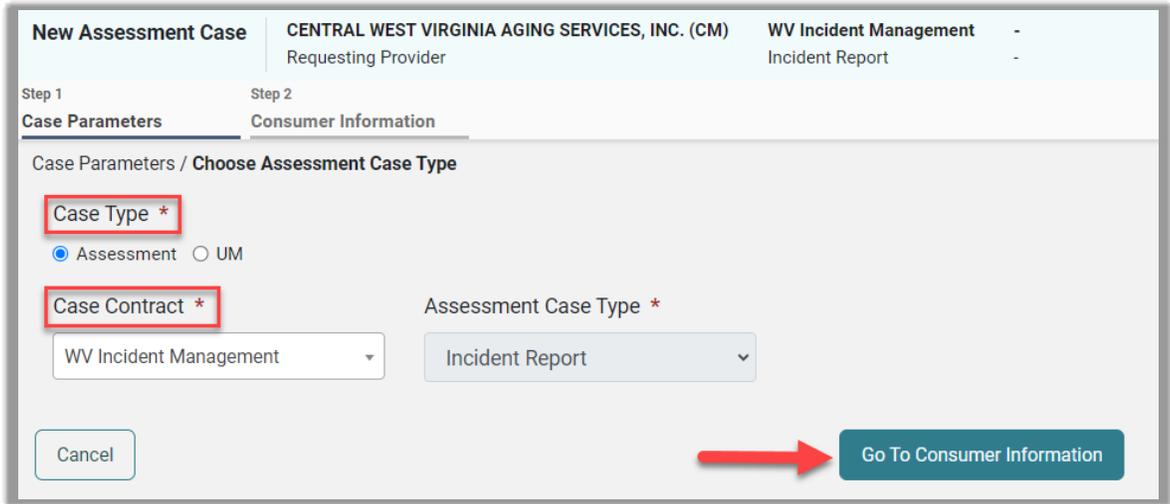


Job Aid Title: WV IMS Provider Portal: Create a New Incident	Job Aid Number: WV.IMS.ANG.JA.002
Date Published: 6/4/2024	Approved by: Johanna Mulbah, Barbara Recknagel
References: Atrezzo Provider Portal Assessment User Guide	
Purpose: Follow these steps to utilize the Atrezzo Create a Case Wizard for creating new incident requests in the Atrezzo Provider Portal and managing provider follow-ups.	

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Create an Incident

<p>Click Create Case</p>	
<p>Select Case Type: Assessment</p> <p>Case Contract: WV Incident Management</p> <p>Click Go To Consumer Information</p>	



Enter **Consumer Information:** Last name and DOB

Click **Search**

New Assessment Case | CENTRAL WEST VIRGINIA AGING SERVICES, INC. (CM) | WV Incident Management -
Requesting Provider | Incident Report

Step 1 Case Parameters ✓ Step 2 Consumer Information

Consumer Information/ Search Consumer

CONSUMER ID [] LAST NAME [] FIRST NAME (MIN 1ST LETTER) [] DATE OF BIRTH [MM/DD/YYYY] []

[Cancel] [Search]

Locate appropriate consumer and click **Choose**

New Assessment Case | CENTRAL WEST VIRGINIA AGING SERVICES, INC. (CM) | WV Incident Management -
Requesting Provider | Incident Report

Step 1 Case Parameters ✓ Step 2 Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID [] LAST NAME [bear] FIRST NAME (MIN 1ST LETTER) [] DATE OF BIRTH [01/01/1950] []

[Cancel] [Search]

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Fozzy Bear	01/01/1950	123 Main St Charleston,WV	TEMP001762024040800001	West Virginia	2	[Choose]

Verify information then Click **Create Case**

New Assessment Case | CENTRAL WEST VIRGINIA AGING SERVICES, INC. (CM) | WV Incident Management | Fozzy Bear ()
Requesting Provider | Incident Report | 01/01/1950

Step 1 Case Parameters ✓ Step 2 Consumer Information

Consumer Information

CONSUMER NAME	ADDRESS	DATE OF BIRTH	SSN	CONSUMER MEMBER ID
Fozzy Bear	123 Main St	01/01/1950	111-11-1111	TEMP001762024040800001

Once you click **Create Case**, your changes will be saved and the case will be created but not submitted.

