

Children's Provider EIS Manual for Reportable Events Entry

Link to EIS: <https://portal.maine.gov/eisrem/>

It is suggested you make a shortcut on your desktop

Data entry assistance please contact:

- Jeanne Tondreau, 592-0734, jeanne.tondreau@maine.gov
- Lynn Dorso, 626-8651, lynn.dorso@maine.gov

Specific reportable event questions please contact:

- In State Providers: Lana Pelletier, LCSW, (207) 624-5391
- Out of State Providers: Cassie Antonelli, LCSW, (207) 557-1753

Let's get started entering a Reportable Event

Log in to EIS

Username

Password

Sign in



Maine.gov

Department of Health and Human Services
Enterprise Information System

Please Sign In

Username

Password

[Sign in](#)

Forgot your password

Click on Forgot Password? And follow prompts

If you forgot your username you will have to contact Lynn Dorso 626-8651 or Jeanne Tondreau 624-7912



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Department of Health and Human Services
Enterprise Information System

Please Sign In

Username

Password

[Sign in](#)

[Forgot Password?](#)



Click on the People App Area

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Department of Health and Human Services
Enterprise Information System

Welcome test

App Areas

- MY_HOMEPAGE
- PEOPLE**
- ASSESSMENT/FORMS
- REPORTABLE EVENT

My Home Page

My Dashboard

My Inbox

Show 10 entries

Dismiss Excel Search:

ID	Name	Date	Source
----	------	------	--------

Search for Client

Search for client last name, list page will start filtering as you are typing. You can also search by:

- Last name
- People Id
- Medicaid
- DOB (mm/dd/yyyy)

App Areas

- MY_HOMEPAGE
- PEOPLE
- ASSESSMENT/FORMS
- REPORTABLE EVENT

People Demographics Address Identifier

Show 10 entries

Anchor View Excel Search: bambino

Id	Name/Type	Start Date	End Date	Modified Date
333415	BAMBINO, JEANNE	10/06/1998		07/30/2018

Showing 1 to 1 of 1 entries

Previous 1 Next

If client not available fill out the electronic [Children's Client access form](#) for access.

Click on row to Highlight
Click Anchor

Clear Anchor

People Demographics Address Identifier

Show 10 entries Anchor View Excel Search: bambino

Id	Name/Type	Start Date	End Date	Modified Date
333415	BAMBINO, JEANNE	10/06/1998		07/30/2018

Showing 1 to 1 of 1 entries 1 row selected Previous 1 Next

Click on App Area Reportable Event

App Areas People ID: 333415 | Name: BAMBINO, JEANNE | Age: 20 | DOB: 10/06/1998 | Medicaid: 12457836A Clear Anchor

MY HOMEPAGE People Demographics Address Identifier

PEOPLE

ASSESSMENT/FORMS

REPORTABLE EVENT View Demographics

Note: * indicates required field.

Demographics

Start Date * 10/06/1998

End Date

First Name * JEANNE

Middle Name

Last Name * BAMBINO

Gender * FEMALE

Date Of Birth * 10/06/1998

Date Of Death

Click Add

People ID: 333415 | Name: BAMBINO, JEANNE | Age: 20 | DOB: 10/06/1998 | Medicaid: 12457836A Clear Anchor

Reportable Event

Show 10 entries Add Edit View Excel Search:

Id	Name/Type	Start Date	End Date	Modified Date
1000171899	runaway/ OCFS REPORTABLE EVENT FORM	06/20/2019		06/20/2019

Complete the Reportable Event general page (* means required fields)

1. Start Date*: change to date of event- End Date is blank
2. Reportable Event Type*: Choose "OCFS Reportable Event Form/Reportable Event"
3. Organization*: defaults to your agency
4. Title*: Enter wording that will help to identify the Event on the List page (example: Client bit by dog)
5. Click Start Reportable Event

Add Reportable Event

Note: * indicates required field.

