

QuickStart Guide

Incident, Accident and Death Reporting

Submit IRF Report as Health Plan - 1

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

To create a new IRF Report/Case, Health Plan and TRBHA contractors can navigate to <https://qmpportal.azahcccs.gov/> to Sign In

New features and changes on the pages will be announced as the notifications that will appear next to the area in question, and need to be dismissed by clicking on the notification. This is not an error; it is just there to draw user attention to the new changes introduced in the new version.



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1. Verify Health Plan/TRBHA Account or AHCCCS Account

The QM Portal can be accessed with an external account or an internal account.

External account– Contractor TRBHA or Health Plan account which are managed by Master Accounts and Sub Account users.

Internal account – AHCCCS account. An AHCCCS account can have different levels of access depending upon the Windows Active Directory group membership

For external accounts:

Sign In to create a case with a Health Plan/TRHBA account that has the "IRF Submitter" role.



Thank you for visiting QM Portal. In order to use the site, you must have an active account. Please login or register a new account.
For questions, please contact our Customer Support Center at (602) 417-4451 or contact ISDCustomerSupport@azahcccs.gov.

External User Log In	AHCCCS User Log In
<p>User Name <input type="text" value="trbhammic"/></p> <p>Password <input type="password" value="*****"/></p> <p><input type="button" value="Sign In"/></p> <p>Forgot your Password? Click Here</p> <p>Create new account? Click Here</p> <p>Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.</p>	<p>If you are an AHCCCS employee</p> <p>AND you are currently logged onto the AHCCCS network</p> <p>AND you are accessing this application from a browser on your workstation</p> <p>Then click the button below to use this application with your network login credentials</p> <p><input type="button" value="AHCCCS Sign In"/></p>

Your web browser must have JavaScript enabled in order to use the QM portal.

Before continuing after login to create an IRF Report/Case, verify the account has an " IRF Submitter" role by:

1. Navigate to the "User Admin" link in the upper-left side navigation

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- Home
- User Admin
- Search
- Create IAD
- FAQ
- Log Out

The QMS Portal is intended for the use of providers reporting IADs to Contractor/TRBHAs. This system is administered by the AHCCCS Behavioral Health.

On the User Admin page, verify the "IRF Submitter" role is checked in the User Authorization section. In this role, Health Plan/TRBHA accounts can **ONLY submit cases**.

User Authorization

- IAD Reviewer
- Investigator
- IRF Submitter
- Medical Director
- OHR
- 3rd Level QOC Review
- Waitlist User

Update Authorization

For Health Plan/TRBHA accounts that need **to submit and also review cases**, the role assignment is different. The Health Plan/TRBHA accounts must be in at least the "IAD Reviewer" role.

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User Authorization

- IAD Reviewer
- Investigator
- IRF Submitter
- Medical Director
- OHR
- 3rd Level QOC Review
- Waitlist User

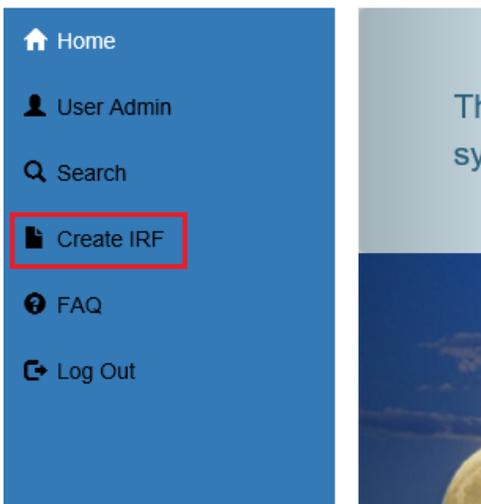
Update Authorization

For internal accounts:

Please consult your manager to determine if you are a member of the IRF Submitter Windows Active Directory Group.

Now that the role has been verified, navigate to the "Create IRF" in the upper-left side navigation

For external accounts:



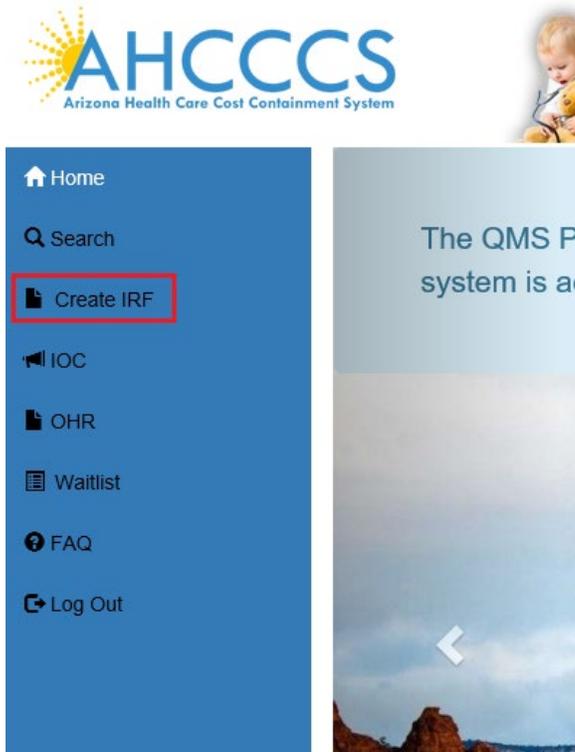
For internal accounts (no User Admin link):

Please note depending upon your membership to various groups, there might be less navigation links

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2. Member Search Step (required)

Once the page loads, the application will prompt for searching on a member. This is the main focal point of creating a report/case since all information is built upon selecting a member for the case.

The search criteria for a case must be in the following format:

- AHCCCS ID: A12345678 (letter followed by 8 numbers)
- DOB: 01/15/1982 (MM/DD/YYYY)

Or

- DOB: 01/15/1982 (MM/DD/YYYY)
- Last Name: Joe (uppercase or lowercase format)
- First Name: Smith (uppercase or lowercase format)

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QM Portal> Home Search Create IRF IOC OHR FAQ Technical Assistance Log Out

Internal Referral

Case#: none Provider: none selected Status: none
Member: none selected Contractor/TRBHA: none assigned Report:

Search for Member

AHCCCS ID: A12345678 DOB: 01/15/1982 Last Name: Enter Last Name First Name: Enter First Name

Tip: Please enter AHCCCSID and 'DOB', or First Name to narrow your search.

« January 1982 »

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Today

Note: if non-date values are entered into the DOB field and then move onto another field, the Date Picker will choose today's date as the value.

Before:

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DOB: Last Name:

« January 2019 »

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Today

After:

DOB: Last Name:

, or First Name, Last Name, and 'DOB' of the member you are searching

To clear the field entirely, the “x” must be clicked, and then other fields can be updated. This option is available in Internet Explorer.

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Submit IRF Report as Health Plan - 8

DOB: Last Name:

« January 2019 »

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Today

Click on the Search button

QM Portal > [Home](#) [Search](#) [Create IRF](#) [IOC](#) [OHR](#) [FAQ](#) [Technical Assistance](#) [Log Out](#)

Internal Referral

Case#: none Provider: none selected Status: none
Member: none selected Contractor/TRBHA: none assigned Report:

Search for Member

AHCCCS ID: DOB: Last Name: First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Select the member from the search results.

Note: In some instances, there can be multiple search results for a member.

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: "Multiple AHCCCS Ids found. Please retry with an AHCCCS ID."

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Multiple AHCCCS Ids found Please retry your search with an AHCCCS ID.

QM Portal> Home Search Create IRF IOC OHR FAQ Technical Assistance Log Out

Internal Referral

Case#: none
Member: none selected
Provider: none selected
Contractor/TRBHA: none assigned
Status: none
Report:

Search for Member

AHCCCS ID: DOB: Last Name: First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Search

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found

Note in the Top Header that there is no Case Number, Member, or Provider Information



QM Portal> Home Search Create IRF IOC OHR FAQ Technical Assistance Log Out

Internal Referral

Case#: none
Member: none selected
Provider: none selected
Contractor/TRBHA: none assigned
Status: none
Report:

Search for Member

AHCCCS ID: DOB: Last Name: First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Search

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QM Portal> Home Search Create IRF IOC OHR FAQ Technical Assistance Log Out

Internal Referral

Case#: none Provider: none selected Status: none
 Member: none selected Contractor/TRBHA: none assigned Report:

Search for Member

AHCCCS ID: DOB: Last Name: First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Search Results

First Name	Last Name	MI	DOB	Gender	Phone	Address	AHCCCS ID
JOE	SMITH	R	01/15/1982	M	6024171111	1234 N Forest Road	A12345678

Once a member has been selected, the application will load the Incident Information Page.