[Cancel] [Create Case]

Expand **Request Detail** by clicking the carat

Select Assessment type: **Incident Report**

CONSUMER NAME	DATE OF BIRTH	CONSUMER ID	CASE TYPE
Fozzy Bear	01/01/1950 (74 Yrs)	TEMP001762024040800001	Incident Report

[EXPAND ALL]

- Contacts / Legal Representative
- Submitting Provider: CENTRAL WEST VIRGINIA AGING SERVICES, INC. (CM) / 1891887097 / Upshur / WV
- Facility
- Attending Physician
- Request Detail: Incident Report

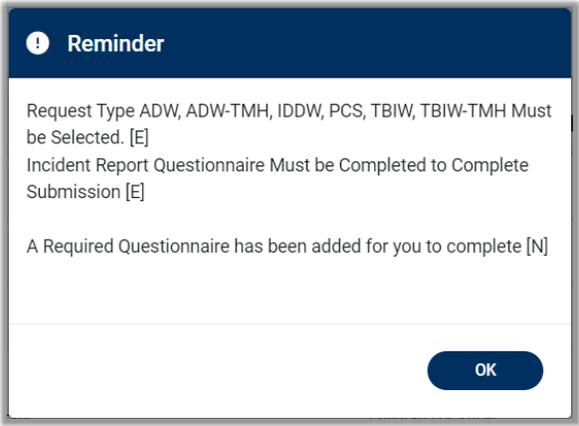
* fields are mandatory

ASSESSMENT TYPE: Incident Report | REQUEST TYPE: Select One | CURRENT LOCATION: Select One



Pop-up will display to notify of important alerts

Click **OK** to dismiss after review



Select the appropriate **Request Type**

Request Detail Incident Report

* fields are mandatory

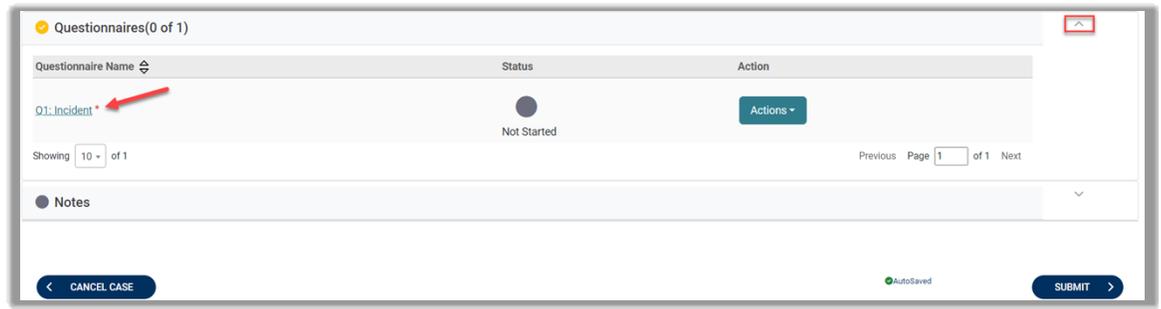
ASSESSMENT TYPE * Incident Report

REQUEST TYPE Select One

CURRENT LOCATION Select One

ADW	IDDW	TBIW
ADW-TMH	PCS	TBIW-TMH

Scroll to **Questionnaire** tab and expand by clicking the carat



Click **Q1: Incident** hyperlink

Enter all required fields in the Questionnaire then **Mark As Complete** when finished

Note: Responses will auto-save. Changes/ Corrections cannot be made once marked as complete

Incident Management Questionnaire

1. Staff Reporting Incident:

test

2. What is the reporter's relationship to the member?

Behavioral Support Professional

Case Manager

Direct Care Worker/Personal Attendant

Nurse

Resource Consultant

Other

3. Providers associated with the member:

test

RETURN TO CASE AutoSaved MARK AS COMPLETE



When returned to the case page click **Submit** to create case

Note: Case status will vary based on **Q1:Incident** questionnaire responses

Document a Simple Incident

Click the link to follow the steps of [Creating an Incident](#)

Within the Questionnaire complete required information

Select
Type of Incident:
Simple
Then select the appropriate **Simple Incident description**.



