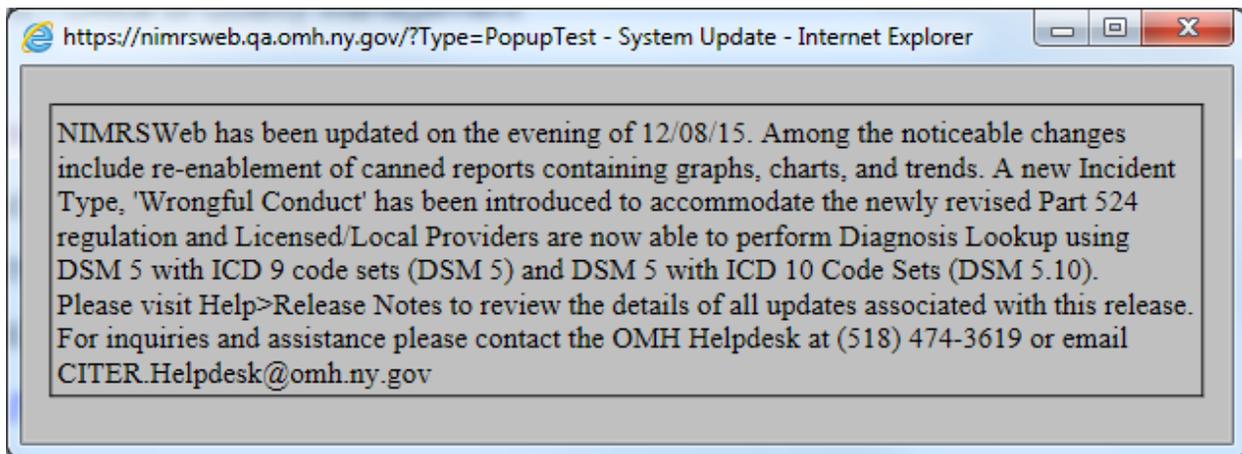


12/28/2015

How to Report an HCBS Waiver Incident in NIMRS

Since the HCBS Waiver Program is not subject to the Justice Center's jurisdiction, please follow the instructions below when reporting an incident for an HCBS Waiver participant:

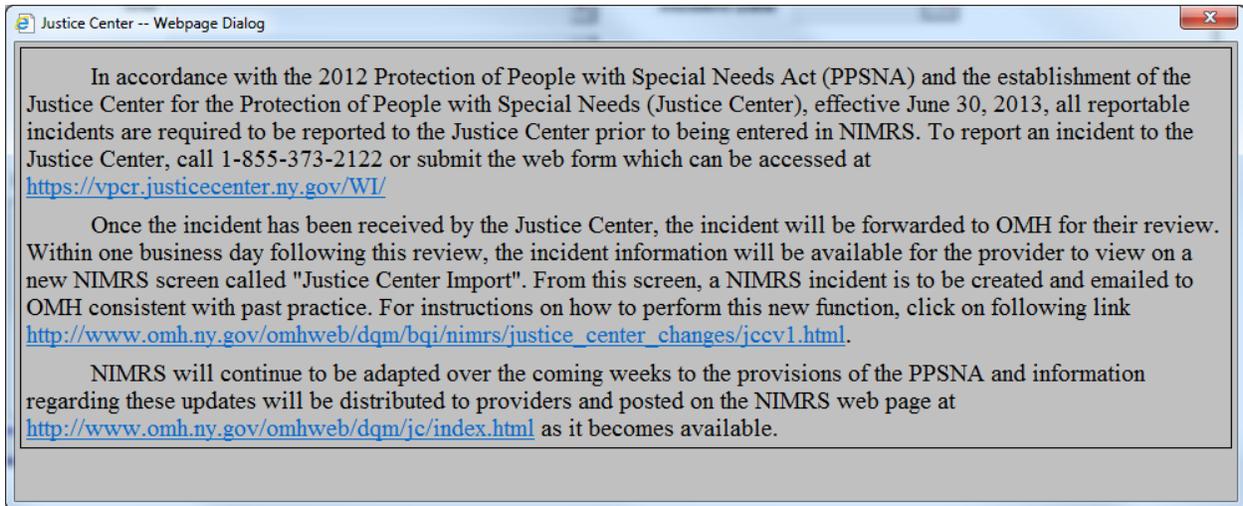
1. A popup will appear which can be closed.