3. Incident Information Step (required)

The Incident Information Step is now displayed directly after the member is selected. At this step, the incident date of the case should be entered, if the date is not known, an unknown reason must be selected. If the date is selected at this step all enrolment information will be prepopulated into the report (e.g., Health Plan, Category (GMH, SMI, Child), DDD, etc.). If a date is not selected the user will be required to manually enter the enrollment and eligibility information.

QM Portal> Home Create ... Search ... IOC OHR Waitlist Out Of State My Exports FAQ Technical Assistance Log Out

Date and Time of Incident

Start Date Time

End Date Incident Date Unknown

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The screenshot shows the 'Date and Time of Incident' form in the QM Portal. The form includes the following fields and options:

- Start Date:** A date picker field with the placeholder text 'Enter Incident Date'.
- End Date:** A date picker field with the placeholder text 'Enter Incident End Date'.
- Time:** A time picker field with the placeholder text 'Enter Incident Time'.
- Incident Date Unknown:** A dropdown menu with a checked checkbox. The dropdown is open, showing three options:
 - Please Select --
 - Member report - date unknown
 - Family or other report - date unknown
- Next:** A button labeled 'Next' with a right-pointing arrow.

Note that if the incident date is identified after this step, the incident date information can be filled out later, prior to the case being submitted for Contractor/TRBHA Review.

4. Member Information Step (required)

The Member Information Step is now displayed. The Member Information is automatically populated, and the **fields will be locked if there is an exact match** which is defined as:

1. A member enrollment match based on the starting incident date
2. An incident date was not provided
3. All member information for the following fields can be determined: member DCS/CHP, member eligibility status and member category are populated. (If one or more cannot be determined, the fields will remain unlocked)

The member information from the PMMIS query is returned and populated in the Member Information Panel as per the illustration below. The information displayed is:

- Name: Format: Last Name, First name
- DOB: Format: MM/DD/YYYY
- AHCCCS ID: Format: letter + 8 digits (e.g.: A12345678)
- AGE: calculated age based on DOB and today's date

Note: The Top Header now displays the Case Number and the Member information

On this 1st page of the Wizard, the following information can be filled-out:

- Health Plans and T/RBHA
- Eligibility Status
- Category
- COT
- DDD
- DCS/CHP
- Diagnosis Code

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Note: Fields are locked except for the Health Plan and COE/COT and diagnosis information.

The screenshot shows a web form for submitting an Internal Referral (IRF) report. At the top left, there is a logo and the text "Internal Referral: Not Signed". Below this, there are several sections:

- Case Information:** Case#: IRF-2021-412, Member: JOE SMITH, Provider: Contractor/TRBHA: INTERNAL REFERRAL AZ COMPLETE HEALTH CARE, Status: Pending, Report: (with a red star icon).
- Member Information:** SMITH, JOE, DOB: 01/15/1982, Age at Incident: 36, AHCCCS ID: A00156636.
- Contractor/TRBHA:** A dropdown menu showing "010422 - AZ COMPLETE HEALTH CARE".
- Eligibility Status:** A dropdown menu showing "Title 19/21".
- COE/COT:** A dropdown menu showing "Yes".
- DDD:** A dropdown menu showing "No".
- DCS-CHP:** A dropdown menu showing "No".
- Category:** A dropdown menu showing "Serious Mental Illness (S)".
- Diagnoses:** A search box with "f11" entered and a "Search" button. Below it is a table with one entry: Code: F11.150, Description: OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS, and a "Remove" button with an "x" icon.

Red boxes highlight the "Eligibility Status", "DDD", "DCS-CHP", and "Category" fields. A "Next" button is located at the bottom right of the form.

Note: At this point the IRF case ID has been created. It is recommended that the user document the Case ID so that the Preparer is able to quickly locate the correct report if they need to stop at any point and return to complete the IRF. In the IRF Wizard, there are red stars listed by information that is required to be filled-out. There is a validation page that will validate all data that has a red star to ensure all information is supplied before the IRF Case/Report is signed.

This is a close-up of the "Eligibility Status" dropdown menu. The menu is titled "Eligibility Status" with a red star icon. The selected option is "Title 19/21".

However, case information can be filled-out at any time and the Preparer can access the case/report at a future date to continue working on creating the case/report.

In order to save information at any time, the Preparer can click "Save" or click the "Previous" and "Next" buttons. **Note: The Previous and Save buttons are only available until after the case is initially created.**

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Previous— saves information and navigates to the previous step in the IRF Wizard

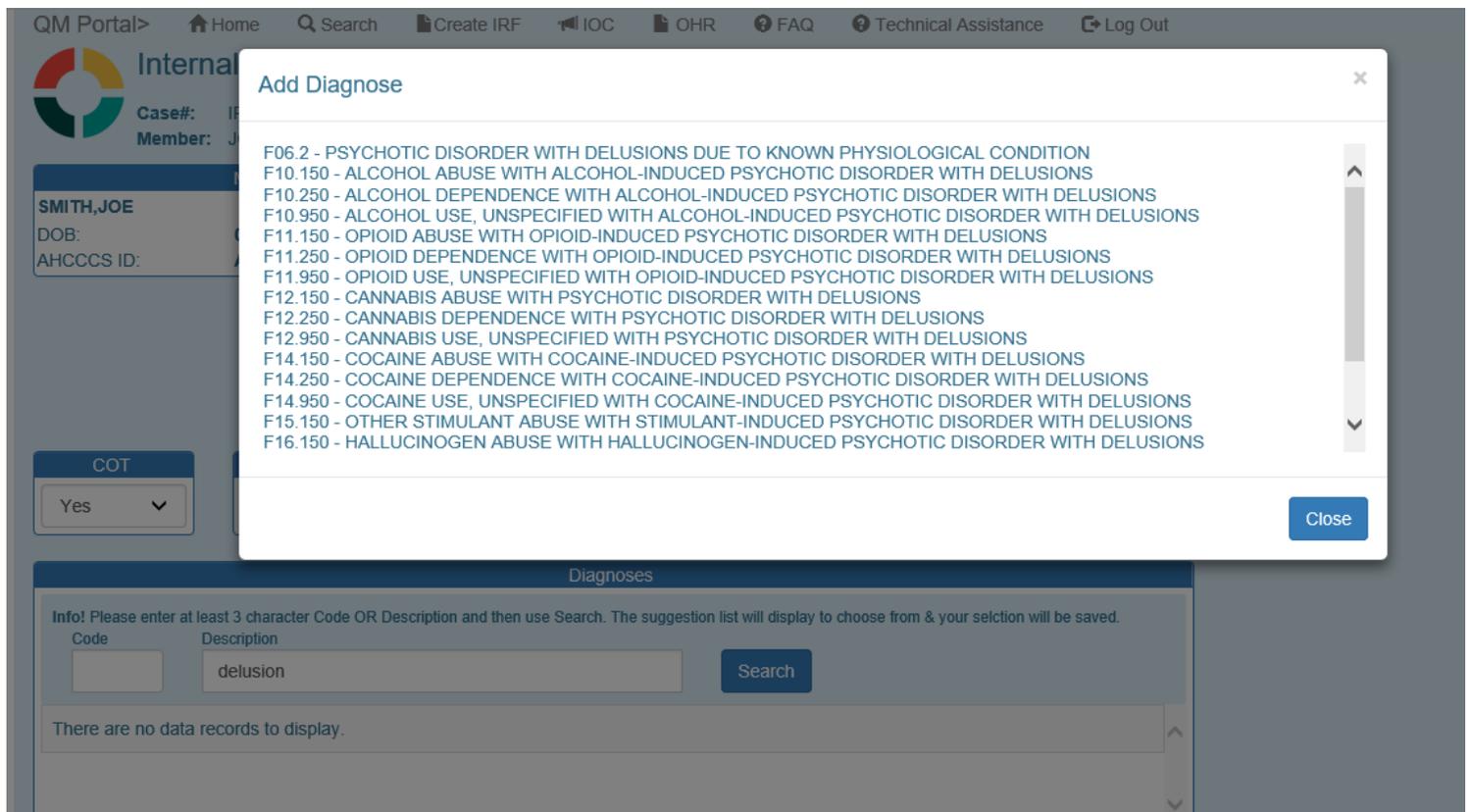
In the case of Member Information, navigating previously would display the member search and the case/report would start from the beginning (i.e. a new case would be setup)

Save – saves information on the current step of the IRF Wizard and remains on the current page

Next – saves information and navigates to the next step in the IRF Wizard

Diagnosis Codes can be entered by either the diagnosis code or the description. By using the “Search” button the results will be display and one selection can be chosen. If other codes need to be entered, the process can be repeated. Searching on a description allows flexibility for a diagnosis lookup if the code is not known.