When all required fields have been entered select **Mark as Complete**

The tab will close and return to the case.

When returned to the case page click **Submit** to create case

Case will display **Completed** status Reason/ Outcome displays **Closed/ Completed**

ATREZZO - CASE DASHBOARD

CONSUMER NAME	GENDER	DATE OF BIRTH	CONSUMER ID	CONSUMER ID/PLAN	CASE TYPE	CONSUMER CONTRACT
Fozzy Bear		01/01/1950 (74 Yrs)	TEMP001762024040800001		Incident Report	West Virginia

Completed	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
	241500006	WV Incident Management	5/29/2024 11:54:32 AM	5/29/2024 11:54:35 AM	Closed	Completed

Case Overview Letters/Reports(1) Notes(0) Messages(0)

Click the **Letters/Reports** Tab to view **Incident Report**

Download file by clicking the link

Completed	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
	241500006	WV Incident Management	5/29/2024 11:54:32 AM	5/29/2024 11:54:35 AM	Closed	Completed

Case Overview **Letters/Reports(1)** Notes(0) Messages(0)

File Name	File Size
IncidentReport-241500006.pdf	392.20 KB



Review Incident Report

Providers may download or print report as needed

Member Information			
Name	Fozzy Bear	Case ID	241500008
Medicaid Number		Date of Birth	1/1/1950
County of Residence	Barbour	Phone Number	111
Guardian/Legal Representative		Guardian/Legal Representative Phone	
Agency/Reporter Information			
Program Type	IDDW	Agency Name	CENTRAL WEST VIRGINIA AGING SERVICES, INC. (CM)
Submitter Name	Test Provider	Submitter Phone	8888888888
Submitter Email	testprovider99@yahoo.com	Date Submitted	5/29/2024
Staff Reporting Incident	test		
Relationship to Member	Case Manager	Other Relationship Describe	
Providers Associated with the Member	test		
Incident Details			
Incident Setting	Community	Other Setting Describe	
Date Incident Occurred	05/29/2024	Time Incident Occurred	
Date Incident Learned	05/29/2024	Incident Notification By	Email
Incident Type	Simple		
Incident Sub-Type	Fall without injury to member or others and does not require medical/first aid	Sub-Type Other	
Due to Fall	No	Due to Choking	No
Witnesses to the Incident			
Incident Description	test		
Incident Follow-up			
Name of Person Completing Follow-up		Date Follow-up Completed	
Findings of Internal Investigation			
Any Additional Follow-up			

Document a Critical Incident

Click the link to follow the steps of [Creating an Incident](#)

Within the Questionnaire complete required information

Select the applicable Incident type, then select appropriate Incident Subtype

Note: Selecting different options will prompt additional follow up questions

12 . What type of Incident Occurred? *

Abuse ←

Neglect

Exploitation

Critical

Simple

12.1.1 . Abuse Type: *

Emotional

Physical

Verbal

Sexual

Other

12.1.2 . APS/CPS Referral made? *

Yes No

13 . Describe the Incident in detail: *

12 . What type of Incident Occurred? *

Abuse

Neglect

Exploitation

Critical ←

Simple

12.4.1 . Critical Incident Type *

Accident/Injury requiring first aid

Behavioral Incident resulting in Injury

Death

Environmental Emergency

Hospitalization ←

COVID Hospitalization

Loss of Services or Supports

Personal/Property Harm by Member

Self-Injury requiring medical intervention

Treatment Errors with Negative Outcomes



When all required fields have been entered select **Mark as Complete**

The tab will close and return to the case.

