Provider Reference Guide
Alaska Centralized Reporting

Alaska Centralized Reporting Overview

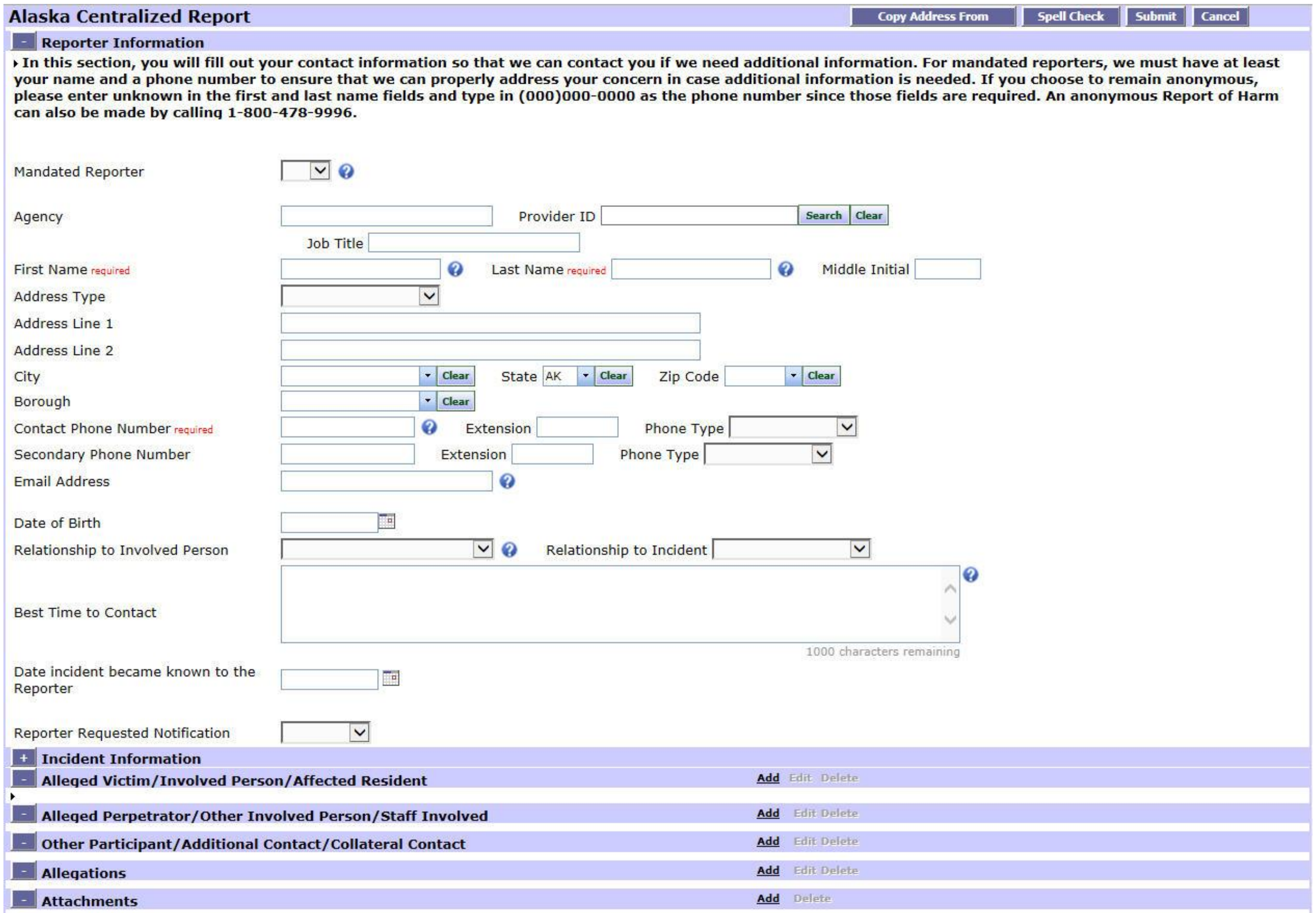
The "Alaska Centralized Reporting" provides reporters with an alternative method for reporting required abuse/neglect, incidents or complaints to the Adult Protective Services (APS), Senior and Disabilities Quality Assurance (QA) and Alaska Residential Licensing (ALL) instead of calling a hotline number or sending a fax. You will have the ability to 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 will be made available on the DHSS and SDS website. Links on various pages/areas of the DHSS and SDS website will direct users to the same Centralized Reporting page. In the center of the web page, there will be a link to ***"File your REPORT here"*** which will take the user to the "Alaska Centralized Reporting" page when clicked.

