

# Provider Reference Guide

## Alaska Centralized Reporting

### Alaska Centralized Reporting

The “Alaska Centralized Reporting” link is for reporting abuse/neglect, incidents or complaints to Adult Protective Services (APS), Senior and Disabilities Quality Assurance (QA) and Alaska Residential Licensing (ALL) instead of calling a hotline number or sending a fax. Access the form from a hyperlink on the Alaska DHSS website and the SDS website using a web browser.

### Centralized Reporting Web Page

The Centralized Reporting web page is on the DHSS and SDS website. Links on various pages/areas connect to the same Centralized Reporting page. When viewed on the webpage the graphic **“File your REPORT here”** - links to the “Alaska Centralized Reporting” page.



Link to page: <http://dhss.alaska.gov/dsds/Pages/CentralizedReporting.aspx>

## Alaska DHSS - Alaska Centralized Reporting

Things to remember!

You will not be able to save the form and come back to finish filling it out. Make sure you have all the information you need to fill it out.

DO NOT USE THE BACK BUTTON on your computer browser. Fill out the form fields on the webpage.

What do the icons mean?

- ❖ A small red star \* tells if a field is **required**. If it is you must fill it out or you cannot complete the report.
- ❖ **Question Mark** ? means click on the question mark to get additional instruction or help with how to fill out the question.
- ❖ **Copy Address From button** allows you to copy the address (Address Line 1, Address Line 2, City, State, Zip Code and Borough) that was in any of the address fields.
- ❖ **Spell Check button** allows you to check to see if you have any misspelled words in any narrative fields.
- ❖ **Cancel Button** if you click this button on the main page of the Alaska Centralized Reporting the browser window will close and no information will be saved.

## Filling out the form

**First go to** <http://dhss.alaska.gov/dsds/Pages/CentralizedReporting.aspx>

**Click on the picture “File your REPORT here” to start.**



## First tell about yourself - you are the Reporter.

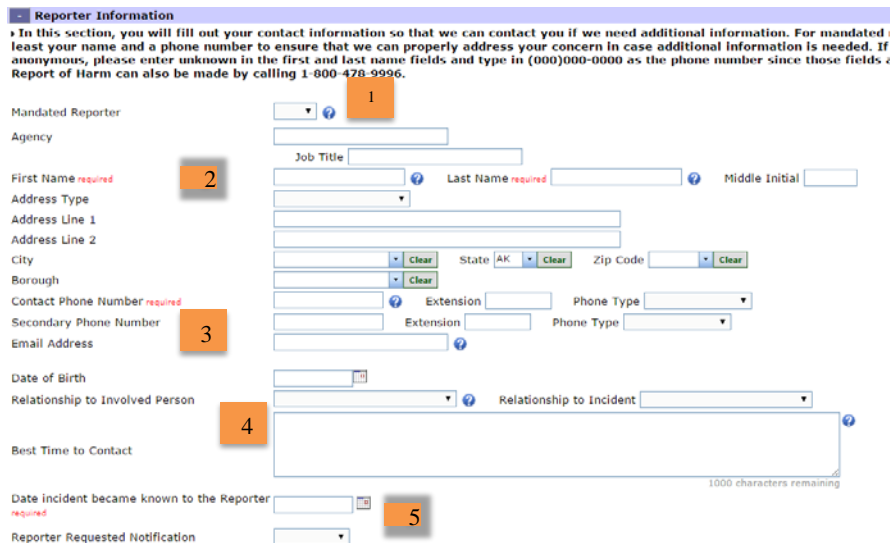
The **Reporter** is the person who is making the report; normally the person who is filling out the form also **saw the incident occur or learned of the incident**. There can only be **one reporter**. If there are more people involved in the situation you can add them in other places.

1. Select **"Yes"** in the **Mandated Reporter** field. ("No" is for members of the general public who do not have a responsibility to report).