Reportable Event Info:

[Reportable Event](#)

Start Date * **End Date** **Reportable Event Type ***

Organization *

Title * **Description**
4000 characters remaining

Reportable Events Matrix

OCFS utilizes an electronic system of collection of Reportable Events from all OCFS children's providers. The electronic system identified is web-based through the Enterprise Information System (EIS), which is familiar for many providers.

NOTICE: This Reportable Events Matrix governs only the provider's obligation to report Reportable Events using EIS. Cross-references to reporting abuse and neglect to the CPS/APS hotlines by mandated reporters are provided as a convenience to the provider. All mandated reporters are responsible for educating themselves about their obligations under Maine's mandated reporter statutes and for participating in all trainings required by those statutes. REPORTING OF REPORTABLE EVENTS DOES NOT RELIEVE AN INDIVIDUAL OF THEIR DUTY TO REPORT UNDER MAINE'S MANDATED REPORTER STATUTES, 22 M.R.S. §§ 4011-A AND 4012 AND 22 M.R.S. § 3477.

Mandated reports under 22 M.R.S. §§ 4011-A and 4012 and 22 M.R.S. § 3477 include any known or suspected abuse and/or neglect by a caregiver.

Any concerns related to a child in DHHS custody should be reported directly to the child's guardian (or designee) or to CPS intake if outside of normal business hours (e.g. nights/holidays/weekends).

For clients under 18 years old, report to CPS intake: **1-800-452-1999** (TTY Maine Relay **711**)

For clients age 18 and older, report to APS intake: **1-800-624-8404** (TTY Maine Relay **711**)

EIS REPORTS TO OCFS SHOULD BE SUBMITTED ELECTRONICALLY AS SOON AS POSSIBLE, AND MUST BE SUBMITTED NO LATER THAN THE NEXT BUSINESS DAY.

Some reports must be made by phone within 4 hours of the event, as noted in the matrix below.

Reportable Events that must be reported within 4 hours must be made by phone to:

In State Providers: Lana Pelletier, LCSW, (207) 624-5391

Out of State Providers: Cassie Antonelli, LCSW, (207) 557-1753

As soon as possible thereafter, the Reportable Event must also be entered into EIS.

For more information about Reportable Events, reporting of suspected abuse and neglect by mandated reports, and to access additional resources (including EIS Access/Removal Request and Staff Update Form and a Microsoft Word version of OCFS Reportable Event Form), please visit

<https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training/reportable-events>

For clients age 18-21, all Reportable Events must be reported to OCFS **EXCEPT** for those clients that are **eligible** for OADS services. For those clients **eligible** for OADS services, please report to OADS following their Reportable Events guidelines found at **<https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/reportable-events>**