Live URL: http://dhss.alaska.gov/dsds/Pages/CentralizedReporting.aspx

Alaska DHSS - Alaska Centralized Reporting


Alaska Centralized Report
Copy Address From | Spell Check | Submit | Cancel
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, we must have at least your name and a phone number to ensure that we can properly address your concern in case additional information is needed. If you choose to remain 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. An anonymous Report of Harm can also be made by calling 1-800-478-9996.
Mandated Reporter
Agency | Provider ID | Search | Clear
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
1000 characters remaining
Date incident became known to the Reporter
Reporter Requested Notification
Incident Information
Alleged Victim/Involved Person/Affected Resident | Add Edit Delete
Alleged Perpetrator/Other Involved Person/Staff Involved | Add Edit Delete
Other Participant/Additional Contact/Collateral Contact | Add Edit Delete
Allegations | Add Edit Delete
Attachments | Add Delete

After clicking on the link to ***"File your REPORT here"***, the Alaska Centralized Reporting page will be presented.

Upon submission, data entered in the Alaska Centralized Reporting page shall be saved in Harmony as an Intake record which will be accessed by a Central Intake Worker for further processing. You will not be able to save the form and come back to finish filling out the form, so make sure that you have all the information needed to populate the form.

- Fields designated as **required** indicate that the field has to be populated with data in order for the form to be submitted. If data is missing, a prompt will display informing you that you are missing data and that it needs to be populated.
- Any Fields that are marked with a **Question Mark** you may click on the icon 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) data that was recorded in any participant record or the incident address fields and copy that data in the address fields in a participant record. This can help save time on data entry.

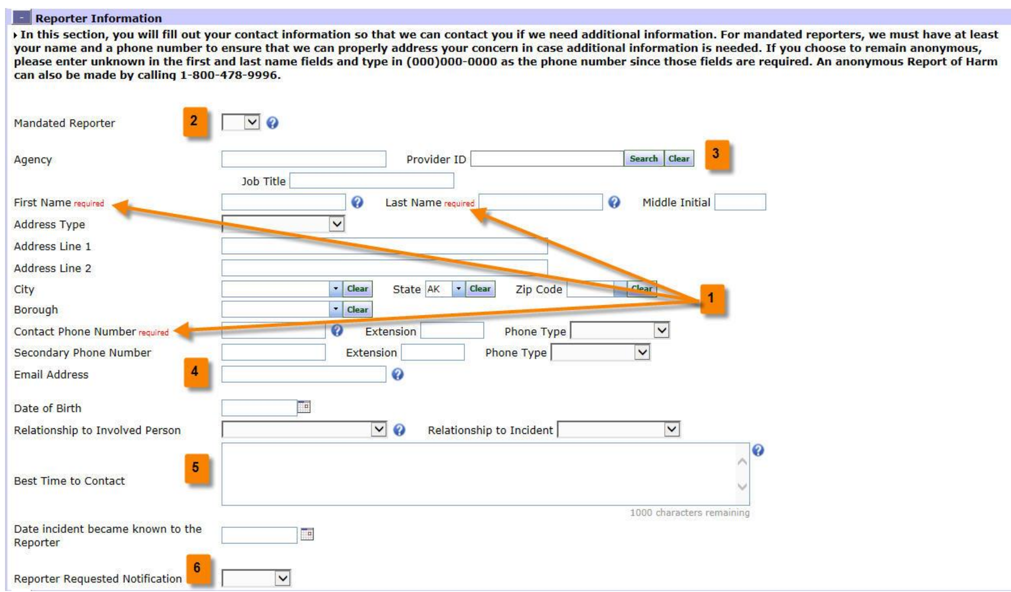
- **Spell Check button** allows you to check to see if you have any misspelled words in any narrative fields that you have populated with data on any page in the form.
- **Cancel Button** if you click this button on the main page of the Alaska Centralized Reporting the browser window will close and no data is saved.
- Click the **Add Button** 

to add a record in the relevant section e.g. alleged victim.

Adding a 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**. There can only be **one reporter**, there can be other participants who witnessed the situation.

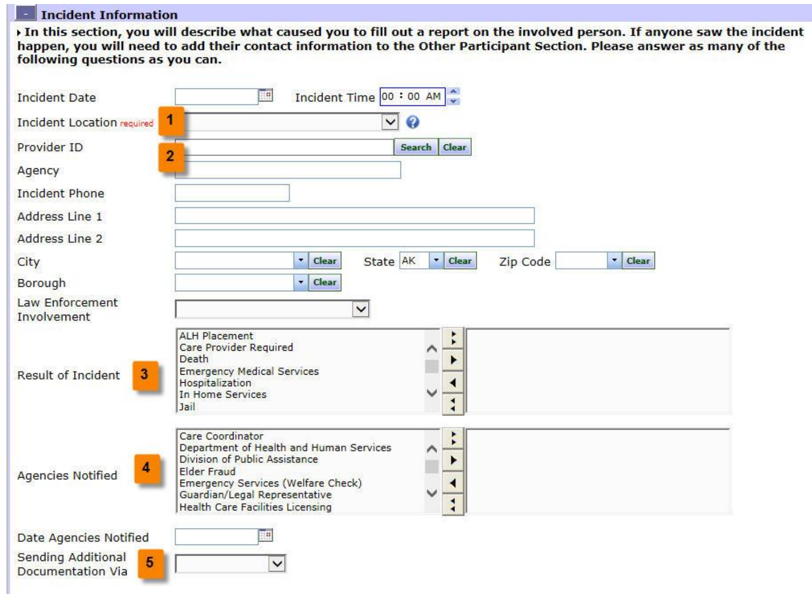
1. The **First Name, Last Name and Contact Phone Number** are required fields and need to be populated**.**
2. If you are a mandated reporter select “**Yes**” in the **Mandated Reporter** field**.**
3. Use the **Provider ID** search button to search for your provider record. If found, select it to populate the **Agency** field. If it is not found, you can type in the name of your agency in the available field. This field is also available on the incident section and for all participant types. It is most important to select the Provider ID on the Incident Section.