The following illustrations display choice possibilities based on the diagnosis code entered.



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Diagnoses

Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selection will be saved.

Code	Description	
<input type="text"/>	<input type="text" value="delusion"/>	<input type="button" value="Search"/>

Code	Description	Remove
F11.150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	<input type="button" value="x"/>

Once a diagnoses code is selected, use the “Close” button so the choice is added to the list of codes for that member.

Verify that the diagnosis code is displayed in the list.

Diagnoses codes can be removed by clicking on the “x” adjacent to the diagnosis description if a selection is made in error.

Diagnoses

Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selection will be saved.

Code	Description	
<input type="text"/>	<input type="text" value="delusion"/>	<input type="button" value="Search"/>

Code	Description	Remove
F11.150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	<input type="button" value="x"/>

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Internal Referral: Not Signed

Case#: IRF-2021-412
Member: JOE SMITH

Provider: INTERNAL REFERRAL
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Pending
Report:

Member Information

SMITH, JOE
DOB: 01/15/1982 Age at Incident: 36
AHCCCS ID: A00156636

Member health plan information has been updated based on the incident start date of the case.

Contractor/TRBHA

Info! Member's Healthplans are highlighted with 'light blue' color inside this dropdown box. Please select one to confirm.

010422 - AZ COMPLETE HEALTH CARE

COE/COT

Yes

DDD

No

DCS-CHP

No

Eligibility Status

Title 19/21

Category

Serious Mental Illness (S)

Diagnoses

Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selection will be saved.

Code: f11 Description: Search

Code	Description	Remove
F11.150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	✕

Next-->

5. Provider Information Step (default value is set)

The Provider Step is now displayed. At this point, if the “Next” button is selected the default Provider information will remain visible. The default provider for an internal referral is the Health Plan Office location.

Internal Referral: Not Signed

Case#: IRF-2021-412
Member: JOE SMITH

Provider: INTERNAL REFERRAL
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Pending
Report:

Provider Information

INTERNAL REFERRAL
150 N 18TH AVE Phoenix AZ 85006
Telephone #: 6029999999 Email: Joe.Smith@azahcccs.gov
AHCCCS ID: 807547
Opened by: Joe Tester

[Add/ChangeReportingProvider](#)

Date of Last Visit - Clinical Team

Date of Last Visit - BHMP

Date of Last Visit - Primary Care

Incident Location Agency or Facility

Same as Reporting Agency

[SetAgency](#)

Next-->

For an IRF Case/Report to be generated, the 2 main sections of information are:

1. Member Information

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2. Provider Information

Provider Information associated with a case is populated via the provider search or using the default provider location for the case/report.

To change the default provider the provider search can be used. Click on the “Add Change Reporting Provider”. A modal pop-up window will be displayed and the selection to choose from is based on searching for Provider by the Provider Name or AHCCCS ID if known. Only one selection is saved and can be made by clicking on one of the checkboxes and then clicking the “OK” button.

The screenshot shows a modal window titled "IAD Location Facility." with a close button (X) in the top right corner. The form contains the following fields and controls:

- Provider Name:** A text input field.
- AHCCCS ID:** A text input field.
- Active:** A dropdown menu currently set to "All".
- ZIP code:** A text input field.
- Click To:** A blue button labeled "Search".
- Bottom right:** Two blue buttons labeled "OK" and "Cancel".

Clicking on “Cancel” will close the pop-up modal and not save any of the changes.

Once the search results are returned, a selection can be made by selecting an item from the results and then clicking “OK”

The Provider Information is:

- Provider Name & Address:
 - COMM A. WALGREENS PHARMAC
 - ST 136 1830 E. BROADWAY ENTERPRISE DR TUCSON, AZ 85719
- Telephone #: should be currently empty as this information isn't provided in the PMMIS query
- Email: email address of the user signed in.
- AHCCCS ID: 318648
- Opened by username of the current logged-in user

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IAD Location Facility.

Provider Name: AHCCCS ID: Active: ZIP code: Click To

<input type="radio"/>	ALLIANCERX WALGREENS PRIM	130 ENTERPRISE DR PITTSBURG PA 15275	875403	412-413-8000	Yes
<input type="radio"/>	ALLIANCERX WALGREENS PRIM	119 HUIZAR REAR-A SAN ANTONIO TX 78214	967893	800-541-4959	Yes
<input type="radio"/>	ALLIANCERX WALGREENS PRIM	SUITE 200 10530 JOHN W ELLIOT DR FRISCO TX 75033	967893	800-541-4959	Yes
<input checked="" type="radio"/>	COMM, A WALGREENS PHARMAC	STE 136 1830 E BROADWAY BLVD TUCSON AZ 85719	318648	520-330-3451	Yes
<input type="radio"/>	COMMUNITY, A WALGREENS PH	2608 E COLFAX AVE DENVER CO 80206	091842		Yes
<input type="radio"/>	WALGREENS # 04506	8015 INDIAN SCHOOL RD SCOTTSDALE AZ 85251	037855	480-990-0202	Yes
<input type="radio"/>	WALGREENS (#05823).COM	8350 S RIVER PARKWAY TEMPE AZ 85283	882094	877-250-5823	No
<input type="radio"/>	WALGREENS	8350 S RIVER PARKWAY TEMPE AZ 85283	882094	877-250-5823	No

AHCCCS 801 E. Jefferson St. Phoenix, AZ 85034 (602) 417-7000

Internal Referral: Not Signed

Case#: IRF-2021-412
Member: JOE SMITH

Provider: INTERNAL REFERRAL
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Pending
Report:

Provider Information

COMM, A WALGREENS PHARMAC
STE 136 1830 E BROADWAY BLVD TUCSON AZ 85719
Telephone #: 520-330-3451
AHCCCS ID: 318648
Opened by: Joe Tester
Email: Joe.Tester@azahcccs.gov

[Add/ChangeReportingProvider](#)

Incident Location Agency or Facility

Save as Reporting Agency
[SetAgency](#)

Date of Last Visit - Clinical Team

08/31/2021

Date of Last Visit - BHMP

08/31/2021

Date of Last Visit - Primary Care

08/31/2021

The Incident Location Agency or Facility section is optional, but it can be filled-out similar to the Provider Information section.

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Incident Location Agency or Facility

Same as Reporting Agency

 Set Agency

In this case, the Provider Name or AHCCCS ID is used to search for a location. In this instance, the Provider Name is searched using “CVS” as the name.

From the list returned, one of the list items can be selected by checking on the checkbox and then clicking on “OK”. Note that the Agency information is populated in the “Incident Location Agency or Facility” panel section as illustrated below.

IAD Location Facility.✕

Provider Name:

AHCCCS ID:

Active:
 ▼

ZIP code:

Click To

Select	Name	Address	AHCCCS Id	Phone	Active
<input type="radio"/>	ALPHA THERAPEUTIC SCVS.	13111 TEMPLE AVE CITY OF INDUSTRY CA 91746	038853	800-423-1832	Yes
<input type="radio"/>	CAREMARK LLC DBA CVS SPEC	1127 BRYN MAWR AVE STE A REDLANDS CA 92374	034455		Yes
<input type="radio"/>	CAREMARK LLC DBA CVS SPEC	1127 BRYN MAWR AVE STE A REDLANDS CA 92374	034455		Yes
<input type="radio"/>	CORAM CVS	2345 WATERS DRIVE MENDOTA HEIGHTS MN 55120	604889	651-452-5600	Yes
<input checked="" type="radio"/>	CORAM CVS SPECIALTY INFUS	SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034	361678	480-240-3200	Yes
<input type="radio"/>	CORAM CVS SPECIALTY INFUS	SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034	361678	480-240-3200	Yes
<input type="radio"/>	CVS CAREMARK	SUITE 1000 BIERMAN COURT MT	484884	847-834	Y

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Incident Location Agency or Facility

CORAM CVS SPECIALTY INFUS
SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034
AHCCCS ID: 361678

 SetAgency

The Location Information is:

- Provider Name & Address:
CORAM CVS SPECIALTY INFUS
SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034

Once the Provider Information Step along with the dates have been filled out, the user can click on the “Next” button to navigate to the next step.