REPORTABLE EVENTS MATRIX		
Reportable Event Type	Reportable Event	Mandated CPS/APS Report
	Report to OCFS via EIS	Report to OCFS via Child Protective Intake or APS
DEATH (Must Report within 4 hours)		
Death of a client for any reason	X	
Death of a client due to suspected abuse or neglect	X	X
Homicide by client or household member	X	X
SERIOUS INJURY TO CLIENT		
Serious Injury of client requiring immediate/emergency medical attention (REPORT SERIOUS INJURIES EVEN WHEN TREATMENT WAS NOT SOUGHT IMMEDIATELY, for example 2ND DEGREE SUNBURN)	X	Residential and Treatment Foster Care Only
MEDICATION ERROR		
Medication error requiring emergency medical care	X	Residential and Treatment Foster Care Only
Medication errors not resulting in the need for medical intervention (Do not report refusals)	X	
ABUSE AND NEGLECT		
Alleged Abuse by a Provider (Sexual Abuse/Exploitation, Physical, Verbal/Emotional, Neglect)	X	X
Alleged Abuse by a Non-Professional Caregiver (Sexual Abuse/Exploitation, Physical, Verbal/Emotional, Neglect)		X
Alleged Abuse of a minor client by another client (Sexual Abuse/Exploitation or Physical Abuse) due to negligence on the part of staff.	X	Residential and Treatment Foster Care Only
SUICIDE (Must report death by suicide within 4 hours under DEATH category)		
Serious suicide attempt or threat	X	Residential and Treatment Foster Care Only
DANGEROUS SITUATION		
Missing/Runaway Client (*Must Report within 4 hours of when staff first realize client is unaccounted for)	Residential and Treatment Foster Care Only	Treatment Foster Care Only
Law enforcement involvement and/or arrest of client. (Only report when police physically respond to the situation-do not report proactive calls to police department)	X	
Any act or situation that endangers a client – does not have to result in harm or injury	X	
Serious property damage by client.	X	
Major Physical Plant Disasters (must report within 4 hours)	X	
RESTRAINT/ISOLATION		
Any use of approved restraint/isolation procedures.	X	
RIGHTS LIMITATIONS/RESTRICTIONS		
Any limitation/restriction of a child's rights as defined in the <i>Rights of Recipients of Mental Health Services who are Children in Need of Treatment</i> by a Provider (REPORT ALL SECLUSIONS AND UNAPPROVED PHYSICAL INTERVENTIONS HERE)	X	

OCFS REPORTABLE EVENT GUIDANCE

For questions with in-state reportable events and to make reports requiring a 4-hour phone call per the above matrix, please call Lana Pelletier at (207) 624-5391.

For questions with out-of-state reportable events and to make out-of-state reports requiring a 4-hour phone call per the above matrix, please call Cassie Antonelli at (207) 557-1753.

• **Abuse and Neglect: Physical/Verbal abuse of client. Please note only abuse of a client by provider or another client must be submitted in EIS. ANY abuse--including by family members or any non-professional caregivers-- should be reported to the CPS/APS hotline.**

- Describe abuse. By whom? Witnessed by others or client disclosure? Include the location where abuse occurred.
- Describe response to abuse. Has client received follow up for physical and psychological well-being by providers? Has CPS/APS been contacted? Other steps taken?
- Indicate which type of abuse (physical, sexual, neglect, verbal/emotional) and indicate if abuse was by provider (staff) or another client (report abuse by family/nonprofessional caregivers to CPS/APS hotline only).
- Report all types of sexual abuse including exploitation. Sexual exploitation may include exposing a client to pornographic material.
- If a client exposes him/herself to other clients, report the aggressor under “Dangerous Situation” and report all victims under the “Abuse” category.

• **Dangerous Situations:** means an act or situation that endangers a client, including dangers that have been ignored or uncorrected. Actual harm or injury need not occur. Describe provider response following the event summary. Some examples of Dangerous Situations are below; please note this is not an exhaustive list of scenarios that must be reported. Please reach out to the Reportable Events Coordinator with any questions.

- Arson.
- Attempted homicide.
- Building/Home rendered uninhabitable (e.g. fire, flood, infestation)-this includes any time a client is unable to sleep in their designated PNMI and is considered a Major Physical Plant Disaster and a **4-hour report is necessary** (see matrix).
- Police/Law Enforcement physically responding to the situation (do not report proactive phone calls in which police do not respond to the situation).
- Significant Property Damage (causing possible danger to self or others).
- Injury to staff by client (requiring outside medical attention).
- Missing person/runaway.
 - For services other than Residential Treatment, Crisis Units, and Therapeutic Foster Care, missing person/ runaway would **ONLY** be reported if it occurred during the provision of the Maine Care service.
 - A client is only considered a missing person/runaway if STAFF have lost sight of the client and they **haven't been located within 4 hours**. (Report to EIS AND call Reportable Events Coordinator within 4 hours of when staff realize client is unaccounted for if the client is not located within that four-hour period. In-state providers call Lana Pelletier at (207) 624-5391; out-of-state providers call Cassie Antonelli at (207) 557-1753. Leave voice mail if after hours).