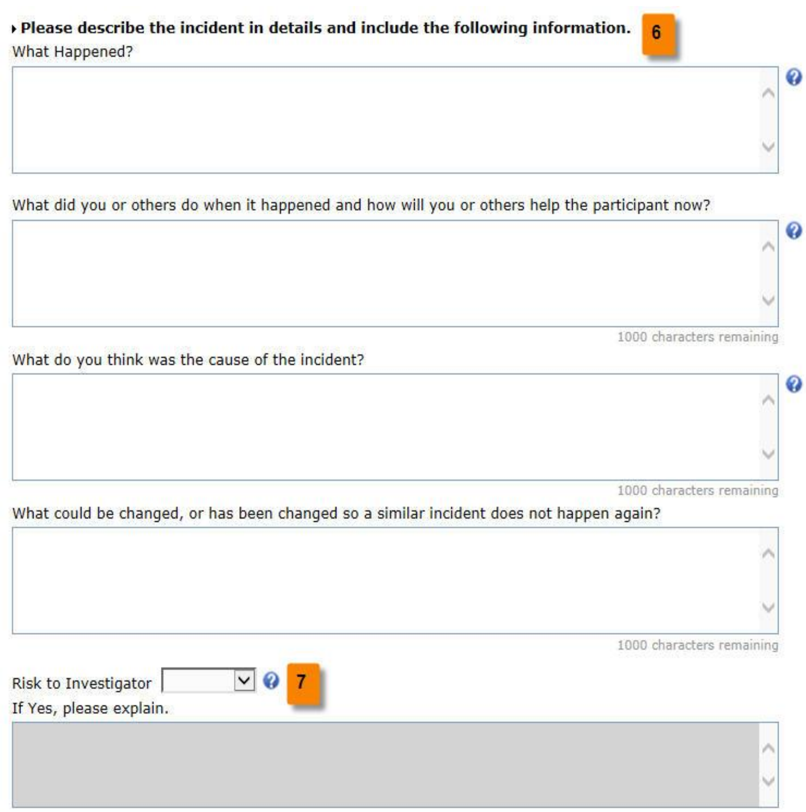


4. Populate the **Email Address** field if you’d like an email confirmation message to be sent to you after the form has been submitted.
5. The **Best Time to Contact** provides information to the Intake or screening staff about what day or time they should contact you for additional follow up.
6. If you want to receive a follow up letter select “**Yes**” in the **Reporter Requested Notification**, but be sure to populate the **Address, City, State and Zip Code** fields, so the notification letter can be mailed to you.

