



Incident & Follow-up Reporting Tool

For Pathways Reporting



Agenda

This training provides:

- An overview of the modernized IFUR website, including updated navigation features
- Instructions on how to complete and submit a PathWays Initial Incident Report
- Brief guidance on how PathWays follow-up incident reporting is handled



IFUR Website Overview

IFUR Tool Home Page



State of Indiana Incident and Follow-Up Reporting Tool

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[Home](#)

[Incident Initial](#)

[Incident Follow-Up](#)

[User Guide](#)

[Help Desk](#)

[Incident Forms](#) ▾

Home

Welcome to IFUR - the Incident And Follow-Up Reporting Tool

! Notice Compatible Browser Warning

Please be advised, the Indiana Office of Technology (IOT) only supports Chrome and Edge web browsers. If you access this site via Mozilla (Firefox), Safari, or some other browser, errors may occur.

Use IFUR to file initial and follow-up incident reports required by the Indiana Family Social Services Administration (FSSA), Division of Aging, Bureau of Disabilities Services, and Indiana PathWays for Aging. Based on the program selected by the user at the beginning of the filing, only the appropriate fields will be available for data entry.

This site is maintained by the Division of Disability and Rehabilitative Services. Please report any problems with the website by directly submitting a helpdesk ticket [here](#). If you are unable to submit a helpdesk ticket, please email the support team [here](#).

IFUR Tool Incident Initial Page



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Incident Initial

Select the Individual's program:

Select a Funding Source ▾



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IFUR Tool Incident Follow-Up Page




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- [Home](#)
- [Incident Initial](#)
- [Incident Follow-Up](#)
- [User Guide](#)
- [Help Desk](#)
- [Incident Forms](#) ▾

Incident Follow-Up


Select the Individual's program: ?

IFUR Tool User Guide Page



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#)

IFUR Tool Help Desk Page



State of Indiana
Incident and Follow-Up Reporting Tool
QA Edition



- [Home](#)
- [Incident Initial](#)
- [Incident Follow-Up](#)
- [User Guide](#)
- [Help Desk](#)
- [Incident Forms](#) ▼

Incident Follow-Up

Select the Individual's program: ?

IFUR Tool Help Desk Page Cont.



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Home

Incident

Incident Forms

Incident Initial

Select the Individual's program:

Select a Funding Source



How do you want to open this?



Firefox
New



Google Chrome



Microsoft Edge



Outlook



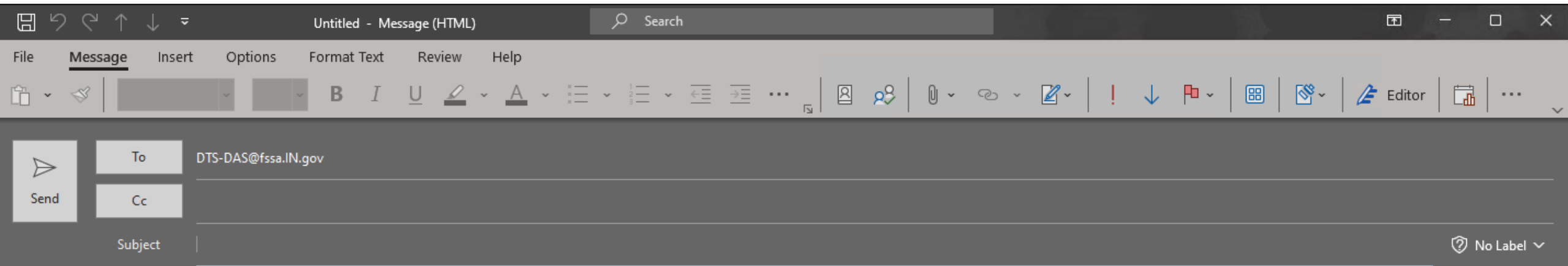
Look for an app in the Microsoft Store



Always use this app

OK

IFUR Tool Help Desk Email



IFUR Tool Incident Forms Page



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) **Incident Forms**

- DDRS Incident Initial Blank Form
- DDRS Incident Follow-Up Blank Form
- PathWays Incident Blank Form

Incident Initial

Select the Individual's program: Select a Funding Source ?