2. Fill in your **First Name, Last Name and Contact Phone Number (required)**.

3. Fill in your correct email address. Check to be sure! If you want a confirmation email the address be correct.

4. The **Best Time to Contact** tells what day or time intake staff could contact you in case they need more information.



**Reporter Information**

In this section, you will fill out your contact information so that we can contact you if we need additional information. For mandated reporters, please enter your name and a phone number to ensure that we can properly address your concern in case additional information is needed. If anonymous, please enter unknown in the first and last name fields and type in (000)000-0000 as the phone number since those fields are required. Report of Harm can also be made by calling 1-800-478-9996.

Mandated Reporter: ☐ Yes ☐ No

Agency:

Job Title:

First Name **required**:  Last Name **required**:  Middle Initial:

Address Type:

Address Line 1:

Address Line 2:

City:  Clear State: AK Clear Zip Code:  Clear

Borough:  Clear

Contact Phone Number **required**:  Extension:  Phone Type:

Secondary Phone Number:  Extension:  Phone Type:

Email Address:

Date of Birth:

Relationship to Involved Person:  Relationship to Incident:

Best Time to Contact:

Date incident became known to the Reporter **required**:

Reporter Requested Notification:

5. If you want to get a letter of notification about your report choose **"Yes"** in the **Reporter Requested Notification**. You must put in your mailing address above.

## Then tell about the Incident

The **Incident Information** section is where you describe details about the incident.

**Incident Information**

► In this section, you will describe what caused you to fill out a report on the involved person. If anyone saw the incident happen, please provide information to the Other Participant Section. Please answer as many of the following questions as you can.

Incident Date	<input type="text"/>	Incident Time	<input type="text" value="00 : 00 AM"/>
Incident Location <small>required</small>	<input type="text"/>		
Agency	<input type="text"/>		
Incident Phone	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="AK"/>
Borough	<input type="text"/>	Zip Code	<input type="text"/>
Law Enforcement Involvement	<input type="text"/>		
Result of Incident	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid #ccc; padding: 5px; width: 200px;"> <input type="checkbox"/> ALH Placement  <input type="checkbox"/> Care Provider Required  <input type="checkbox"/> Death  <input type="checkbox"/> Emergency Medical Services  <input type="checkbox"/> Hospitalization  <input type="checkbox"/> In Home Services         </div> <div style="margin-left: 10px;"> <input type="text"/> </div> </div>		
Sending Additional Documentation Via	<input type="text"/>		

1. The **Incident Location** is required. Click the arrow to select.
2. Type in the agency name. You will also need to enter the **Incident Address** information in the Address, City, State, Zip Code and Borough fields. When you select a city the state, zip code or Borough, it

will show matching info.

3. Select any significant impact in the **Result of Incident** field.
4. Complete the **Sending Additional Documentation Via** ONLY if you are sending more information via Fax or U.S. Mail.
5. The **Incident Details** contain six narrative questions where you can explain in more detail what happened. Answer the questions in full sentences, from your knowledge of the person and what happened. Do not skip any of the boxes. If the question does not apply to the person or incident please enter any relevant information or "not applicable".

### ► Please describe the incident in details and include the following information.

What happened? (Describe the circumstances leading to the incident or death.)

What did you or others do when it happened and how will you or others help the participant now? (In cases of death, please also tell us who was present or discovered the death.)

What do you think was the cause of the incident? (In cases of death, what were the health or safety issues that contributed to the death such as illnesses, hospitalizations, or accidents?)

What could be changed, or has been changed so a similar incident does not happen again?

Was there an emergency response? (Describe who called 911 or other emergency services and what was done for the participant upon arrival. If the participant was taken to the emergency room as a result of incident or prior to death describe how they were transported.)

6. Based on your report, an investigator may need to go see the person. If you think there may be a risk to the investigator select **“Yes”** in the **Risk to Investigator**, then describe what kind of risk the investigator may face (i.e. guns in the home, hoarder, etc.)