Adding the Incident Information

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

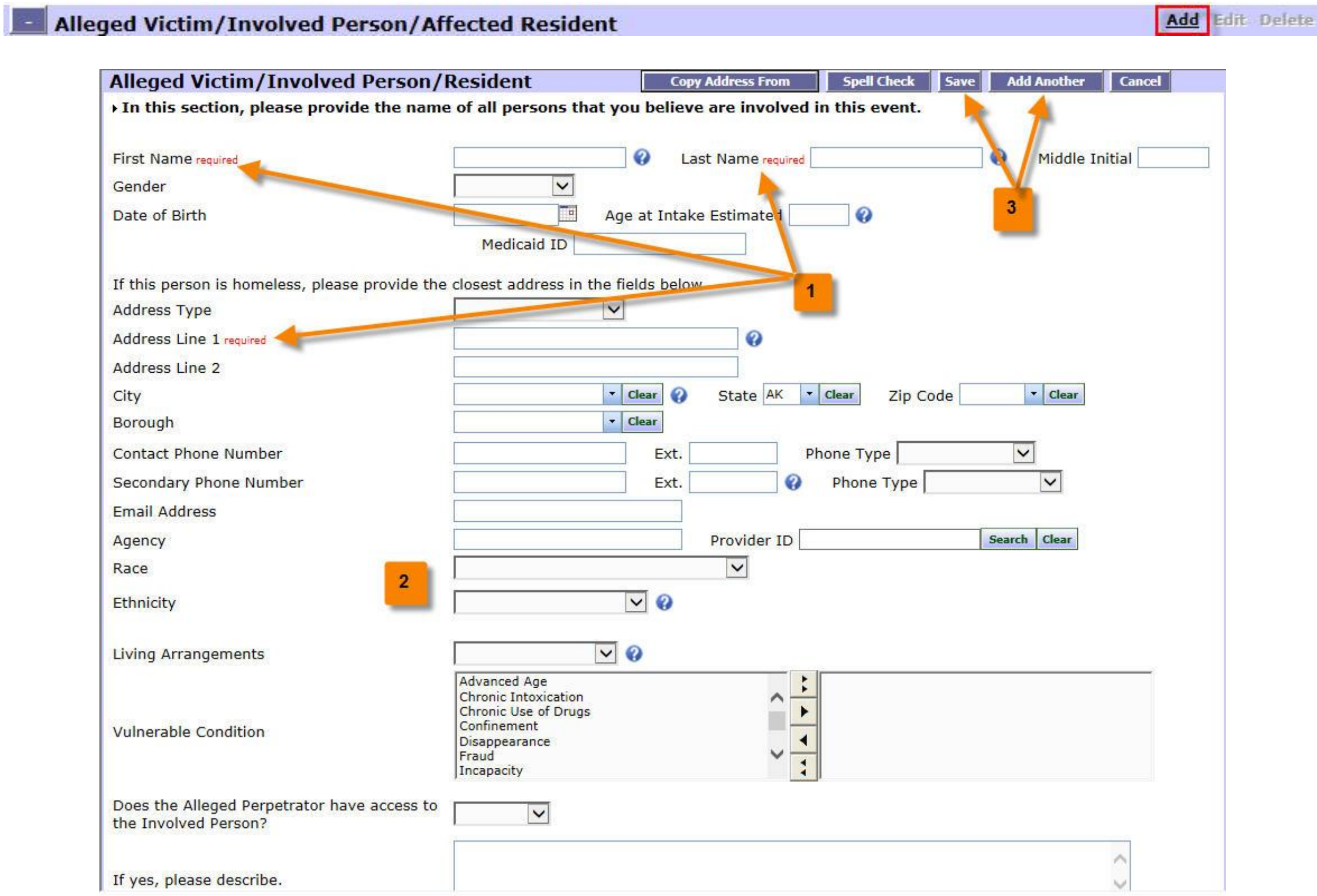




1. The **Incident Location** is a required field and needs to be populated, select a value by clicking the down arrow.
2. Search for your provider record using the **Provider ID** field. If it exists it will populate the **Agency** name and address. If it does not exist, type in the agency name. You 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 filter to present you with the values that match the city selected.
3. Select any significant impact in the **Result of Incident** field.
4. Select any Agencies Notified by you prior to reporting the incident.
5. Complete the **Sending Additional Documentation Via** ONLY if you are sending more information via Fax or U.S. Mail.
6. The **Incident Details** contains four narrative questions where you can explain in more detail what happened.
7. 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.)

Adding an Alleged Victim/Involved Person/Affected Resident

The "**Involved Person"** section is where the person who was at the center of the incident is documented. 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.