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IFUR Tool Incident Form

PathWays for Aging (OMPP)	INCIDENT INITIAL REPORT - Confidential		REV 01-22-2024
	For Use in Reporting Circumstances in 455 IAC 2-8-2 and/or OMPP Policy and Procedures		
SECTION I - INDIVIDUAL INFORMATION			
SSN: _____	LAST NAME: _____	FIRST NAME: _____	
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
DOB: _____	RID: _____	COUNTY: _____	GENDER: _____
PRIMARY FUNDING SOURCE: Pathways			
INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:			
LEGAL GUARDIAN?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
Service Coordinator?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME _____	DATE _____
Care Coordinator?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME _____	DATE _____
APS?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
	COUNTY _____	PHONE _____	METHOD _____
CORONER?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
POLICE?	<input type="checkbox"/> YES <input type="checkbox"/> N/A		DATE _____
PATHWAYS PROVIDER INFORMATION			
Managed Care Entity: _____			
Service Provider: _____			
Individual providing services at time of incident: _____			
SECTION II - REPORTING PERSON and REPORTING AGENCY			
NAME: _____	POSITION: _____	PHONE: _____	EXTENSION: _____
Submitted Date: _____		E-MAIL ADDRESS: _____	
REPORTING Agency: _____			



Submitting an Initial Incident Report

Submitting an Initial Incident Report: Funding Source



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Incident Initial

Select the Individual's program:

Select a Funding Source ?

- Select a Funding Source
- CHOICE
- CIH Waiver
- FS Waiver
- H&W Waiver
- LP-ICF/IDD
- MFP-CIH

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Submitting an Initial Incident Report: Deaths



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Incident Initial

Select the Individual's program:

PathWays ▾ ?

Is this Incident regarding the Death of an Individual?

No ▾

[+ Add New Individual](#)

Last Name	First Name	Funding Source	Is Completed
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Submitting an Initial Incident Report: Edit Incident



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident

1

Initial

2

Details

3

Narrative

4

Preview / Submit

Individual Information

SSN (last 4 digits)	<input type="text" value="9999"/>	*	ZIP	<input type="text" value="46013"/>	*
First Name	<input type="text" value="Training"/>	*	County	<input type="text" value="MARION"/>	*
Last Name	<input type="text" value="Individual"/>	*	Date of Birth	<input type="text" value="06/01/1953"/>	*
Street Address	<input type="text" value="1234 Training Way"/>	*	Gender	<input type="text" value="Male"/>	*
City	<input type="text" value="Indianapolis"/>	*	Medicaid Number	<input type="text" value="10333333399"/>	*
State	<input type="text" value="IN"/>	*	MCE	<input type="text" value="United"/>	*

Does this incident involve Abuse, Neglect, or Exploitation? *

Submitting an Initial Incident Report: Who Was Informed?

Who was informed?			
Adult Protective Services Notified	Yes *		
Name	Training APS *	Phone	(317)999-9999 *
Date	06/04/2024 *	Method	Phone *
County	MARION *		
Legal Guardian Notified	Yes *		
Name	Training LG *	Date	06/04/2024 *
PathWays Service Coordinator	Yes *		
Name	Training PathWays SC *	Date	06/04/2024 *
PathWays Care Coordinator	Yes *		
Name	Training PathWays CC *	Date	06/04/2024 *
Police were involved and/or notified	Yes *		
Date	06/04/2024 *		
Coroner	Yes *		
Name	Training Coroner *	Date	06/04/2024 *

Submitting an Initial Incident Report: Provider Information

Provider Information

PathWays Provider

Individual Providing Services at time of incident

Submitting an Initial Incident Report: Waiver Provider

Search for a Waiver Provider ×

train × 🔍

	Name	City
<input type="checkbox"/>	[REDACTED]	indianapolis
<input checked="" type="checkbox"/>	[REDACTED]	indianapolis

⏪ ◀ 1 ▶ ⏩ 1 - 2 of 2 items

💾 Save 🚫 Cancel

Submitting an Initial Incident Report: “Is This Incident Regarding..?”

Is this Incident regarding?