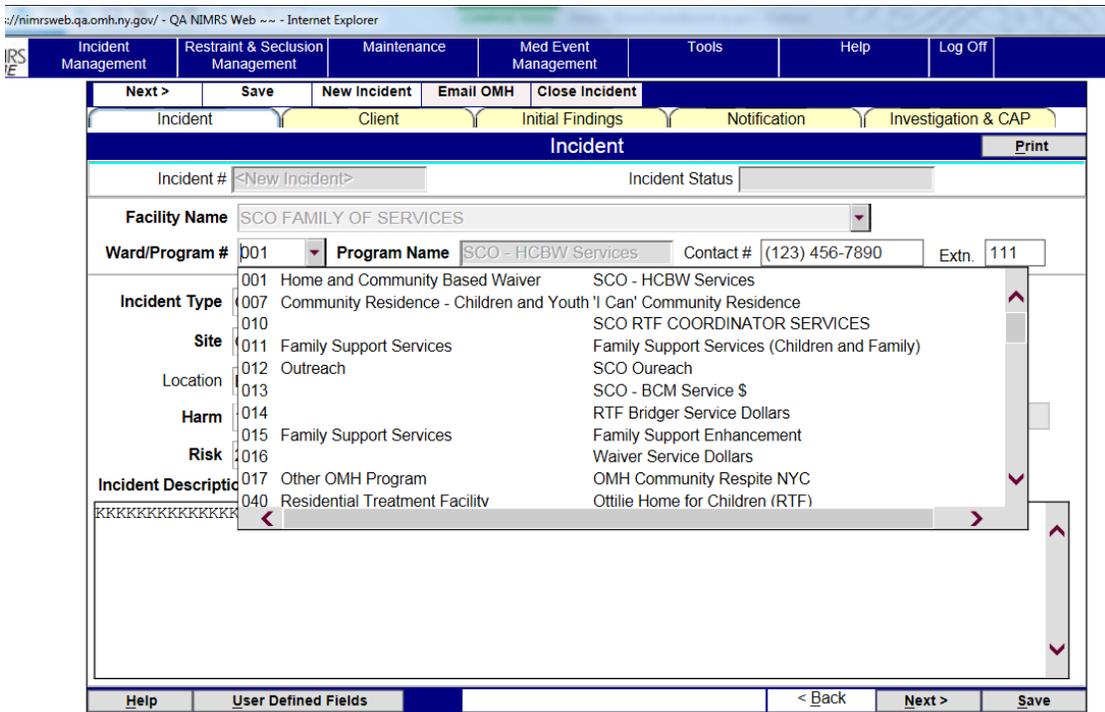
2. Select new incident



3. Since the HCBS Waiver Program is an unlicensed funded program and therefore is not subject to the Justice Center's jurisdiction this box can be closed by hitting the "x" in the red box on the right corner.



4. Select Ward/Program as a HCBS Waiver type



5. Enter "Other" in the Incident Type Field and complete incident tab (Do Not Save)

https://nimrsweb.qa.omh.ny.gov/ - QA NIMRS Web - Internet Explorer

Incident Management | Restraint & Seclusion Management | Maintenance | Med Event Management | Tools | Help | Log Off

Next > | Save | New Incident | Close Incident

Incident | Client | Initial Findings | Notification | Investigation & CAP

Incident | Print

Incident # 2415360 | Incident Status UnderReview

Facility Name SCO FAMILY OF SERVICES

Ward/Program # 001 | Program Name SCO - HCBW Services | Contact # (123) 456-7890 | Extn. 111