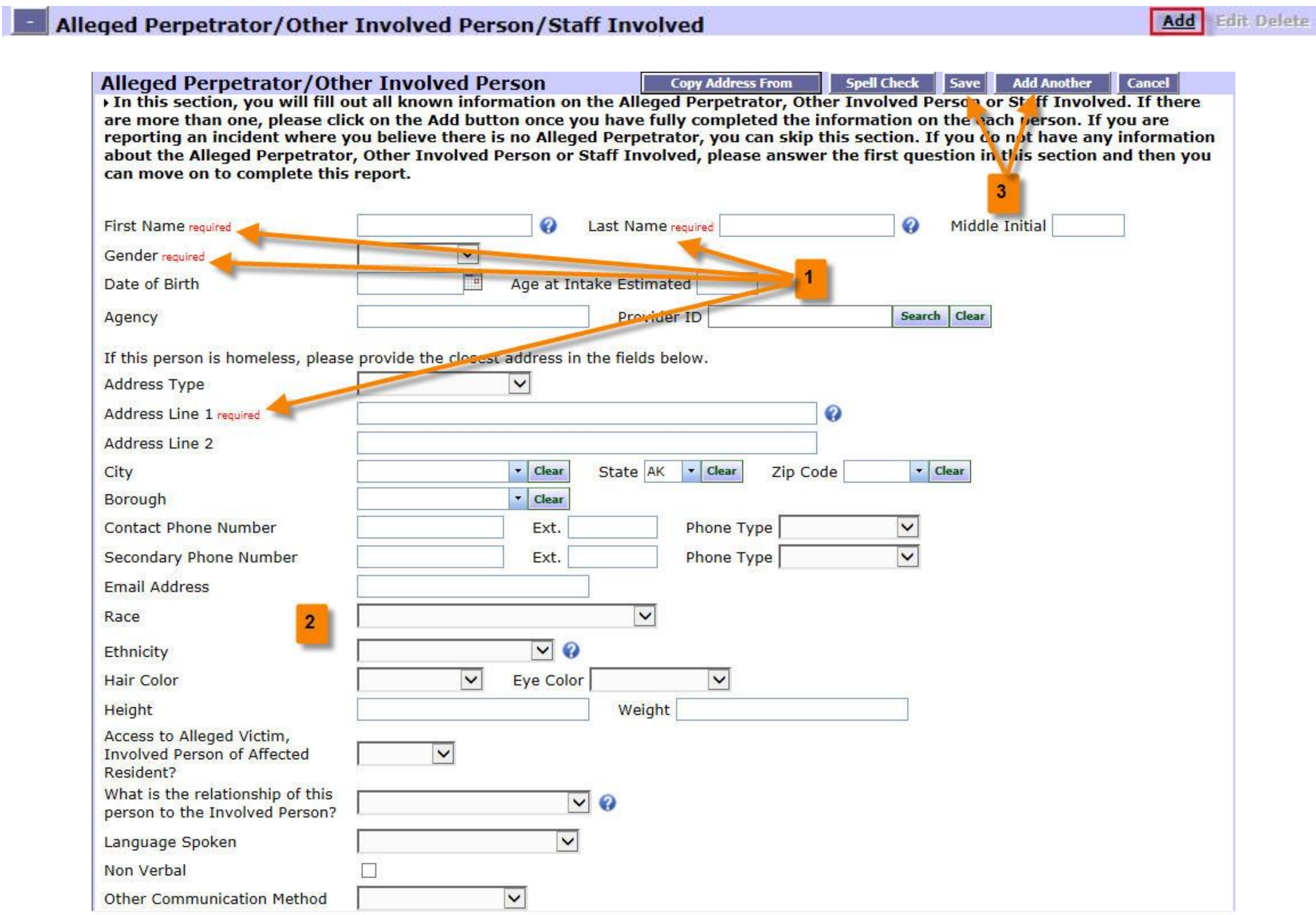
1. The **First Name, Last Name** and **Street Address** are required fields that need to be populated**.** You should enter an approximate location/address if the street address is not known. Complete a descriptive address for locations with no postal street addresses.

2. Additional fields also allow you to capture the Involved 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

In the “**Alleged Perpetrator”** section you will fill out information on the people that you think may be responsible for harming the Involved 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.



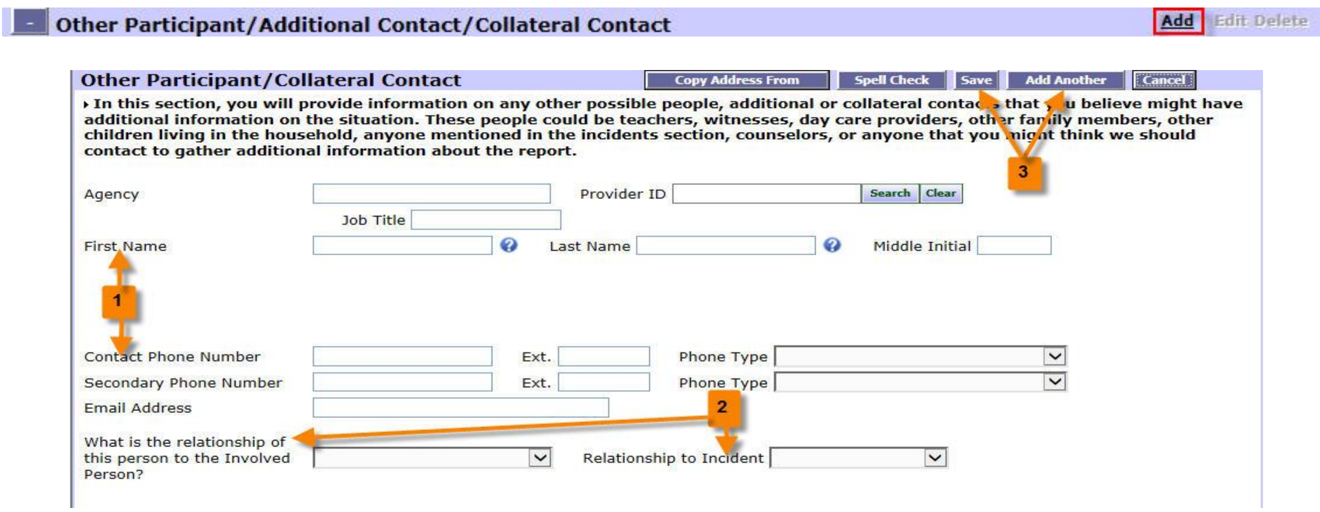
1. The **First Name, Last Name, Gender** and **Address Line 1** are required fields that need to be populated.