 Internal Referral: Not Signed

Case#: IRF-2021-412 Provider: INTERNAL REFERRAL
Member: JOE SMITH Contractor/TRBHA: AZ COMPLETE HEALTH CARE Status: Pending
Report: 

Provider Information 	
COMM, A WALGREENS PHARMAC STE 136 1830 E BROADWAY BLVD TUCSON AZ 85719 Telephone #: 520-330-3451 Email: Jamie.Graziano@azahcccs.gov AHCCCS ID: 318648 Opened by: Jamie Graziano	
Add/ChangeReportingProvider	

Incident Location Agency or Facility
CORAM CVS SPECIALTY INFUS SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034 AHCCCS ID: 361678
SetAgency

Date of Last Visit - Clinical Team
 08/31/2021
Date of Last Visit - BHMP
 08/31/2021
Date of Last Visit - Primary Care
 08/31/2021

[Next→](#)

A few notes about the progression of the IRF Wizard. At this point, there are now 2 navigational sections that are visible:

- Top Header (has been visible since choosing a member, the Case Number and the Member information. Verify the Member Information and Provider Information is now visible)
- Side Navigation (now visible at the Basic Incident Information Step, note there is a star adjacent to the step that is currently active. Verify the “Basic Incident Information” Step has a star adjacent to it in the side navigation)

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Administrative

- Member Information
- Provider Information

Incident Details

- Basic Incident Information
- Description of the Incident
- Member Condition
- Medical Services
- Witnesses
- Provider Actions
- Notifications
- Attachments

Incident Review

- Contractor/TRBHA Status Review

Electronic Submissions

- Report Validation
- Report Signatures
- Electronically Sign Report
- Report Generation

Internal Referral: Not Signed

Case#: IRF-2021-412
Member: JOE SMITH

Provider: COMM A WALGREENS PHARMAC
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Draft
Report:

Incident Category

Add Incident Category

Date and Time of Incident

Start Date 08/31/2021

End Date Enter Incident End Date

Time Enter Incident Time

Incident Date Unknown

-- Please Select --

Submission Status

Draft

Date Reported to Provider

Enter Date Reported To Provider

Incident Location

Acute Care Inpatient Facility

Please Describe Incident Location

Incident Description Location: sample info

Next-->

6. Basic Incident Information Step (required)

This step gathers information about:

- Type of incident(s) Category and SubCategory
- Date and time of incident
- Submission status
- Date reported to Provider
- Incident Location.

The Incident Category section will initially be empty.

Incident Category

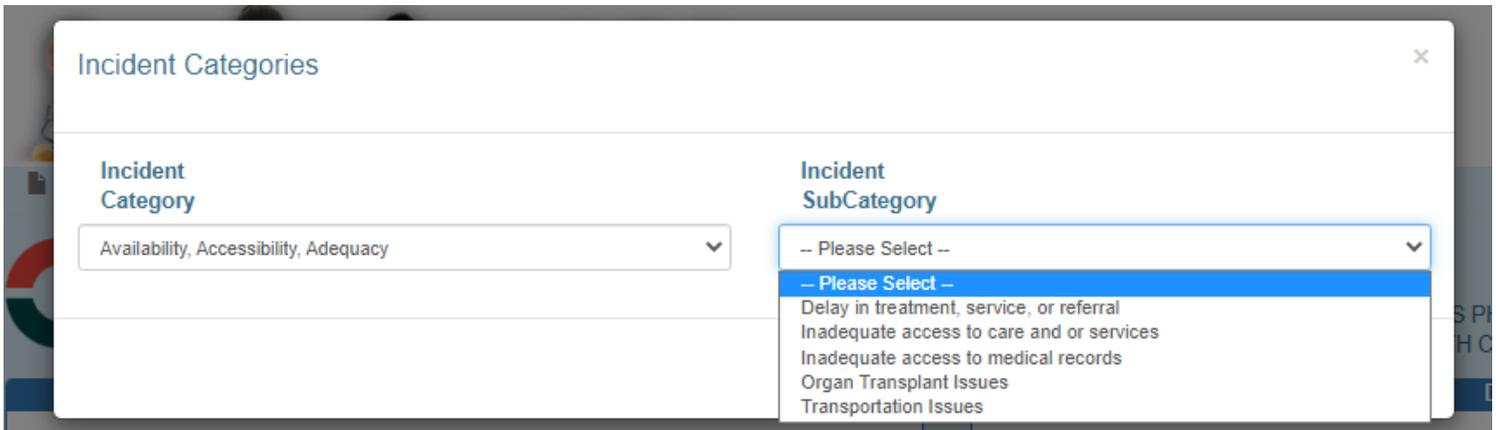
Add Incident Category

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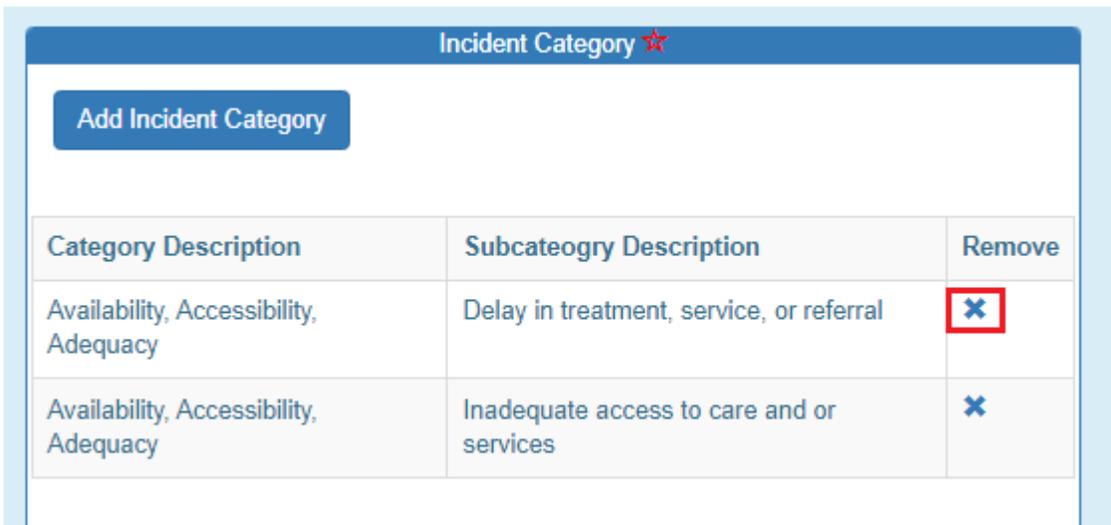
Incident, Accident and Death Reporting

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Once an incident category has been selected from the choice list (see appendix A for a full list of Categories and SubCategories), the incident subcategories will be displayed in the list below. A category has an associated subcategory. For example, the “Availability, Accessibility, Adequacy” category has 5 subcategories. Multiple subcategory selections can be added to each category as needed based on the details of the incident.



If an incorrect Category or Sub-Category are selected in error, the “x” can be clicked to remove any items from the list.



The “Submission Status” lists the current status of the IRF case/report. At this stage, the status is in “Draft” mode.



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Once the Basic Information Step along with the dates have been filled out, the Preparer can click on the “Next” button to navigate to the next step.

The screenshot displays the 'Internal Referral: Not Signed' form. The left sidebar contains a navigation menu with sections: Administrative (Member Information, Provider Information), Incident Details (Basic Incident Information, Description of the Incident, Member Condition, Medical Services, Witnesses, Provider Actions, Notifications, Attachments), Incident Reviews (Contractor/TRBHA Status Review), and Electronic Submissions (Report Validation, Report Signatures, Electronically Sign Report, Report Generation). The main content area includes: Case# (IRF-2021-412), Member (JOE SMITH), Provider (COMM. A WALGREENS PHARMAC), Contractor/TRBHA (AZ COMPLETE HEALTH CARE), Status (Draft), and Report. The 'Incident Category' section contains a table with two entries: 'Availability, Accessibility, Adequacy' with subcategory 'Delay in treatment, service, or referral' and 'Availability, Accessibility, Adequacy' with subcategory 'Inadequate access to care and or services'. The 'Date and Time of Incident' section has fields for Start Date (08/31/2021), End Date, and Time (Enter Incident Time). The 'Submission Status' is 'Draft'. The 'Date Reported to Provider' is 08/31/2021. The 'Incident Location' is 'Acute Care Inpatient Facility' with a text area for 'Please Describe Incident Location' containing 'Incident Description Location: sample info'. A 'Next-->' button is highlighted in a red box at the bottom right.