In case of death, please describe if the participant is enrolled in Comfort One, has a DNR in place or receiving hospice services (please provide the name of the hospice provider.)

600 characters remaining

Risk to Investigator  ?

If Yes, please explain.

## Tell about the Alleged Victim/Involved Person/Affected Resident

This is where you tell us about the person who experienced the incident.

If this is a report of harm – they are the **“Alleged Victim.”**

If this is not a report of harm to a person – they are the **“Involved Person”**.

If this is a report to assisted living licensing – they are the **“Resident”**.

When you click the **“Add”** link on the header bar a new window will open allowing you to enter in the involved person’s details.

**Alleged Victim/Involved Person/Resident** Copy Address From Spell Check Save Add Another Cancel

► In this section, please provide the name of all persons that you believe are involved in this event.

First Name **required** Last Name **required** Middle Initial

Gender Date of Birth Age at Intake Estimated Medicaid ID

If this person is homeless, please provide the closest address in the fields below

Address Type Address Line 1 **required** Address Line 2 City State Zip Code

Borough Contact Phone Number Ext. Phone Type Secondary Phone Number Ext. Phone Type Email Address Agency Provider ID Search Clear

Race Ethnicity

Living Arrangements

Vulnerable Condition

Does the Alleged Perpetrator have access to the Involved Person?

If yes, please describe.

1. The **First Name**, **Last Name** and **Street Address** are **required**. Enter an approximate location/address if the street address is not known. Describe locations with no postal street addresses.
2. Additional fields also allow you to enter the person’s Phone Number, Race, Ethnicity, Living Arrangements, Language Spoken, and Vulnerable Condition.
3. When you are done filling out the Involved Person detail page click the **Save button**, the page will then save and close or if you need to add other Alleged Victim/Involved Person/Affected Resident click the **Add Another** button, which will save the current record and open a blank Involved Person record. If you click the **Cancel button** and you have not be saved the page, the record will close without saving any data.

## Adding an Alleged Perpetrator/Other Involved Person/Staff Involved

If you are reporting harm, in this section you will fill out information on the people that you think may be responsible for harming the person in some way. If there are multiple alleged perpetrators involved you can document multiple records in this section. When you click the “Add” link on the header bar a new window will open allowing you to enter in the alleged perpetrator details.

If there is no one who has caused harm to the individual then you do not need to complete this section.

1. The **First Name, Last Name, Gender** and **address Line 1** are required fields that need to be populated.

2. Additional fields also allow you to capture the Alleged Perpetrator’s Phone Number, Race, Ethnicity, Language Spoken, Hair Color, Eye Color, Height Weight, Access to the “Involved Person” and Relationship to the “Involved Person”.

3. When you are done filling out the alleged perpetrator detail page click the **Save** button, the page will then save and close or if you need to add other alleged perpetrator click the **Add Another**, which will save the current record and open a blank alleged perpetrator record. If you click the **Cancel** button and you have not be saved the page, the record will close without saving any data.

**Alleged Perpetrator/Other Involved Person** Copy Address From Spell Check Save Add Another

In this section, you will fill out all known information on the Alleged Perpetrator, Other Involved Person or Staff Involved. If there are more than one, please click on the Add button once you have fully completed the information on the each person. If reporting an incident where you believe there is no Alleged Perpetrator, you can skip this section. If you do not have an about the Alleged Perpetrator, Other Involved Person or Staff Involved, please answer the first question in this section can move on to complete this report.

First Name *required*  Last Name *required*  Middle Initial

Gender *required*  Age at Intake Estimated

Date of Birth

Agency  Provider ID  Search Clear

If this person is homeless, please provide the closest address in the fields below.

Address Type

Address Line 1 *required*

Address Line 2

City  Clear State  Clear Zip Code  Clear

Borough  Clear

Contact Phone Number  Ext.  Phone Type

Secondary Phone Number  Ext.  Phone Type

Email Address

Race

Ethnicity

Hair Color  Eye Color

Height  Weight

Access to Alleged Victim, Involved Person of Affected Resident?