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.

Adding an Other Participant/Additional Contact/Collateral Contact

In the "**Other Participants"** section you would fill out information on 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.



1. Although these are not required, if available, enter the **First Name, Last Name and Phone Number** of the person**.**

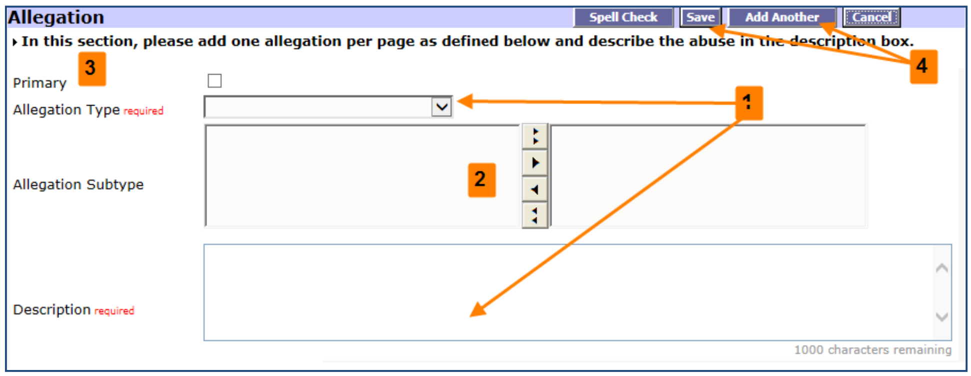
2. Additional fields also allow you to capture the Relationship to the Involved Person and the Incident. Simply select from the drop down menus.

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 Allegation

In the **Allegation section** you can document the types of allegations you think the Involved Person has experienced. If there are many allegations this section allows you to document multiple records. When you click the "Add" link on the header bar a new window will open allowing you to enter in the allegation details.

1. The **Allegation Type** and **Description** are required fields that need to be populated**.**
2. The **Allegation Subtype** will populate based on the value selected in the Allegation Type field. Hold your CTRL key down if you want to select multiple values and then use the Arrow to move the values from the left box to the right box.



3. If there multiple allegations recorded in the form you will need to flag one allegation as "Primary" by checking the box.
4. When you done filling out the allegation detail page click the **Save button** and the page will save and close or if you need to add more allegations click the **Add Another**, which will save the current record and open a blank allegation record. If you click the **Cancel button** and you have not be saved the page the record will close without saving any data.

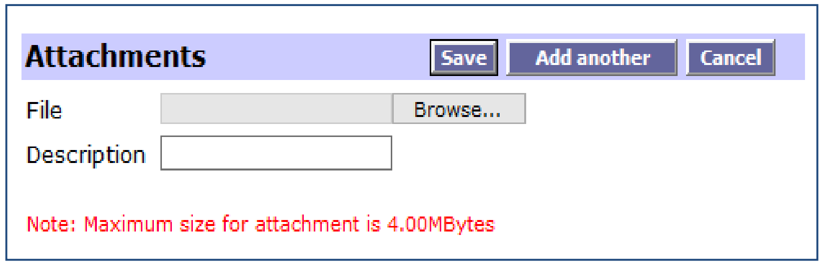
Please note that certain allegations are associated to specific divisions. The list below should provide some information on which allegation types to select if you are reporting certain types of issues.

APS Allegation Types	QA Allegation Types	ALL Allegation Types
Mental Abuse	Accident	Verbal Abuse
Physical Abuse	Missing Person	Health Services/Medication
Sexual Abuse	Death	Death ALL
Neglect	Law Enforcement Response	Safety/Sanitation
Self - Neglect	Medication Errors	Emergency/Law Enforcement
Exploitation - Person	Restrictive Intervention	Resident Rights/Services
Exploitation - Financial	Wrongful Death	Staffing
Undue Influence	Harm to Self or Others	Termination of Service Contract
Abandonment	QA Complaints	Operations
	Falls	Other ALL Incidents

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. When you click the "Add" link on the header bar a new window will open allowing you to enter in the attachment.

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.

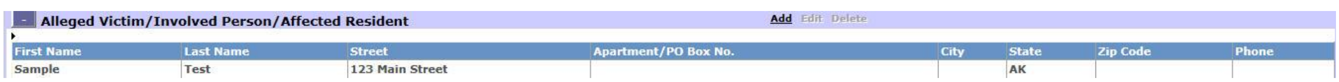


3. Click the **Save button** and the record will display under the Attachment Header. If you want to add additional attachments click the **Add Another** button or click the "Add" link on the header bar.