Category Description	Subcategory Description	Remove
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral	X
Availability, Accessibility, Adequacy	Inadequate access to care and or services	X

7. Description of the Incident Step (required)

This is a free text field, and the preparer will describe the incident in detail here. This information can be provided in paragraph format since the input is multi-line as in the illustration below. This information will automatically display in the QOC referral section of the QOC application if the case is escalated to a QOC. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Description of the Incident Step has been completed, the Preparer can click on the “Next” button to navigate to the next step.

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The screenshot shows a web form titled "Please Describe the Incident" with a red star icon. The main area is a large text box containing the placeholder text "Incident Description - sample info". At the bottom of the form, there are three buttons: "←Previous" (light blue), "Save" (dark blue), and "Next→" (light blue with a red border). The "Next→" button is highlighted with a red rectangle.

8. Member Condition Step (required)

Preparers will be required to enter member condition information before and after the incident in the free text boxes on this page. This information can be provided in paragraph format since the input is multi-line as in the illustration below. For example, if the member was upset and pacing before the incident and calm and talking with staff after the incident the preparer would note this in detail here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Condition Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

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The screenshot shows a web form with two main sections. The top section is titled "Member Condition Before Incident" with a red star icon. It contains a large text area with the placeholder text "Member Condition Before - sample info". The bottom section is titled "Member Condition After Incident" with a red star icon. It contains a large text area with the placeholder text "Member Condition After - sample info". At the bottom of the form, there are three buttons: "←Previous" (light blue), "Save" (dark blue), and "Next→" (light blue with a red border).

9. Medical Services Step (required)

Preparers will be required to provide detailed information about the medical services received related to the incident in the free text field on this page. For example, if the member was taken to the Emergency Room or an Urgent Care facility to have an injury treated the preparer would note this here and include details on the treatment received. This information can be provided in paragraph format since the input is multi-line as in the illustration below. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Services Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

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Description of Any Medical Services Received ★

Medical Services - sample info

←Previous Save Next→

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10. Witnesses Step (optional)

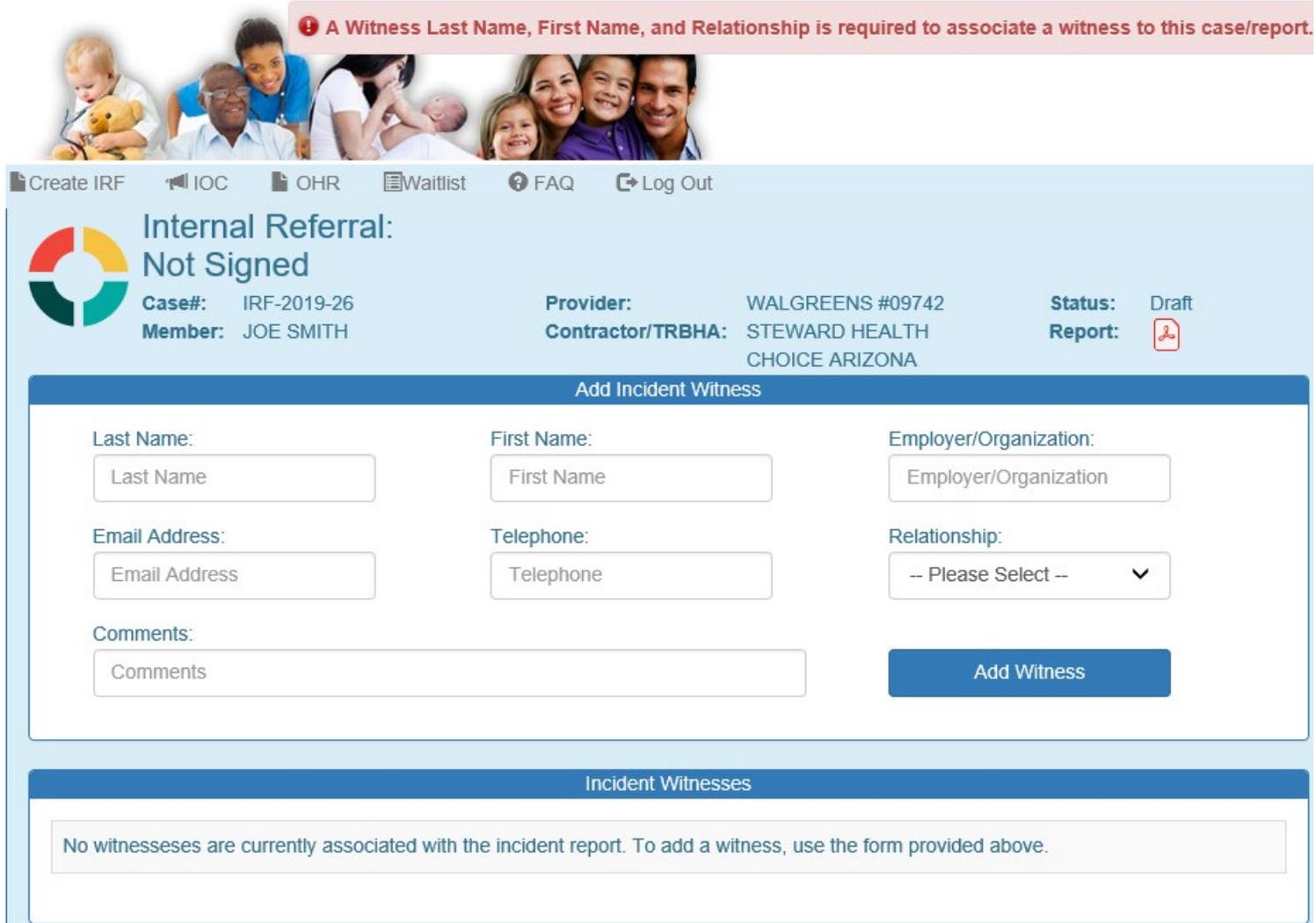
This step is optional for the submitting an IRF case/report.

Preparers should add witnesses related to the incident if there were any. This should include any staff that were directly involved or witnessed any part of the incident. The information about the witness can include the employee/organization, email address, telephone, relationship to the member affected and any additional comments. If a witness is entered, the minimum required fields are the following:

- Last Name
- First Name
- Relationship

If these fields are not filled-out, an alert in the upper-right corner will be displayed.

A Witness Last Name, First Name, and Relationship is required to associate a witness to this case/report.



Internal Referral: Not Signed

Case#: IRF-2019-26
Member: JOE SMITH

Provider: WALGREENS #09742
Contractor/TRBHA: STEWARD HEALTH CHOICE ARIZONA

Status: Draft
Report: 

Add Incident Witness

Last Name: <input type="text" value="Last Name"/>	First Name: <input type="text" value="First Name"/>	Employer/Organization: <input type="text" value="Employer/Organization"/>
Email Address: <input type="text" value="Email Address"/>	Telephone: <input type="text" value="Telephone"/>	Relationship: <input type="text" value="-- Please Select --"/>
Comments: <input type="text" value="Comments"/>		<input type="button" value="Add Witness"/>

Incident Witnesses

No witnesses are currently associated with the incident report. To add a witness, use the form provided above.

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As with other lists in the IRF case/report, the witness list can be updated by clicking on the “x” to remove a witness associated with the case/report if one has been entered in error.

Incident Witnesses							
LastName	FirstName	Relationship	Employer	Email	Telephone	Comments	Remove
Smtith	Joe	Government Employee					

Once the Witnesses Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.