Incident Type Other Incident

Site Off Site, Under Intended Supervision of Staff | Incident Date 12/01/2015

Location Other | Time Unknown

Harm 1-No physical harm or minor harm (first aid) | Incident Time : : Unknown

Risk 1-No Risk or Slight risk of complications or... | Discovered Date 12/01/2015

Incident Description
KKKKKKKKKKKKKK{USER:'coqabjf-r1' DATE : '12/23/2015 02:47:09 PM'}

Help | User Defined Fields | < Back | Next > | Save

6. Hit next

Remember to Not Save until you have changed the Final Incident Type. (Step 8).

7. Complete Client Data Screen-Do Not Save

www.ny.gov/meds/ops

Restraint & Seclusion Management	Maintenance	Med Event Management	Tools	Help	Log Off
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< Back Next > Save Add Client New Incident Close Incident

Incident Client Initial Findings Notification Investigation & CAP
Clients Involved Client Details Medical Exam Medication

Client - Client Details Print

Incident # Incident Status

Case #

Name First Last MI Gender Male Female

Admission Date Discharge Date Age DOB

Ethnicity Legal Status

Residence

Managed Care Case Management

Primary DX DSM

Mental...	Mental Diagnosis	DSM	Physica...	Physical Diagnosis	ICD

Axis IV Axis IV Diagnosis

Axis V:

AOT Order Yes No

Help User Defined Fields < Back Next > Save

8. Go to Investigation & CAP Tab and the Investigation Findings & IRC Sub Tab.

https://nimrsweb.qa.omh.ny.gov/ - QA NIMRS Web - - Internet Explorer

NIMRS HOME Incident Management Restraint & Seclusion Management Maintenance Med Event Management Tools Help Log Off

< Back Next > Save New Incident Close Incident

Incident Client Initial Findings Notification Investigation & CAP

Investigation Findings & IRC Corrective Action Plan

Investigation Findings Print

Incident # [v Incident> Incident Status

Special Investigation Yes No

Root Cause Analysis (For Sentinel Events*) Yes No *For TJC accredited facilities only

Others Involved [v]

Others Narrative []

Investigation Conclusions

[]

Incident Review Committee (IRC)

IRC Review Date [] []

On the Investigation Findings & IRC Sub Tab change the **Final Incident Type** to the correct Incident type. If a classification subtype appears, update that to the correct incident subtype.

https://nimrsweb.qa.omh.ny.gov/ - QA NIMRS Web - - Internet Explorer

NIMRS HOME Incident Management Restraint & Seclusion Management Maintenance Med Event Management Tools Help Log Off

Incident Review Committee (IRC)

IRC Review Date 

Contributing Factor(s)

<input type="checkbox"/> Action Of Employee	<input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Action Of Patient	<input type="checkbox"/> Equipment Problems	<input type="checkbox"/> Restraint or Seclusion
<input type="checkbox"/> Alcohol Use/Abuse	<input type="checkbox"/> Fall	<input type="checkbox"/> Seizure/Loss Of Consciousness
<input type="checkbox"/> Anger Expression (Inappropriate)	<input type="checkbox"/> Inappropriate Staff Intervention	<input type="checkbox"/> Significant Personal Loss
<input type="checkbox"/> Attention Seeking Behavior	<input type="checkbox"/> Medication Side Effect	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Choking	<input type="checkbox"/> Non-compliance with Medication	<input type="checkbox"/> Unsafe Conditions on Facility Property
<input type="checkbox"/> Contraband	<input type="checkbox"/> Non-compliance with Therapy	<input type="checkbox"/> Other
<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Patient Missing	<input type="checkbox"/> Unknown
<input type="checkbox"/> Electroconvulsive Therapy (ECT)	<input type="checkbox"/> Client on Pass	

IRC Findings

Final Incident Type



Once the Final Incident Type and Classification Subtype is changed, you can hit Save

9. Complete the Report

Please remember to Not Save until you have changed the Final Incident Type (Step 8)