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

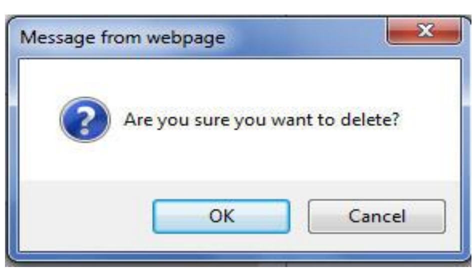
Editing or deleting a record in a section

Several sections allow you save multiple records and thus have the Add, Edit and Delete buttons in the section header. After you have saved a record, e.g. Alleged Victim information, it will show at the bottom of the section header in the form of a list.



In order to edit or delete a record you need to click on the record which will make it show up with a blue highlight and also activate the edit and delete buttons. You can then select the option to edit or delete it.

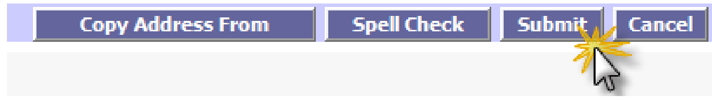
If you choose to edit the record it will reopen the record that was saved so it can be edited. If you choose to delete the record you will be prompted to confirm that you want to delete the record in that section.



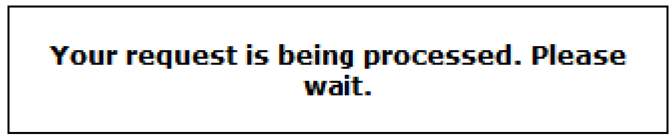
Submitting the Alaska Centralized Report

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.

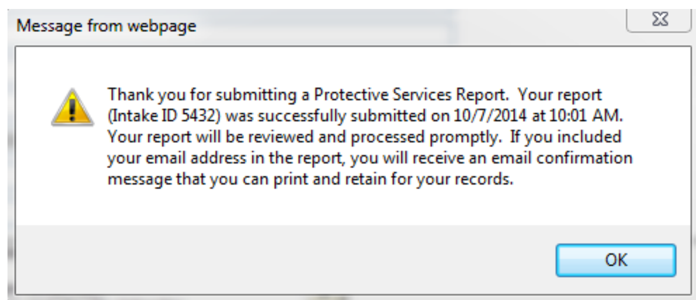
- To submit the form, locate in the header the **Submit** button and click on it.



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

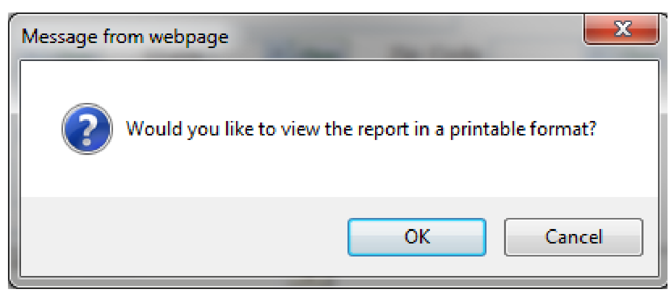


- **Do not close the browser window until you get the confirmation message**. This confirmation message will contain the Intake ID number and the data and time the report was submitted. Please make note of this information.



- 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.

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	Race
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