The death of an individual?	No ▾
Use of restraints or seclusion?	Yes ▾ *
The use of handcuffs on the individual?	Yes ▾ *
The use of a taser on the individual?	Yes ▾ *

Step 1 of 4

Cancel this Entire Report

Next

Submitting an Initial Incident Report: Details



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident



Initial



Details



Narrative



Preview / Submit

Reporting Person Information

Name	<input type="text" value="Training Reporter"/> *
Email	<input type="text" value="trainingreporter@ifur.com"/> <small>If no email address is entered, a copy of the report cannot be emailed to the reporter. Be sure to save a copy at the end of the process.</small>
Relationship	<input type="text" value="Trainer"/> *
Phone	<input type="text" value="(317)999-9999"/> *
Extension	<input type="text" value="Enter an Extension"/>
Reporting Entity	<input type="text" value=""/> 🔍
Date report submitted	<input type="text" value="06/04/2024"/> 📅

Submitting an Initial Incident Report: Reporting Entity Search

Search for a Reporting Entity ×




train × 🔍

	Name	City
<input type="checkbox"/>	[REDACTED]	indianapolis
<input checked="" type="checkbox"/>	[REDACTED]	indianapolis

⏪ ⏩ 1 ⏪ ⏩ 1 - 2 of 2 items

💾 Save 🚫 Cancel

Submitting an Initial Incident Report: Incident Information

Incident Information	
Date of Incident	<input type="text" value="06/01/2024 08:30 AM"/>   *
Date of Knowledge	<input type="text" value="06/04/2024"/>  *
Where did the incident occur?	<input type="text" value="Day Program(ADC,Workshop)"/> ▼ *
If 'Other', please explain	<input type="text" value="Enter the Other Explanation"/>

Submitting an Initial Incident Report:



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident



Initial



Details



Narrative



Preview / Submit

Incident Narratives

Describe the incident (up to 1000 characters)

Enter information here to describe the incident...

Character Count: 50 of 1000

Describe the immediate and long term plan to resolve (up to 1000 characters)

Enter the immediate and long term plan to resolve the incident...

Character Count: 65 of 1000





Step 3 of 4

[Previous](#)

[Cancel this Entire Report](#)

[Next](#)

Submitting an Initial Incident Report: Death Details

Death Details	
1. Date of Death	06/01/2024 08:30 AM   *
2. Where did the death occur?	Home, Assisted Living  *
If 'Other', please explain	Enter information here... 
3. If the person had been in a NF less than 90 days, what was the prior setting?	Enter information here... *
4. Circumstances immediately preceding the death, if known	Enter information here... *
5. Circumstances immediately following the death or discovery of the death, if known	Enter information here... *
6. Describe all life-saving measures, if any were applicable, that were attempted at the time of death (i.e., CPR administered, 911 called, transported to hospital, etc.), if known	Enter information here... *
7. If no life-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) order, etc.), if known	Enter information here... *

Submitting an Initial Incident Report: Death Details Cont.

8. Was the individual admitted into a nursing facility within 30 days of the date of death?	<input type="text" value="No"/>	*
9. Was the individual discharged from a nursing facility within 30 days of the date of death?	<input type="text" value="Yes"/>	*
10. Was the death of the individual expected?	<input type="text" value="Yes"/>	*
11. Was there a DNR status?	<input type="text" value="Yes"/>	*
12. What is the preliminary cause of death?	<input type="text" value="Enter information here..."/>	*
13. Description of the event/s surrounding this death is as follows	<input type="text" value="Natural Causes"/>	*
Other circumstance/s, please explain	<input type="text" value="Enter information here..."/>	

Submitting an Initial Incident Report: Preview and Submit



Edit Incident



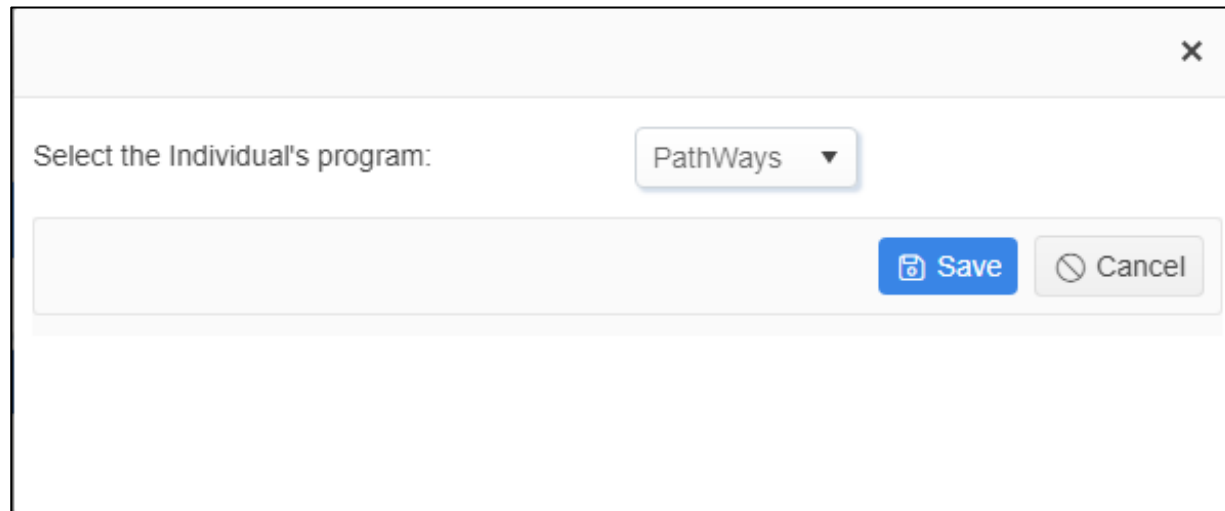
+ Add New Individual				
Last Name	First Name	Funding Source	Is Completed	
Individual	Training	Pathways	<input checked="" type="checkbox"/>	