- Injury to client by another client/client-to-client aggression (**submit victim report under abuse category on the same day; if both clients are aggressors, report both under Dangerous Situation**),
- Specific Type Other (Please Specify: for example, client climbing on unit roof, client in possession of staff keys and gaining access to unit vehicles, client spraying cleaning supplies on peers, etc.).
- For Targeted Case Management and other community providers, do not report events that do not occur during the provision of your service. The only events you are required to report in EIS outside the provision of services are death and serious suicide attempts. *Example: A parent tells you about a dangerous situation that happened the day before you arrived (child getting hurt at park). This would not be an event you are expected to report.*

• **Restraint/ Isolation**

Complete all text boxes answering all guiding questions:

- The antecedent (triggers, what happened to lead up to the restraint or isolation).
- Include staff's preventative strategies to de-escalate the client (i.e., which parts of the client's behavioral or crisis plan you implemented).
- Describe the physical intervention/restraint (restraint model, etc.). Both debriefing with the client AND staff debriefing should be summarized. Depending on developmental needs of client, he/she may not be able to debrief. Address psychological well-being of the client as much as possible. **Staff debriefing should reflect that planning is ongoing to reduce/avoid the need for physical intervention, such as updates to crisis plan and new strategies to avoid physical restraint.**
- Injuries/medical follow up.

Please note: Multiple restraints/isolations that were part of the same behavioral episode can be submitted as a single Reportable Event. An episode would be considered ended when the client re-integrates back into the milieu.

- Prone restraints are prohibited for Maine clients and should be reported under the "Rights Limitation/Restriction" category.

Isolation: means involuntary removal of a client from a stimulus. Isolation may mean in an unlocked room with adequate supervision but shall not mean confinement in a locked room. Time out in a bedroom, if involuntary, is isolation.

• **Serious Injury to Client:** means any harm to a client that requires emergency/medical services. The key words are “requires emergency services.” For example, if a client sustains a cut while playing outside that is treated with antiseptic and a band-aid, there is no need to report this to EIS. In the case of an injury that was not immediately treated but is found to be serious (2nd degree sunburn treated the next day, for example), this should be reported as well. In the event of questions, please call the Reportable Events Coordinator.

- Describe the type of injury and what caused the injury.
- **Describe response.** What treatment was received and where did the client receive treatment?

• **Rights Limitations/Restrictions:** A limitation or restriction of rights happens when a person violates any of the provisions contained in the following Maine rules:

- For clients under 18 years of age: *Rights of Recipients of Mental Health Services who are Children in Need of Treatment*, which can be found at: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>
- For clients age 18-21: *Rights of Recipients of Mental Health Services*, which can be found at: <https://www.maine.gov/dhhs/obh/support-services/rights-and-legal-issues/rights-of-recipients>
- Please note that any seclusion in a residential or outpatient setting violates the Rights of Recipients of Mental Health Services who are Children in Need of Treatment and must be reported under the “Rights Limitation/Restriction” category.

Seclusion: means the placement of a client alone in an isolation room from which exit is denied.

- Any unapproved restraint—including unapproved escorts (for example, dragging a client)—must be reported under the “Rights Limitation/ Restriction” category.
- Prone restraints are prohibited for Maine clients and must be reported under the “Rights Limitation/Restriction” category.

• **Suicidal Attempts/Threats**

○ **Only report serious attempts/threats or suicides (verbal/gestural threats can be reported as a Dangerous Situation if they resulted in crisis response or another emergency service).**

▪ Suicidal Attempts/ Threats: means when a client attempts, or threatens, to take their life.