Internal Referral: Not Signed

Case#: IRF-2021-412
Member: JOE SMITH

Provider:
Contractor/TRBHA:

COMM, A WALGREENS PHARMAC
AZ COMPLETE HEALTH CARE

Status:
Report: Draft

Add Incident Witness

Last Name:

Email Address:

Comments:

First Name:

Telephone:

Employer/Organization:

Relationship:

[Add Witness](#)

Incident Witnesses							
LastName	FirstName	Relationship	Employer	Email	Telephone	Comments	Remove
Smithers	Ted	Non-Clinical Staff					

[←Previous](#)

[Save](#)

[Next→](#)

11. Provider Actions Step (required)

Preparers are required to provide actions that were taken and recommended actions that will be taken to prevent future incidents in the free text field. This information can be provided in paragraph format since the input is multi-line since the input is multi-line as in the illustration below. For example, if the provider has placed a staff on restricted duty to prevent further incidents this information should be documented here. It is recommended that

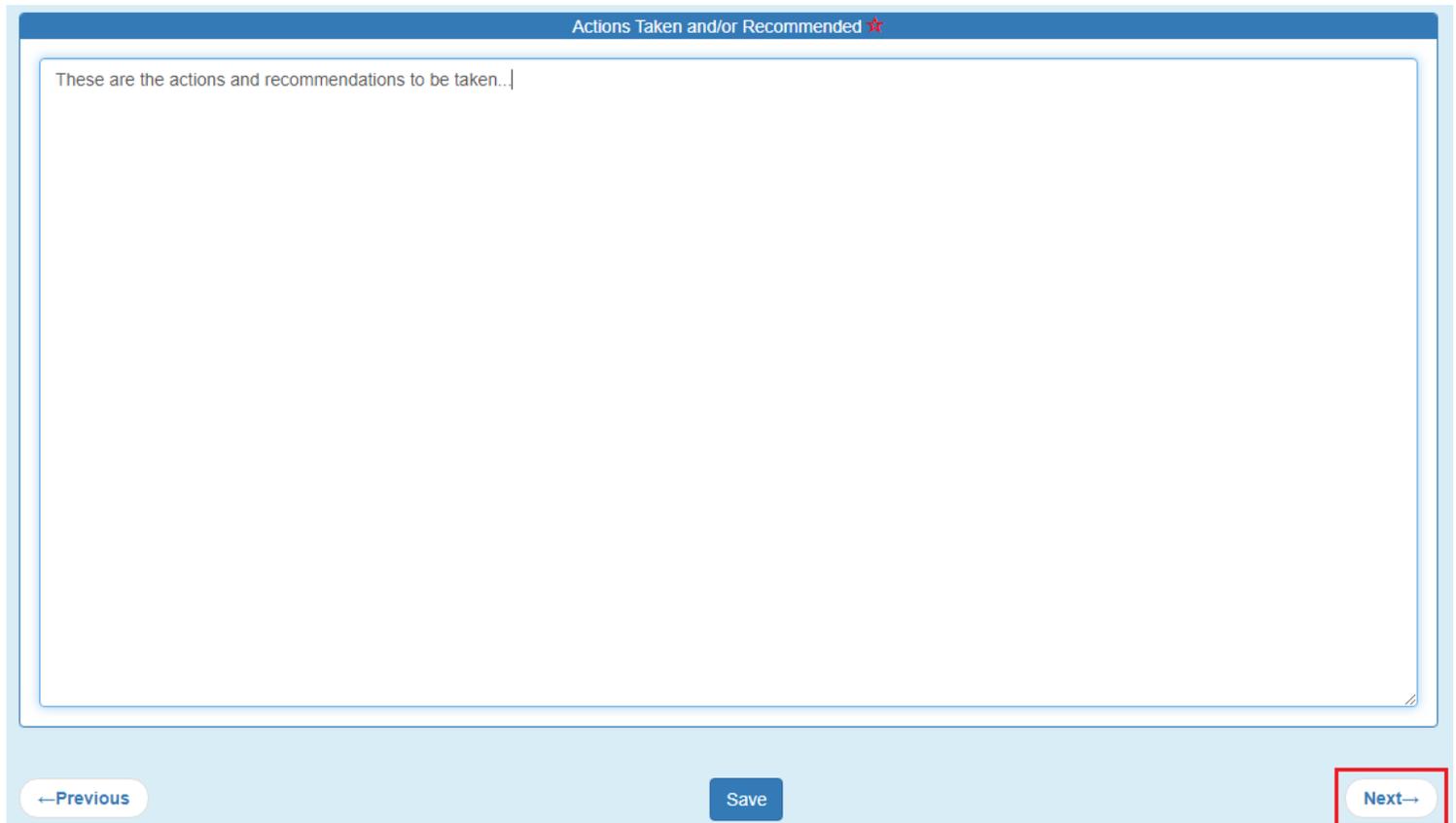
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member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Provide Actions Step information has been completed, the preparer can click on the “Next” button to navigate to the next step.



The screenshot shows a web interface for the 'Actions Taken and/or Recommended' step. At the top, there is a blue header bar with the text 'Actions Taken and/or Recommended' and a red star icon. Below the header is a large, empty text area with a light blue border and a small redacted area at the top left containing the text 'These are the actions and recommendations to be taken...'. At the bottom of the interface, there is a light blue footer bar with three buttons: '← Previous' (white with blue text), 'Save' (blue with white text), and 'Next →' (white with blue text and a red border).

12. Notifications Step (optional)

This step is optional for the submitting an IRF Case.

Preparers should select individuals and organizations that were notified of the incident here.

Preparers can select as many notifications as needed. For example, if a guardian, the police and APS were notified of the incident all three should be selected in this section. If there isn't an exact match on the type of organization, “Others” can be selected and a description can be provided.

On this step, notifications can be sent to another provider or government agency by simply typing in the email address in the “Email a Copy of this IRF to Another Provider or Government Agency” panel. Click on the Send Notification button and verify a notification has been sent to the email address provided. The recipient of the notification must have an active QM Portal login ID to review the report. It is not recommended that this function be

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used to notify a guardian or parent of an incident as they will not be able to access the report, this section is to be used to document that the notification has been made.

The email notification will contain the following:

Subject: IRF Notification

Body: Case: IRF-2021-412

Case Status: Draft

Date of Incident: 08/31/21

Case Submitted by: Joe Smith

Once the Notifications Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

Please Select Individuals/Organizations that Were Notified of the Incident

<input checked="" type="checkbox"/> T/RBHA	<input type="checkbox"/> DES Case Worker
<input checked="" type="checkbox"/> Arizona Center for Disability Law (ACDL)	<input type="checkbox"/> Parent / Guardian/ TSS Case Worker
<input type="checkbox"/> Police	<input type="checkbox"/> Probation
<input type="checkbox"/> Adult Protective Services (APS)	<input checked="" type="checkbox"/> Others
<input type="checkbox"/> Department of Child Services (DCS)	<input type="checkbox"/> AHCCCS
<input type="checkbox"/> Case Management/Assigned CSP/Provider	

Other:

Email a Copy of this IAD to Another Provider or Government Agency

Confidentiality Notice

Please enter Email Address

This IAD report is confidential and may contain Protected Health Information (PHI) that is protected from disclosure under HIPAA and other applicable law. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees accept no liability for the transmission of this email, or for any resulting actions occurring on the basis of the information provided.

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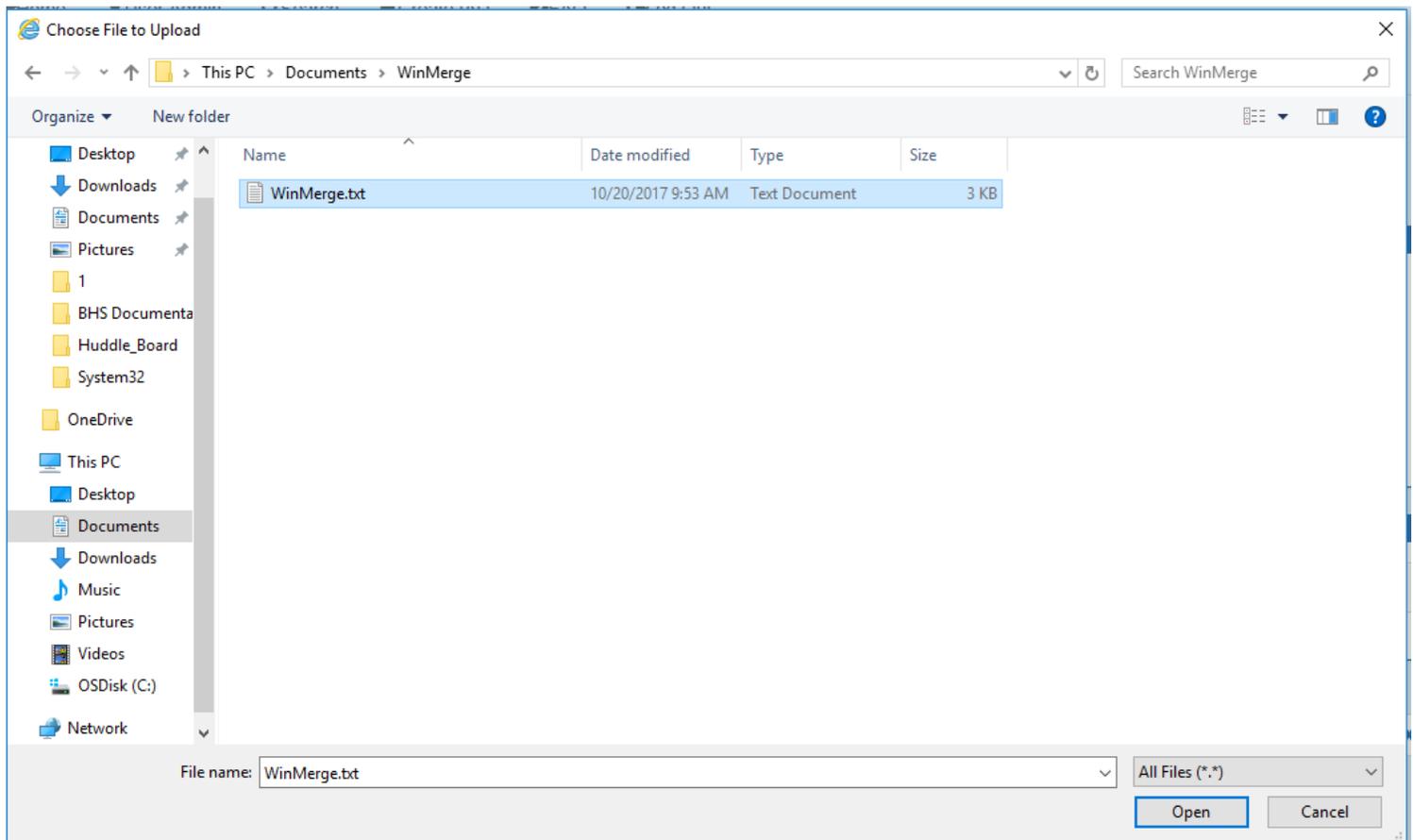
13.Attachments Step (optional)