What is the relationship of this person to the Involved Person?

Language Spoken

Non Verbal ☐

Other Communication Method



## Adding an Other Participant/Additional Contact/Collateral Contact

If you are not reporting harm, you may add other people involved to the report in the “**Other Participants**” section. Tell about any other possible people that you believe might have additional information on the situation. These people could be witnesses, other family members, anyone mentioned in the incident or other people you think should be contacted to gather additional information about the report. When you click the “Add” link on the header bar a new window will open allowing you to enter in the other participant details.

The screenshot shows the 'Other Participant/Collateral Contact' form. At the top, there is a header bar with buttons: 'Copy Address From', 'Spell Check', 'Save', 'Add Another', and 'Cancel'. Below the header, a text box explains: 'In this section, you will provide information on any other possible people, additional or collateral contacts that you believe might have additional information on the situation. These people could be teachers, witnesses, day care providers, other family members, other children living in the household, anyone mentioned in the incidents section, counselors, or anyone that you might think we should contact to gather additional information about the report.' The form fields include: Agency, Job Title, Provider ID (with Search and Clear buttons), First Name, Last Name, Middle Initial, Contact Phone Number, Secondary Phone Number, Email Address, and two dropdown menus for 'What is the relationship of this person to the Involved Person?' and 'Relationship to Incident'. Three orange callout boxes with numbers 1, 2, and 3 point to the First Name field, the Email Address field, and the Save button respectively.

1. Although these are not required, if available, enter the **First Name, Last Name and Phone Number** of the person.
2. Additional fields also allow you to capture the Relationship to the Involved Person and the Incident. Simply select from the drop down menus.
3. When you are done filling out the other participant detail page click the **Save button**, the page will save and close. Or if you need to add another other participant click the **Add Another**, which will save the current record and open a blank *other participant detail record*. If you click the **Cancel button** and you have not saved the page, the record will close without saving any data.

## Adding an Attachment

The **Attachments section** allows you to upload external document such as, pdf, image files (jpeg, gif, png or tiff) or .doc. The file size must be 4.00 megabytes or less.

1. Click the **Browse button** to locate the file on your computer or network.
2. Once you have located the file **select it** and the file name will appear the File field.
3. Click the **Save button** and the record will display under the Attachment Header.

If you want to add additional attachments click the **Add Another** button or click the “Add” link on the header bar.

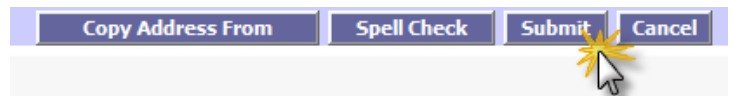
4. When the form is submitted the attachments will also be sent and recorded with the Intake.

The screenshot shows the 'Attachments' form. It has a header bar with buttons: 'Save', 'Add another', and 'Cancel'. Below the header, there are two fields: 'File' and 'Description'. The 'File' field has a 'Browse...' button next to it. Below the fields, there is a red note: 'Note: Maximum size for attachment is 4.00MBytes'.

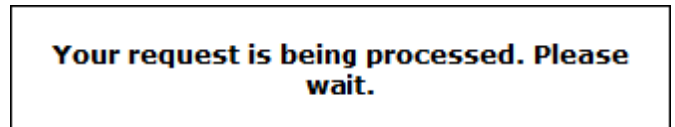
## Submitting the Alaska Centralized Report

After you have completed the Alaska Centralized Report you will need to submit it to for processing. If you are missing any required data on the main page of the form you will get a message that you are missing this data.