- **Describe the event.** Provide a brief description of what happened including known antecedents. Include information about history of this behavior. For example, is this a first attempt or does the client have a known history of serious attempts?
- **Describe provider response.** How did staff respond? Describe assessment of the act/attempt/threat. If treatment is received, indicate the type and location of that treatment. If you determine that client did not require outside treatment, what follow up occurred in the setting?
- For more information about language describing suicidal behavior, visit <https://www.maine.gov/suicide/about/language.htm>.
- National Suicide Prevention Lifeline: 1-800-273-8255.
- Maine Crisis Hotline 1-888-568-1112.


Once you click on Start Reportable Event It will take you to Event Details tab this gives all the demographics to the event (who and when)

Add Reportable Event

Note: * indicates required field.

Reportable Event Info:

[Reportable Event](#) [EVENT DETAILS * \(REQUIRED TO BE COMPLETED FIRST\)](#)



Event Details

Demographics

DEMOGRAPHICS

EVENT NAME * **EVENT DATE ***

START TIME *

END TIME *

Details

DETAILS

PROGRAM COMPLETING THE FORM (CHOOSE ONLY ONE) * **PROGRAM TYPE OTHER**

INCIDENT LOCATION * **IF INCIDENT LOCATION IS A RESIDENTIAL PLACEMENT, IDENTIFY LOCATION** **INCIDENT LOCATION OTHER**

Data Enterer

DATA ENTERER

Data Enterer Name * **Data Enterer Phone (xxx)-xxx-xxxx *** **Data Enterer Email ***

Does this event need to be reports with 4 hours? *

Person Reporting Event

PERSON REPORTING EVENT

REPORTER NAME *	REPORTER TITLE *	REPORTER PHONE *
<input type="text" value="REPORTER NAME"/>	<input type="text" value="REPORTER TITLE"/>	<input type="text" value="REPORTER PHONE"/>
REPORTER EMAIL	REPORTER ROLE *	REPORTER ROLE OTHER
<input type="text" value="REPORTER EMAIL"/>	<input type="text" value="Select"/>	<input type="text" value="REPORTER ROLE OTHER"/>
WERE THEIR OTHERS INVOLVED IN EVENT? *		
<input type="text" value="Select"/>		
NAME1	NAME2	NAME3
<input type="text" value="NAME1"/>	<input type="text" value="NAME2"/>	<input type="text" value="NAME3"/>
NAME4	NAME5	
<input type="text" value="NAME4"/>	<input type="text" value="NAME5"/>	
GUARDIAN NOTIFIED? *	GUARDIAN NAME	GUARDIAN PHONE
<input type="text" value="Select"/>	<input type="text" value="GUARDIAN NAME"/>	<input type="text" value="GUARDIAN PHONE"/>

Category

CATEGORY OF EVENT (CHOOSE ALL THAT APPLY)

Data entry required on the matching tab for Category of Event(s) chosen

CATEGORY OF EVENT *

ABUSE/NEGLECT (BY PROVIDER/OTHER CLIENT ONLY)

DANGEROUS SITUATION

DEATH OF CLIENT

MEDICATION ERROR (NOT MEDICATION REFUSALS)

RESTRAINT(S)

RIGHTS LIMITATION/RESTRICTION

SERIOUS INJURY TO CLIENT (ONLY IF HAPPENED DURING PROVISION OF SERVICE)

SUICIDE (NOT VERRBAI THREATS/ATTEMPTS)

Click Continue

CATEGORY OF EVENT (CHOOSE ALL THAT APPLY)

Data entry required on the matching tab for Category of Event(s) chosen

CATEGORY OF EVENT *

Depending on the other Category/Categories you choose those additional tabs will show up when you click continue

Reportable Event Info:

Reportable Event **EVENT DETAILS * (REQUIRED TO BE COMPLETED FIRST)** **DANGEROUS SITUATION**

Summary of Event: Summary of dangerous situation. Why was this a risk to client? Was client a risk to others? Response: Describe

DANGEROUS SITUATION SUMMARY OF EVENT & RESPONSE *

test

3995 characters remaining

DANGEROUS SITUATION TYPE **DANGEROUS SITUATION OTHER**

CLIENT AS AGGRESSOR/PERPETRATOR ▾ DANGEROUS SITUATION OTHER

EMERGENCY SERVICES INVOLVED? **EMERGENCY SERVICES INVOLVED C**

NO EMERGENCY SERVICES INVOLVED ▾ EMERGENCY SERVICES INVOLVI

Continue Reset **Submit All Pages**

You must click “Submit all Pages” on the bottom of your page, this saves event

Once you click “Submit all Pages” button you will get the Success! Message
Click “Go back to List” button

required field.

ent In

Success!

