

QuickStart Guide

Note: Test data/information is displayed in the screenshots listed in this document

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1. General remarks

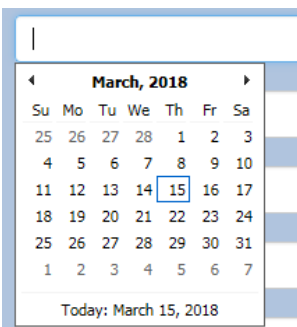
After each action, notification about the outcome with the appropriate message is displayed in the right upper corner of the screen. Successful actions will be in green and unsuccessful in red color. Message will automatically disappear from the screen after 5 seconds.



Validations are set for text fields that expect data input in certain format e.g. Date fields or number fields. If invalid data is entered in the field, error notification will appear next to the field in question and will be visible for 5 seconds. Field will be marked with red color drop shadow until error is corrected.

A screenshot of a form with three input fields. The first field is labeled "Incident Date (from):" and contains the text "25/48/1969". The second field is labeled "Document Date (from):" and has a red error message "Accepts valid date only!" displayed above it. The third field is labeled "Provider:" and contains the placeholder text "Enter Provider".

All Date fields are date pickers which functionality is activated by clicking anywhere on the field.



2. Independent Oversight Committee Page

Separate portion of QM Portal is used to search and review IOC documents.

After login, user is presented with the Statutory Notification, with only option to click on the “Continue” button.

Statutory Notification

Subject to federal law, committee members and consultants have access to client information and records maintained by the appropriate department, provider or regional behavioral health authorities to the extent necessary to conduct committee duties. Each person who receives information or records pursuant to this subsection shall maintain the information or records as confidential and sign an agreement to comply with all confidentiality requirements. Any client information or records shall be released to the committee without the designation of personally identifiable information unless the personally identifiable information is required for the official purposes of the committee. "Personally identifiable information" includes name, address, date of birth, social security number, tribal enrollment number, telephone or telefacsimile number, driver license number, places of employment or school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person. A violation of this subsection is a class 2 misdemeanor (A.R.S. 41-3804)

[Continue](#)

3. Search criteria

Page contains Search Criteria section with a form to enter criteria and to narrow down possible results. Leaving any field blank will exclude that field from the search criteria:

- **Incident Date (from)** limit search results to only those Cases which incident date is greater or equal to entered date.
- **Incident Date (to)** limit search results to only those Cases which incident date is less or equal to entered date.
- **Document Date (from)** limit search results to only those Cases which document upload date is greater or equal to entered date.
- **Document Date (to)** limit search results to only those Cases which document upload date is less or equal to entered date.
- **Provider** limit search results by whole or part of the Provider name.
- **IOC Committee** is showing current Independent Oversight Committee.
- **Category** is a list of behavior health categories.
- **Status** is a list which filters search results based on their “Reviewed” status.
- **Allegations Category** is a list of all incident types.
- **Max. Results** is a list which limits number of Cases returned from the search.
- **IAD Number** if entered will search for particular Case.
- **Order By** is defining sort order of the returned search results.

SEARCH CRITERIA

Incident Date (from):	<input type="text" value="MM/DD/YYYY"/>	Incident Date (to):	<input type="text" value="MM/DD/YYYY"/>
Document Date (from):	<input type="text" value="MM/DD/YYYY"/>	Document Date (to):	<input type="text" value="MM/DD/YYYY"/>
Provider:	<input type="text" value="Enter Provider"/>	IOC Committee:	<input type="text" value="Arizona State Hospital"/>
Category:	<input type="text" value="-- Search All --"/>	Status:	<input type="text" value="-- Search All --"/>
Allegation:	<input type="text" value="-- Search All --"/>	Max. Results:	<input type="text" value="25"/>
IAD Number:	<input type="text" value="e.g. IAD-2018-1234"/>	Order By:	<input type="text" value="DATE CREATED descending"/>

Search action is activated by clicking on the button “Search for Reports”.

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4. Search Results

Only Cases for which documents are uploaded for IOC review will be visible in the search result section.