Preview of Incident Report

Automatic Width

PathWays for Aging (OMPP)	INCIDENT INITIAL REPORT - Confidential	REV 01-22-2024
Incident#: 1518281	For use in Reporting Circumstances in 455 IAC 2-8-2 and/or OMPP Policy and Procedures	
SECTION I - INDIVIDUAL INFORMATION		
SSN: ***-**-9999	LAST NAME: Individual	FIRST NAME: Training
ADDRESS: 1234 Training Way	CITY: Indianapolis	STATE: IN ZIP: 46013
DOB: 6/1/1953	RID: 10333333399	COUNTY: MARION GENDER: M
PRIMARY FUNDING SOURCE: Pathways		

Submitting an Initial Incident Report: Select program



A screenshot of a web form titled "Select the Individual's program:". The form contains a dropdown menu with "PathWays" selected. Below the dropdown is a large, empty text input field. At the bottom right of the form are two buttons: a blue "Save" button with a floppy disk icon and a grey "Cancel" button with a circle and slash icon. The form is enclosed in a light grey border with a close button (X) in the top right corner.

Select the Individual's program: PathWays

Save Cancel

Submitting an Initial Incident Report: Additional Individual



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[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident

1

Initial

2

Details

3

Narrative

4

Preview / Submit

Individual Information

SSN (last 4 digits)	<input type="text" value="Enter the Last 4 Digits of the SSN"/>	*	ZIP	<input type="text" value="Enter the Zip Code"/>	*
First Name	<input type="text" value="Enter the First Name"/>	*	County	<input type="text" value="Select the County"/>	*
Last Name	<input type="text" value="Enter the Last Name"/>	*	Date of Birth	<input type="text" value="month/day/year"/>	*
Street Address	<input type="text" value="Enter the Street Address"/>	*	Gender	<input type="text" value="Select the Gender"/>	*
City	<input type="text" value="Enter the City"/>	*	Medicaid Number	<input type="text" value="Enter a Medicaid Number"/>	*
State	<input type="text" value="IN"/>	*	MCE	<input type="text" value="Select the Pathways MCE"/>	*
Does this incident involve Abuse, Neglect, or Exploitation?	<input type="text" value="Select a Value"/>	*			

Who was informed?

Adult Protective Services Notified	<input type="text" value="No"/>	*
Legal Guardian Notified	<input type="text" value="No"/>	*

Submitting an Initial Incident Report: Additional Individual Cont.



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QA Edition



[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident



+ Add New Individual

	Last Name	First Name	Funding Source	Is Completed	
	Individual	Training	Pathways	<input checked="" type="checkbox"/>	
	Individual	Additional	Pathways	<input checked="" type="checkbox"/>	

Preview of Incident Report

Automatic Width × ▾



PathWays for Aging (OMPP)	INCIDENT INITIAL REPORT - Confidential	REV 01-22-2024
For use in Reporting Circumstances in 455 IAC 2-8-2 and/or OMPP Policy and Procedures		
Incident#: 1518281		
SECTION I - INDIVIDUAL INFORMATION		
SSN: ***-**-9999	LAST NAME: Individual	FIRST NAME: Training
ADDRESS: 1234 Training Way	CITY: Indianapolis	STATE: IN ZIP: 46013
DOB: 6/1/1953	RID: 10333333399	COUNTY: MARION GENDER: M
PRIMARY FUNDING SOURCE: Pathways		