Operation completed successfully.

Continue **Go back to List**

ent

ent: Su

SITUATION SUMMARY OF EVENT & RESPONSE *

You will be back at the Reportable events list page

Maine.gov

We

Department of Health and Human Services Enterprise Information System

People ID: 333415 | Name: BAMBINO, JEANNE | Age: 20 | DOB: 10/06/1998 | Medicaid: 12457836A

[Reportable Event](#)

Show entries

Search:

Id	Name/Type	Start Date	End Date
1000173119	TEST1/ OCFS REPORTABLE EVENT FORM	06/24/2019	
1000171899	runaway/ OCFS REPORTABLE EVENT FORM	06/20/2019	
1000150422	ALL CATEGORIES COMPLETED/ OCFS REPORTABLE EVENT FORM	04/10/2019	

Showing 1 to 3 of 3 entries

[Prev](#)

How to Print Reportable event

Highlight row

Click View

People ID: 333415 | Name: BAMBINO, JEANNE | Age: 20 | DOB: 10/06/1998 | Medicaid: 12457836A

[Reportable Event](#)

Show entries Search:

Id	Name/Type	Start Date	End Date	Modified Date
1000173119	TEST1/ OCFS REPORTABLE EVENT FORM	06/24/2019		06/24/2019
1000171899	runaway/ OCFS REPORTABLE EVENT FORM	06/20/2019		06/20/2019
1000150422	ALL CATEGORIES COMPLETED/ OCFS REPORTABLE EVENT FORM	04/10/2019		04/26/2019

Showing 1 to 3 of 3 entries 1 row selected

It will bring you to the event details page, you will have to click on the "Reportable Event" tab

View Reportable Event

Note: * indicates required field

Reportable Event Info

[Reportable Event](#) [EVENT DETAILS * \(REQUIRED TO BE COMPLETED FIRST\)](#) [DANGEROUS SITUATION](#)

DEMOGRAPHICS

EVENT NAME * EVENT DATE *

At the bottom of page click "Print" button

View Reportable Event

Note: * indicates required field.

Reportable Event Info:

[Reportable Event](#) [EVENT DETAILS * \(REQUIRED TO BE COMPLETED FIRST\)](#) [DANGEROUS SITUATION](#)

Start Date * **End Date** **Reportable Event Type ***

Organization *

Title * **Description**

4000 characters remaining

[Print](#) [Back To Reportable Event](#)

If you have more data entry on another client

Click on the People link in the left-hand App Area

Clear Anchor

Search for the next client for entry

Anchor on the client

Then follow the instruction over again.

Department of Health and Human Services
Enterprise Information System

People ID: 333415 | Name: BAMBINO, JEANNE | Age: 20 | DOB: 10/06/1998 | Medicaid: 12457836A Clear Anchor

App Areas: MY HOMEPAGE, REPORTS, **PEOPLE**, ORGANIZATION

People | Associations | Demographics | Address | Identifier | Enrollment Status | Relationships | Other Names

Show 10 entries | Anchor | Add | Edit | View | Excel | Search:

Id	Name/Type	Start Date	End Date	Modified Date
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Other Tabs you will use



Edit tab: Allows you to make edits to any field that is not grayed out.

View Tab: Allows you to view the page with the ability to make changes

Excel tab: Allows you to make an excel spreadsheet of the list page you are on