This step is optional for the submitting an IRF Case.

Preparers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s). This can be used to attach a provider generated report of the incident. Content from attachments will not be visible in the final report so required information from any attachment will need to be added directly into the portal screens even if the information also exist in the attachment.

To add an attachment:

1. Select a file by clicking on the “Browse” button
2. Use the Choose File to Upload Windows Prompt and select a document
3. Click “Open”
4. Verify the path has been filled-out in the “Select a File” section
5. Add a description in the textbox labeled “Description”
6. Click “Upload Attachment”



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Upload an Attachment

Select a File:

Description:

As with other lists in the IRF case/report, the attachments list can be updated by clicking on the “x” to remove a document associated with the case/report if a document was added in error. The description section is a hyperlink so the link can be clicked, and the document will open.

Uploaded Attachments

Description	Remove
text file sample	x

Select “Open” from the Internet Explorer browser prompt and verify the document is opened and has the original contents of the uploaded document.

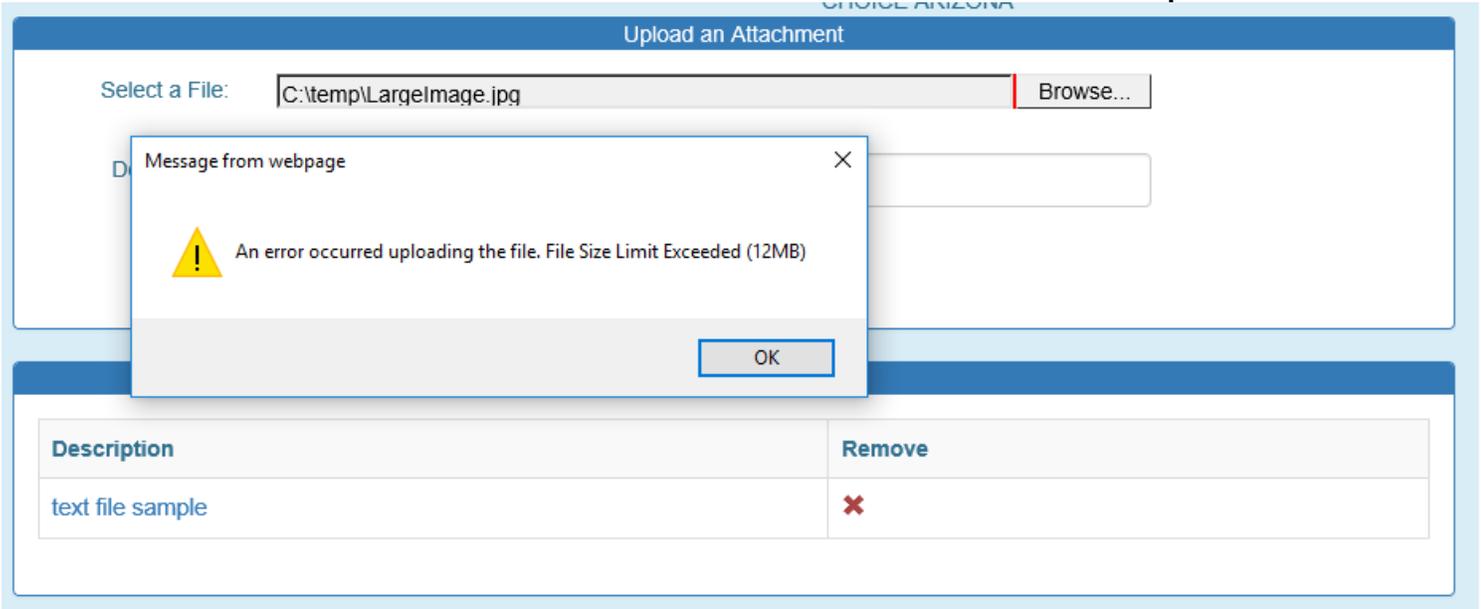


Note: If the file size exceeds 12MB, a JavaScript alert prompt/message will prevent this file from being uploaded.

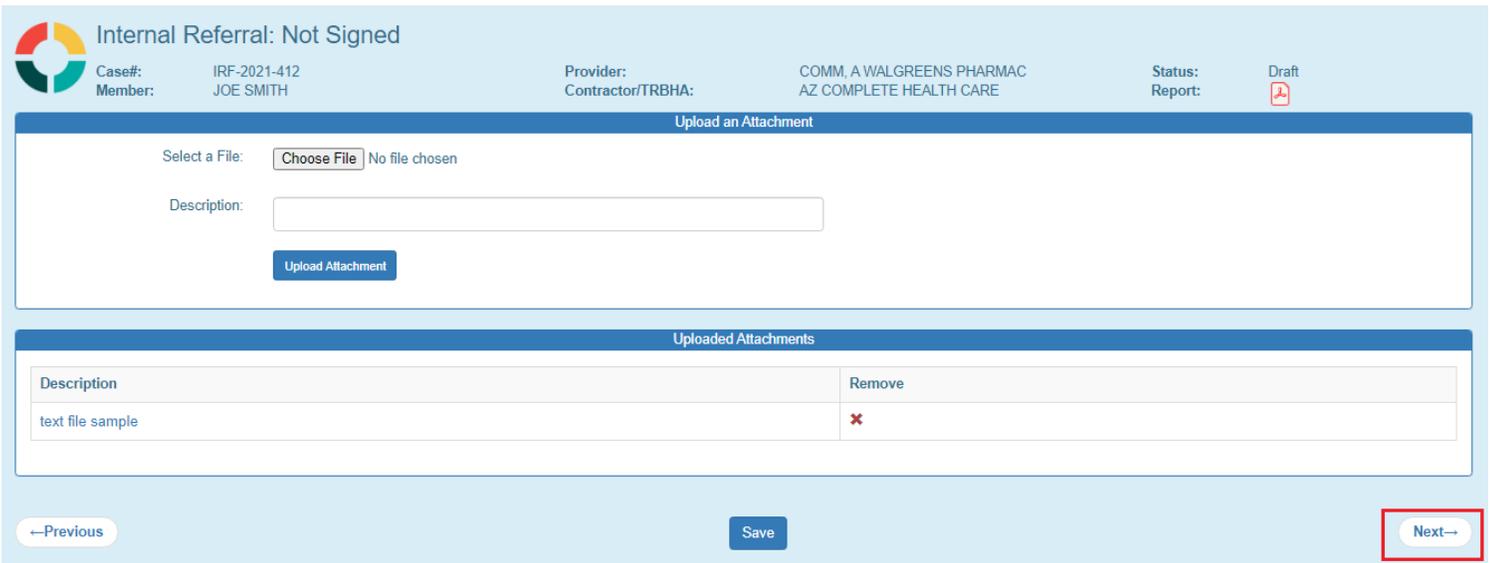
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Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the “Next” button to navigate to the next step.