Submitting an Initial Incident Report: Incident Report Preview

Last Name	First Name	Funding Source	Is Completed	
 Individual	Training	Pathways	<input checked="" type="checkbox"/>	
 Individual	Additional	Pathways	<input checked="" type="checkbox"/>	

Preview of Incident Report

Automatic Width

PathWays for Aging (OMPP)	INCIDENT INITIAL REPORT - Confidential	REV 01-22-2024	
Incident#: 1518281	For use in Reporting Circumstances in 455 IAC 2-8-2 and/or OMPP Policy and Procedures		
SECTION I - INDIVIDUAL INFORMATION			
SSN: ***-**-9999	LAST NAME: Individual	FIRST NAME: Training	
ADDRESS: 1234 Training Way	CITY: Indianapolis	STATE: IN ZIP: 46013	
DOB: 6/1/1953	RID: 103333333399	COUNTY: MARION GENDER: M	
PRIMARY FUNDING SOURCE: Pathways			
INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:			
LEGAL GUARDIAN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME Training Legal Guardian DATE 6/4/2024	
Service Coordinator?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME Training Pathways SC DATE 6/4/2024	
Care Coordinator?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME Training Pathways CC DATE 6/4/2024	
APS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME Training APS DATE 6/4/2024	
COUNTY	MARION	PHONE (317)999-9999 METHOD Phone	
CORONER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME Training Coroner DATE 6/4/2024	
POLICE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	DATE 6/4/2024	
PATHWAYS PROVIDER INFORMATION			
Managed Care Entity:	United		
Service Provider:	strain tlyer		
Individual providing services at time of incident:	Training Service Provider		
SECTION II - REPORTING PERSON and REPORTING AGENCY			
NAME:	POSITION:	PHONE:	EXTENSION:
Training Reporter	Trainer	(317)999-9999	
Submitted Date:	E-MAIL ADDRESS:	trainingreporter@ifur.com	
REPORTING Agency:	strain tlyer		
SECTION III - INCIDENT INFORMATION			

Submitting an Initial Incident Report: Refresh PDF



The screenshot displays a web interface for submitting an incident report. It features a large, light gray rectangular area intended for a PDF preview. A smaller white box is overlaid on the right side of this area, containing the text "Report Generated Date & Time: 6/4/2024 1:31:00 PM". At the bottom left of the interface, the text "Step 4 of 4" is visible. At the bottom right, there are four buttons: "Previous" (disabled), "Cancel this Entire Report" (disabled), "Refresh PDF" (disabled), and "Submit" (active, highlighted in blue).

Step 4 of 4

Previous

Cancel this Entire Report

Refresh PDF

Submit

Submitting an Initial Incident Report: Finalized Version

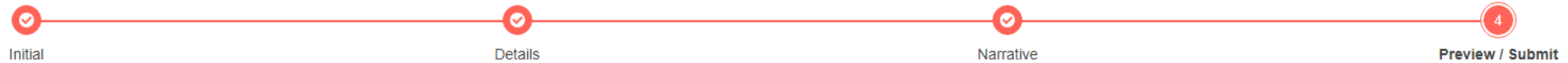


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QA Edition

[Home](#) [Incident Initial](#) [Incident Follow-Up](#) [User Guide](#) [Help Desk](#) [Incident Forms](#) ▾

Edit Incident



PDF downloads



Download PDF for IR# 1518281, Training Individual



Download PDF for IR# 1518282, Additional Individual

Preview of Incident Report

Automatic Width × ▾



PathWays for Aging (OMPP)	INCIDENT INITIAL REPORT - Confidential	REV 01-22-2024
Incident#: 1518281	For use in Reporting Circumstances in 455 IAC 2-8-2 and/or OMPP Policy and Procedures	
SECTION I - INDIVIDUAL INFORMATION		
SSN: ***-**-9999	LAST NAME: Individual	FIRST NAME: Training
ADDRESS: 1234 Training Way	CITY: Indianapolis	STATE: IN ZIP: 46013
DOB: 6/1/1953	RID: 10333333399	COUNTY: MARION GENDER: M
PRIMARY FUNDING SOURCE: Pathways		
INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:		
LEGAL GUARDIAN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	NAME Training Legal Guardian DATE 6/4/2024
Service Coordinator?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME Training Pathways SC DATE 6/4/2024
Care Coordinator?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME Training Pathways CC DATE 6/4/2024



Incident Report Follow-Up

- The MCE is responsible for completing all follow-up reporting activities outside of IFUR.



THANK YOU
for participating