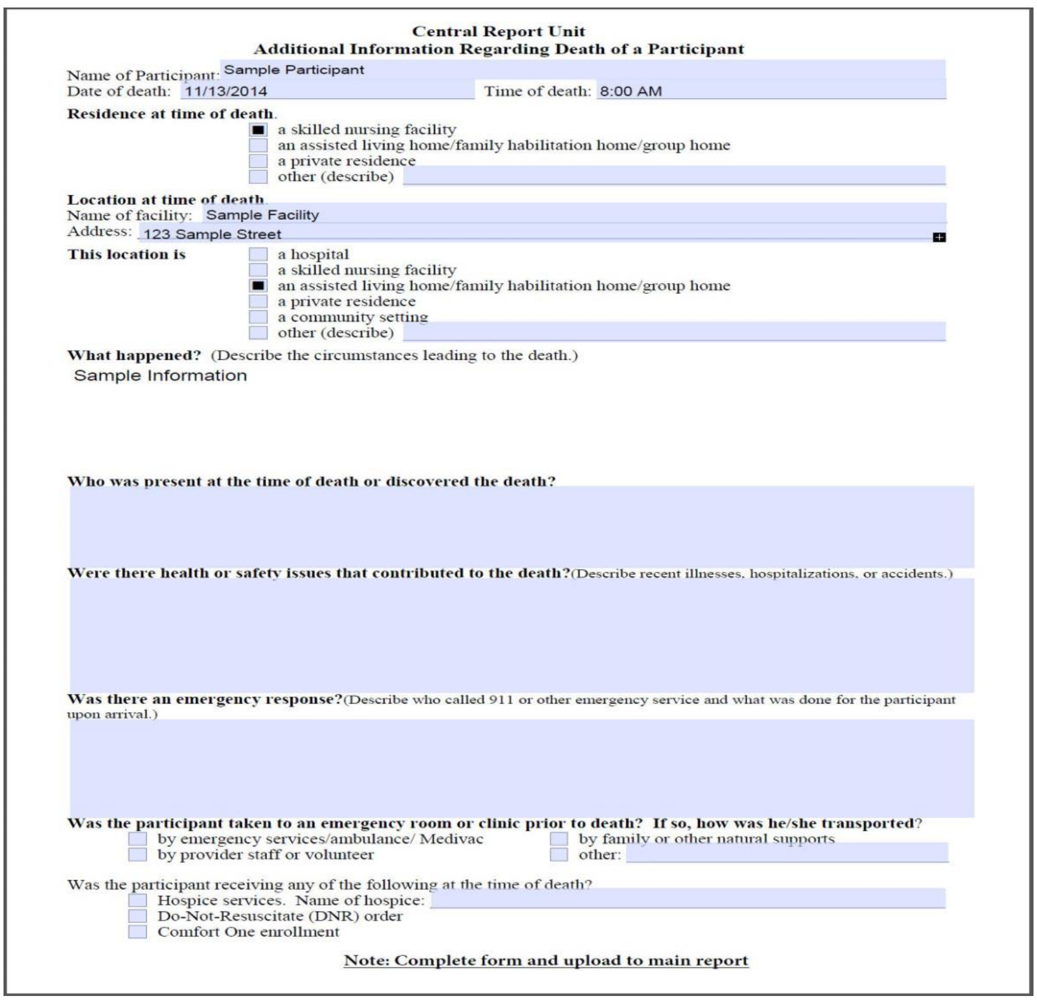
Description of Incident
Risk To Investigator explanation: What Happened?testWhat did you or others do when it happened and how will you or others help the participant now?What do you think was the cause of the incident?What could be changed, or has been changed so a similar incident does not happen again?

Reporting a Death

When a death has to be reported, you will need to complete an additional form before you enter the report into the system. There are instructions on the Centralized Reporting page that indicate what needs to be done when reporting a death of a recipient. You will need to take the following actions:

1. On the Centralized Reporting page, open the link for the Death of a Participant form in a new tab.

2. Fill out the PDF Death of a Participant form HERE and save to your computer desktop.



Central Report Unit
Additional Information Regarding Death of a Participant

Name of Participant: Sample Participant
Date of death: 11/13/2014 Time of death: 8:00 AM

Residence at time of death.
- [x] a skilled nursing facility
- [ ] an assisted living home/family habilitation home/group home
- [ ] a private residence
- [ ] other (describe)

Location at time of death
Name of facility: Sample Facility
Address: 123 Sample Street

This location is
- [ ] a hospital
- [ ] a skilled nursing facility
- [x] an assisted living home/family habilitation home/group home
- [ ] a private residence
- [ ] a community setting
- [ ] other (describe)

What happened? (Describe the circumstances leading to the death.)
Sample Information

Who was present at the time of death or discovered the death?

Were there health or safety issues that contributed to the death?(Describe recent illnesses, hospitalizations, or accidents.)

Was there an emergency response?(Describe who called 911 or other emergency service and what was done for the participant upon arrival.)

Was the participant taken to an emergency room or clinic prior to death? If so, how was he/she transported?
- [ ] by emergency services/ambulance/ Medivac
- [ ] by family or other natural supports
- [ ] by provider staff or volunteer
- [ ] other:

Was the participant receiving any of the following at the time of death?
- [ ] Hospice services. Name of hospice:
- [ ] Do-Not-Resuscitate (DNR) order
- [ ] Comfort One enrollment

Note: Complete form and upload to main report

3. On the Centralized Reporting page, click on the File your REPORT here button above to open the Alaska Centralized Reporting page.

4. Fill out relevant sections (Reporter, Incident, and Other Participant) with information as previously documented.

5. Add an Allegation with the **allegation type** set to **“Death”** to report the death of a recipient. If the death occurred at an assisted living facility, you can also add an allegation for **“Death ALL”**.

6. Scroll down to bottom of the page and click Add on the Attachments section.
    a. Browse for the “Death of a Participant form” you previously saved on your computer.
    b. Save the attachment

7. Review the form to ensure all required and applicable information is documented.

8. Hit Submit on the menu bar at the top of report page on right hand side.

9. Print a copy of the report and save to a secure drive or site if needed.

10. Ensure that all documents including the printed copy of the report and the death of a participant assessment form are deleted from the computer to ensure no PHI is maintained on the local user computer.

Quiz Questions

One of the keys to your success with Harmony for APS™ will be practicing what you learned before you use the system and validating you understand some key aspects of using the Alaska Centralized Reporting web page. We’ve included some quiz questions that should help verify your understanding of the Alaska Centralized Reporting system.

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 should the mandated reporter select allegations?
5. How can a mandated reporter keep track of submitted reports on their own?