SEARCH CRITERIA

Incident Date (from):	<input type="text" value="MM/DD/YYYY"/>	Incident Date (to):	<input type="text" value="MM/DD/YYYY"/>
Document Date (from):	<input type="text" value="MM/DD/YYYY"/>	Document Date (to):	<input type="text" value="MM/DD/YYYY"/>
Provider:	<input type="text" value="Enter Provider"/>	IOC Committee:	<input type="text" value="Arizona State Hospital"/> ▼
Category:	<input type="text" value="-- Search All --"/> ▼	Status:	<input type="text" value="-- Search All --"/> ▼
Allegation:	<input type="text" value="-- Search All --"/> ▼	Max. Results:	<input type="text" value="25"/> ▼
IAD Number:	<input type="text" value="e.g. IAD-2018-1234"/>	Order By:	<input type="text" value="DATE CREATED descending"/> ▼

[Search for Reports](#)

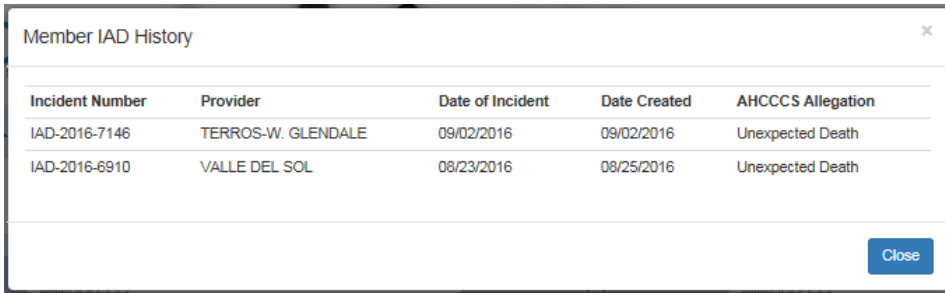
IAD-2016-7113	big pdf	Download PDF Document
Provider:	EMPACT-SPC	BHC: Serious Mental Illness (SMI)
Allegation:	Unexpected Death	Reviewed: <input type="checkbox"/>
		Document Date: 6/20/2018 8:47:00 AM
		View Member IAD History Inquiry Form
IAD-2018-392	Some other name blah blah	Download PDF Document
Provider:	WALGREEN #04298	BHC: Serious Mental Illness (SMI)
Allegation:	Unexpected Death	Reviewed: <input type="checkbox"/>
		Document Date: 5/17/2018 7:52:11 AM
		View Member IAD History Inquiry Form
IAD-2018-123	Huddle Agenda	Download PDF Document
Provider:	WALGREENS # 03769	BHC: Serious Mental Illness (SMI)
Allegation:		Reviewed: <input checked="" type="checkbox"/>
		Document Date: 2/21/2018 9:26:17 AM
		View Member IAD History Inquiry Form
IAD-2018-123	IAD-2018-123 QOC	Download PDF Document
Provider:	WALGREENS # 03769	BHC: Serious Mental Illness (SMI)
Allegation:		Reviewed: <input checked="" type="checkbox"/>
		Document Date: 2/20/2018 2:39:44 PM
		View Member IAD History Inquiry Form

Beside information about the Case, search results contain **Reviewed** check box field, which is used to toggle reviewed status of the IOC document.

Download PDF Document is a link to download IOC document. Clicking on that link user will be presented with an option to open or save downloaded file.

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View Member IAD History is a link which opens new modal window with information about all past incidents recorded for that particular member.



The screenshot shows a modal window titled "Member IAD History" with a close button in the top right corner. The window contains a table with the following data:

Incident Number	Provider	Date of Incident	Date Created	AHCCCS Allegation
IAD-2016-7146	TERROS-W. GLENDALE	09/02/2016	09/02/2016	Unexpected Death
IAD-2016-6910	VALLE DEL SOL	08/23/2016	08/25/2016	Unexpected Death

A "Close" button is located in the bottom right corner of the modal window.

5. Request for additional information

Clicking on **Inquiry Form** link in search results section, new modal window will open with a form that is used to request additional information about the Case

The screenshot shows a modal window titled "Independent Oversight Committee Request for Additional Information". The form contains the following fields and options:

- Date:** 08/24/2018
- Case Number:** IAD-2016-6880
- Response Timeframe:** A dropdown menu currently set to "14 Business Days".
- Request To:** A text area containing the text: "Request will be sent to Contractor/TRBHA (Quality Management Mailbox and Assigned Reviewer) and AHCCCS IOC Coordinator". Below this is an empty text input field with a note: "You may specify multiple email addresses by using either a semicolon (;) or a comma (,) between the addresses".
- Determination:** A list of checkboxes:
 - An investigation is requested per R9-21-402(a)
 - Report is illegible
 - Report is incomplete / inadequate to identify possible rights violations
 - Data regarding client death
 - Other
- The following information is needed:** A large empty text area for providing details.
- Buttons:** "Send Request" (green) and "Close" (blue) buttons at the bottom right.

Request To text field is used to enter additional multiple email addresses to whom that request will be sent beside Contractor/TRBHA shared address and AHCCCS IOC Coordinator. Email addresses may be separated by semicolon (;) or a comma (,). Users confirm sending request by clicking on the "Send Request" button.