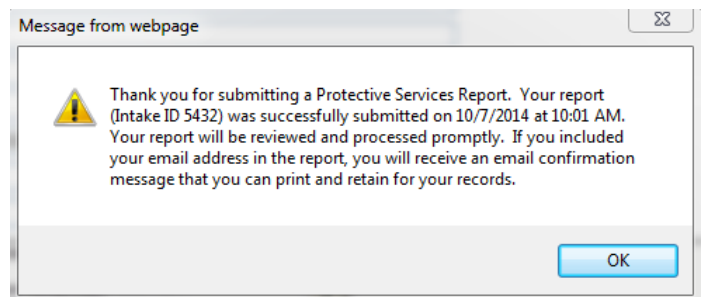
- ❖ To submit the form, locate in the header the **Submit** button and click on it.



- ❖ You will see **Your request is being processed. Please wait.** while the form is being sent.

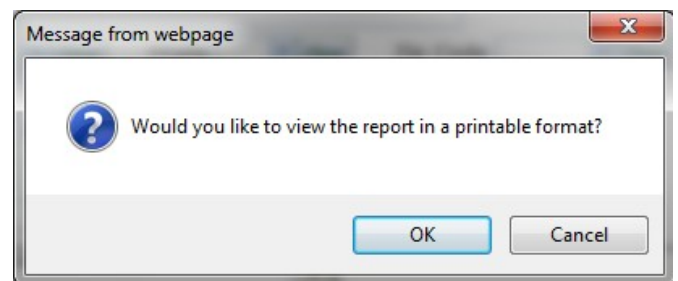


- ❖ **Do not close the browser window until you get the confirmation message.** This confirmation message will contain the Intake ID number and the data and time the report was submitted. **Please make note of this information.**



- ❖ You will also get an email confirmation with the same information if you recorded your email in the reporter section.

- ❖ Once you click the **“OK”** button in the confirmation message you will get a prompt to view the report in a printable format. If you click **“OK”** the web page will close and the data will display in a report that you can print for your records. The web page will be closed at this point.



- ❖ A PDF report should display similar to the one shown on the next page. You can print a copy of the report and/or save to a secure drive or site for your records if needed. Please ensure that all documents containing PHI are deleted from the user’s local computer at all times to maintain the privacy of participant records.

Please note that the PDF report always has the title ‘Adult Protective Services Intake Report’ even if you have not used the central intake to report harm.



### Adult Protective Services Intake Report

#### Report Information

Report Received By		Intake Number	76287
Report Date/Time	11/12/2014 2:55 PM	Report Type	Initial Report

#### Reporter Information

Name	Address	County	Phone Number(s)
Sample Sample	, AK		(H)
			(W)
			(C)
Relationship to Alleged Victim	Reporter Type	Mandated Type	Agency/Occupation

Anonymous Report ☐ Party waives confidentiality to: ☐ All ☐ All but Victim ☐ All but Perpetrator

#### Alleged Victim Information

Name	Address	Phone Number(s)
		(H)
		(W)
		(C)
Present Location		(ALT)
Age at Intake	Date of Birth	SSN
	Gender	County
Vulnerable Conditions	Living Arrangements	Primary Language
		Interpreter Needed?
		No

#### Alleged Perpetrator

Name	Address	County	Phone	DOB	Gender	Race	Relationship to Alleged Victim

#### Incident Information

Date/Time of Incident		Incident Location	Licensed Assisted Living
Incident County		Region	
Risk to Investigator?		Result of Abuse	

#### Allegations

Allegation Type	Allegation Subtype	Allegation Description
Exploitation - Financial	Consumer Fraud	test

#### Description of Incident

Risk To Investigator explanation: What Happened?testWhat did you or others do when it happened and how will you or others help the participant now?What do you think was the cause of the incident?What could be changed, or has been changed so a similar incident does not happen again?

### Quiz Questions for self study

1. How does a mandated reporter get confirmation that their report was received?
2. How does a mandated reporter access the Centralized Reporting Form?
3. Which types of reports can be submitted through Centralized Reporting?
4. How can a mandated reporter keep track of submitted reports on their own?