When returned to the case page click **Submit** to create case

Case status will display **In Review**

Reason-Initial Incident Review

CONSUMER NAME	GENDER	DATE OF BIRTH	CONSUMER ID	CONSUMER ID/PLAN	CASE TYPE	CONSUMER CONTRACT
Fozzy Bear		01/01/1950 (74 Yrs)	TEMP001762024040800001		Incident Report	West Virginia

	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
IN-REVIEW	241500115	WV Incident Management	5/29/2024 1:40:37 PM		Initial Incident Review	

Case Overview Letters/Reports(1) Notes(0) Messages(0)

Click the **Letters/Reports** Tab to view **Incident Report**

Download file by clicking the link

	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
IN-REVIEW	241500115	WV Incident Management	5/29/2024 1:40:37 PM		Initial Incident Review	

Case Overview **Letters/Reports(1)** Notes(0) Messages(0)

File Name	File Size
IncidentReport-241500115.pdf	392.10 KB



Review Incident Report

Providers may download or print report as needed

Member Information			
Name	Dani Test	Case ID	241500002
Medicaid Number	9876543210	Date of Birth	1/15/1977
County of Residence	Clay	Phone Number	111
Guardian/Legal Representative		Guardian/Legal Representative Phone	
Agency/Reporter Information			
Program Type	IDDW	Agency Name	Test Provider
Submitter Name	Test Provider	Submitter Phone	8888888888
Submitter Email	testprovider998@yahoo.com	Date Submitted	5/29/2024
Staff Reporting Incident	test		
Relationship to Member	Case Manager	Other Relationship Describe	
Providers Associated with the Member	test		
Incident Details			
Incident Setting	Home	Other Setting Describe	
Date Incident Occurred	05/29/2024	Time Incident Occurred	
Date Incident Learned	05/29/2024	Incident Notification By	Phone
Incident Type	Critical		
Incident Sub-Type	Death	Sub-Type Other	
Due to Fall	No	Due to Choking	No
Witnesses to the Incident			
Incident Description	test		
Incident Follow-up			
Name of Person Completing Follow-up		Date Follow-up Completed	
Findings of Internal Investigation			
Any Additional Follow-up Information			
Protective Services			
APS/CPS Referral Made		Date of APS/CPS Referral	

Documenting a Notification of Death

Click the link to follow the steps of [Creating an Incident](#)

Within the Questionnaire complete required information

Select Incident type: **Critical**
Incident Subtype: **Death**

12. What type of Incident Occurred? *

- Abuse
- Neglect
- Exploitation
- Critical
- Simple

12.4.1. Critical Incident Type *

- Accident/Injury requiring first aid
- Behavioral Incident resulting in Injury
- Death
- Environmental Emergency
- Hospitalization
- COVID Hospitalization
- Loss of Services or Supports
- Personal/Property Harm by Member
- Self-Injury requiring medical intervention



When all required fields have been entered select **Mark as Complete**

The tab will close and return to the case.

When returned to the case page click **Submit** to create case

Case status will display **In Review**
Reason-Initial Incident Review

CONSUMER NAME	GENDER	DATE OF BIRTH	CONSUMER ID	CONSUMER ID/PLAN	CASE TYPE	CONSUMER CONTRACT
Fozzy Bear		01/01/1950 (74 Yrs)	TEMP001762024040800001		Incident Report	West Virginia

	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
IN-REVIEW	241500115	WV Incident Management	5/29/2024 1:40:37 PM		Initial Incident Review	

Case Overview Letters/Reports(1) Notes(0) Messages(0)

Notification of Death will include a notification of death letter

Navigate to **Letters/Reports** tab to view

Click the link to download and open

	CASE ID	CASE CONTRACT	SUBMITTED ON	COMPLETED ON	REASON	OUTCOME
IN-REVIEW	241500002	WV Incident Management	5/29/2024 10:04:28 AM		Initial Incident Review	

Case Overview **Letters/Reports(2)** Notes(0) Messages(0)

File Name	File Size
NotificationofDeath-241500002.pdf	454.64 KB
IncidentReport-241500002.pdf	391.99 KB