14. Electronically Sign Report Step (optional)

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Note 1: In navigating to the next step, the Report Signatures page was skipped. Initially there are no signatures yet for a case that hasn't been signed. The application moves to the electronically sign step or e-signature step.

Note 2: Notice that there is no Previous, Save and Next buttons here on this step.

The credentials used to initially sign-in to the QM Portal are needed here for the password/signature. Once the password is entered, the "E-Sign Report" button can be clicked.

The screenshot shows the 'Internal Referral: Not Signed' page. On the left is a sidebar with a navigation menu. The main content area is titled 'E-Signature' and contains a prompt: 'Please Enter Your Password then Click E-Sign Report'. Below the prompt is a password input field with a red box around it, and an 'E-Sign Report' button also highlighted with a red box. At the top right, the status is 'Draft'. The sidebar menu includes sections for 'Administrative', 'Incident Details', 'Incident Review', and 'Electronic Submissions', with 'Electronically Sign Report' highlighted in red.

Once the case/report in "Draft" status has been signed as an "IRF Submitter", a successful validation message will be displayed noting that the case can now be further reviewed by other contractor TRBHA/Health Plan user and/or AHCCCS Quality Management Team staff. Note the status has now changed to: "Unreviewed".

The case will be read-only or un-editable once signed except for the review section that is visible and editable for an "IRF Reviewer".

The screenshot shows the 'Internal Referral: Signed' page. The main content area displays a green confirmation message: 'Internal Referral Submitted' with a checkmark icon. At the top right, the status is 'Unreviewed', which is highlighted with a red box. The page includes a 'Return To Main Menu' link on the bottom left and a 'Download a PDF of this Incident Report' link on the bottom right.

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Incident Report Search

Please Enter Search Criteria

Last Name	<input type="text" value="Last Name"/>	First Name	<input type="text" value="First Name"/>	Date of Birth	<input type="text" value="D.O.B"/>
Case No.	<input type="text" value="IRF-2021-412"/>	Member ID	<input type="text" value="Member ID"/>	Provider ID	<input type="text" value="Provider ID"/>
Status Value	<input type="text" value="Select All"/>	Submitted(From)	<input type="text" value="Submitted(From)"/>	Submitted(To)	<input type="text" value="Submitted(To)"/>
Contractor/TRBHA	<input type="text" value="-- Please Select --"/>	Incident Date(From)	<input type="text" value="Incident Date(From)"/>	Incident Date(To)	<input type="text" value="Incident Date(To)"/>
Contractor/TRBHA Coordinator	<input type="text" value="Select All"/>	Due Date(From)	<input type="text" value="Due Date(From)"/>	Due Date(To)	<input type="text" value="Due Date(To)"/>
Allegation	<input type="text" value="Select All"/>	Modified(From)	<input type="text" value="Modified(From)"/>	Modified(To)	<input type="text" value="Modified(To)"/>
AHCCCS Coordinator	<input type="text" value="Select All"/>	Category	<input type="text" value="Select All"/>	Eligibility	<input type="text" value="Select All"/>
DCS-CHP	<input type="text" value="Select All"/>	DDD	<input type="text" value="Select All"/>		

No. Of Records 1

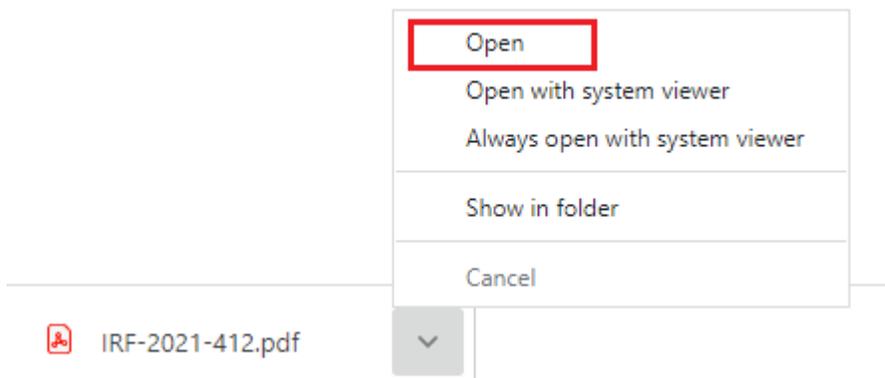
Search Results

IRF-2021-412		IRF			
Member:	LUNA, ELISA	Incident Date:	08/31/2021	Submit Date:	08/31/2021
DOB:	03/25/1959	AHCCCS ID:	A00156636	Facility:	COMM, A WALGREENS PHARMAC
Gender:	F	Status:	Unreviewed	Allegation:	Availability, Accessibility, Adequacy

1

15. Report Generation

If this navigation link is clicked the IRF Report will be generated.



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Arizona Health Care Cost Containment System

INCIDENT, ACCIDENT OR DEATH REPORT

MEMBER		PROVIDER	
NAME	JOE SMITH	CREATOR	Joe Tester
DOB	01/15/1982	CLIN DIR	
SEX	M	FACILITY	COMM, A WALGREENS PHARMAC
AHCCS ID	CIS ID	GSA	T/RHBA
A00156636		South GSA	010422
DATE AND TIME TRACKING		REPORT IDENTIFIER	
Date of Incident	08/31/2021	IRF-2021-412	
Report Created	08/31/2021		
Submitted T/RHBA			

This document contains confidential information protected under HIPAA and other privacy laws.

***** CONFIDENTIAL – NOT FOR PUBLIC DISCLOSURE *****

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Appendix A – Incident Categories and SubCategories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
	Inadequate access to care and or services
	Inadequate access to medical records
	Organ Transplant Issues
	Transportation Issues
ABUSE	Emotional abuse on a member
	Physical abuse on a member
	Physical assault (i.e., battery) on a member
	Sexual abuse/assault on a member
	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
	Verbal abuse on a member
	Exploitation of a member
	Neglect of physical, medical, or behavioral needs of a member
Death - Member	Death - Suicide
	Death - Substance Use Disorder - ETOH
	Death - Substance Use Disorder - METHAMPHETAMINE
	Death - Substance Use Disorder - HEROIN
	Death - Substance Use Disorder -PRESCRIPTION OPIOID
	Death - Substance Use Disorder - POLY PHARMACY
	Death - Substance Use Disorder - OTHER
	Death - Unexpected
	Death - Other
	Member death associated with a missing person
	Member suicide Due to Opioid or Multi-Drug Toxicity
	Member death associated with a Medication Error
	Member death associated with a fall while being cared for in a healthcare setting
	Member death associated with the use of seclusion and/or restraints
	Death of a member resulting from a physical assault
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
	Lack of Continuity of Care
	Lack of Coordination of Care
	Delay in Diagnosis or Missed Diagnosis
	Inadequate Documentation; Example, ASAM Not Completed
	Ineffective or Inappropriate Case Management
	Lack of engagement/re-engagement of member
	Treatment Below Medical Standards/Ineffective Treatment

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	Ineffective or Inadequate Service Plan and/or Treatment Plan
	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
	Fraudulent Utilization: Over utilization of covered services
	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
	Avoidable Healthcare Associated Infection (HAI)
	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed On The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
	Cultural Competency Issue(s)
	Disrespectful/unprofessional conduct by provider
	HIPAA Breach
	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
	Failure to follow up or communicate laboratory, pathology, or radiology test results
	Missing person from secured setting (e.g., Dementia or memory care locked unit)
	Missing person from a licensed Facility
	Missing person not associated with a residential setting
	Unsafe environment
	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
	Attempted suicide
	Suicide attempt resulting in medical attention
	Self-harm, attempted and/or completed
	Avoidable Injury or Complication
	Discharge or release of a patient/resident of any age, who is unable to make decisions

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	Failure /Delay or Inadequate Regulatory Agency Reporting
	Inadequate Staffing
	Inappropriate Use of Medical Equipment
	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
	Medication Error occurring at a licensed residential Provider site i
	Pharmacological Management Issues
	Treatment rendered outside clinician scope of practice
	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
	Serious injury associated with member disappearance (missing person)
	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
	Serious injury associated with a Medication Error
	Serious injury associated with a fall while being cared for in a healthcare setting
	Serious injury associated with the use of seclusion and/or restraints
	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
	Homicide committed by or allegedly committed by a member
	Alleged or Suspected Criminal Activity
	Police/Fire/EMS called to a licensed facility
Other	Other