Review notification of death report

Providers may download or print report as needed

Section I: Agency/Reporter Information			
Program Type	IDDW	Agency Name	Test Provider
Submitter Name	Test Provider	Submitter Phone	8888888888
Submitter Email	testprovider998@yahoo.com	Date Submitted	5/29/2024 9:04 AM
Section II: Information About the Deceased			
Name	Dani Test	Case ID	241500002
Medicaid Number	9876543210	Date of Birth	1/15/1977
Date of Death	05/29/2024	Time of Death	8:00 am
Location of Death	Home		
How did you become aware of the death?	Phone		
Medical Diagnoses and Conditions	None		
Section III: Manner of Death			
Manner of Death	N/A		
Accidental Death	N/A		
Additional Information	N/A		
Other	N/A		
Section IV: Unexplained/Suspicious/Untimely Death Additional Information			
Describe all life saving measures attempted (if applicable) and why, if none were attempted (ex. CPR, 911, Heimlich, DNR)	N/A		
Describe circumstances preceding death (if known)	N/A		
Indicate agencies/authorities notified, if necessary	N/A		
Agencies notified Other	N/A		
For BMS Use Only - Do Not Write in This Section			
Date of Mortality Review Committee			
Action Required	<input type="checkbox"/> No further action required <input type="checkbox"/> Further action required		
Additional actions required			

Reviewing the Message Center

Messages are viewable in the message center regarding case follow-ups

Select **Message Center** or **Go to Message Center**

Click **View** to read a message
Clear to delete
Case ID to go to the case

CASE ID	REQUEST	CONTRACT	CONSUMER	FROM	SUBJECT	TO	SENT ON	ACTION
241500008		WV Incident Management	Active Batch	Acentra Health	WV IMS - Incident Requires Follow-Up	Test Provider	5/30/2024 4:10:52 PM	View Clear
241500011		WV Incident Management	Active Batch	Acentra Health	WV IMS - Incident Requires Follow-Up	Test Provider	5/30/2024 4:10:52 PM	View Clear
241500012		WV Incident Management	Active Batch	Acentra Health	WV IMS - Incident Requires Follow-Up	Test Provider	5/30/2024 4:10:52 PM	View Clear
241500006		WV Incident Management	Fozzy Bear	Acentra Health	WV IMS - Incident Correction Required	Test Provider	5/30/2024 4:10:31 PM	View Clear



Reply to a message by clicking View next to the message, then Reply

View Messages

Case Id: 241500006 Request: R00 Contract: WV Incident Management Consumer: Fozzy Bear
 To: Test Provider From: Acentra Health Date: 5/30/2024 4:10:31 PM
 Subject: WV IMS - Incident Correction Required
 Message:
 Incident Case Number 241500006 requires correction. Please make the requested modification.

Previous Messages:

To : Test Provider From : Acentra Health Sent On : 5/30/2024 4:10:31 PM Subject : WV IMS - Incident Correction Required
 Message:
 Incident Case Number 241500006 requires correction. Please make the requested modification.

Cancel Reply

Enter your message and click Send

Reply to Message

Case Id: 241500006 Request: R00 Contract: WV Incident Management Consumer: Fozzy Bear
 To: Test Provider From: Acentra Health Date: 5/30/2024 4:10:31 PM
 Subject: WV IMS - Incident Correction Required
 Consumer:
 Incident Case Number 241500006 requires correction. Please make the requested modification.

Reply

SUBJECT *
 RE: WV IMS - Incident Correction Required

MESSAGE *
 Please fill out this field.

please do not send additional clinical information through these messages. Additional clinical information should be added to the clinical information section of the request.

Cancel Send

Q2 Follow-Up Required Review

Providers will receive a message that follow-up is required

Within a case, expand the **Questionnaire** tab and click on the **Q2_Follow-up Required** link

Questionnaires(2 of 3)

Questionnaire Name	Status	Action
Q3_Provider Incident Follow-up *	Not Started	Actions
Q2_Follow-up Required *	Completed	Actions
Q1_Incident *	Completed	Actions



Reviewer requirements are displayed in the message box

Click **Return to Case** or close tab once reviewed

Q3 Provider Incident Follow-up Review

Refer to steps for [Q2 follow up required](#)

Within a case, expand the **Questionnaire** tab and click on the **Q3_Provider Incident Follow-up** link

Questionnaire Name	Status	Action
Q3_Provider Incident Follow-up *	Not Started	Actions ▾
Q2_Follow-up Required *	Completed	Actions ▾
Q1: Incident *	Completed	Actions ▾

Questionnaire will open in a new tab

Complete required fields

Select **Mark as Complete** when finished

Note: Changes /Corrections cannot be made once marked as complete



Version	Comments	Update by	Date Updated
1	JA Created	Johanna Mulbah	5/29/24