



# Wisconsin Department of Health Services

## IRIS Critical Incident Reporting Remediation Assurance Process (RAP) SharePoint Instructions

### ATTACHMENTS

*The first column will show a paperclip icon when attachments are available. Attach any documents collected during the review of the appeal. To open the attachment, open the issue and click on the hyperlink at the bottom of the issue form.*

### ISSUE ID

*On the view screen, the "Issue ID" column will display a number. This is known as the background check appeal request number and is automatically generated. This is unique to each background check appeal request and can be used in correspondence to identify the background check appeal in question.*

### STATUS

*"Status" indicates the appeal's stage in the review process. Only the Department may change the status to "closed."*

Option	Description
Remediation Assurance Process	"Remediation Assurance Process" means that the Department is in the process of reviewing the participant's record to ensure remediation activities in the original incident report were completed as documented. (Only to be used one time.)
Remediation Required	"Remediation Required" means that the Department has determined that additional work is required to ensure the immediate or ongoing health and welfare of the participant. (May be used multiple times if more than one request to have the additional work done is required.)
Remediation Resubmitted	"Remediation Resubmitted" means that the IRIS Consultant Agency (ICA) has completed the additional tasks required by the Department to ensure the immediate and ongoing health and welfare of the participant and is submitting for the Department's review. (May be used multiple times if more than one request to have the additional work completed is required.)
Closed	"Closed," means that the Department has reviewed the case notes and verified that all remediation was completed as described in the original incident report OR all required remediation activities requested through the remediation assurance process were satisfactorily completed. Only the Department may change the status to "closed." (Only to be used one time.)

### PARTICIPANT'S NAME

*Enter the participant's name into this text box in the format (Last Name, First Name).*

### CRITICAL INCIDENT REPORT (CIR) ISSUE ID

*Enter the Issue ID that the Critical Incident SharePoint site automatically generated for the original incident report. This number is used in this site to correlate the cases for review purposes.*

**MASTER CLIENT INDEX (MCI)**

Enter the participant's MCI number into this text box.

**COUNTY**

Select the participant's county of residence from the dropdown box options.

**TARGET GROUP**

Select the participant's target group from the dropdown box options.

**DATE INCIDENT REPORTED**

Enter the date that the participant reported the original incident to the IRIS Consultant or IRIS Consultant Agency (ICA).

**DATE INCIDENT LOGGED INTO SHAREPOINT**

Enter the date that the ICA logged the original incident into the Critical Incident Reporting SharePoint site.

**TYPE OF INCIDENT**

Select the incident type reported on the original incident from the dropdown box options.

**IRIS CONSULTANT**

Enter the IRIS Consultant's name into this text box in the format (Last Name, First Name).

**IRIS CONSULTANT SUPERVISOR**

Enter the IRIS Consultant Supervisor's name into this text box in the format (Last Name, First Name).

**IMMEDIATE HEALTH AND WELFARE ASSURANCE**

*Department Use Only: With regard to a report of the participant's immediate health and welfare, indicate whether there is evidence in the participant's record that the IRIS Consultant, ICA, or participant, completed the remediation tasks outlined in the original report. Note: The response to this indicator does not change. For example, if the Department's original response is "Incomplete," the reviewer does not change the response to "Complete" when the ICA completes secondary RAP remediation activities.*

Complete	Select this option when there is evidence in the participant's record that the IRIS Consultant, ICA, or participant completed the remediation tasks outlined in the original incident report regarding the participant's immediate health and welfare as documented.
Incomplete	Select this option when the reviewer does not find evidence, or finds partial evidence, in the participant's record that the IRIS Consultant, ICA, or participant completed the remediation tasks as documented in the original incident report regarding the participant's immediate health and welfare.

**DATE OF CASE NOTE DOCUMENTING FOLLOW-UP (IMMEDIATE)**

*Department Use Only: The reviewer enters the date of the case note that serves as evidence of the completed remediation activity from the original incident report addressing the participant's immediate health and welfare in this box. NOTE: The date entered in this box does not change if the ICA must complete remediation activities.*

**ONGOING HEALTH AND WELFARE ASSURANCE**

*Department Use Only: Indicate whether there is evidence in the participant’s record indicating that the IRIS Consultant, ICA, or participant, completed the remediation tasks outlined in the original report regarding the participant’s ongoing health and welfare, and that the tasks were completed as documented on the original report. Note: The response to this indicator does not change. For example, if the original response is “Incomplete,” the reviewer does not change the response to “Complete” when the ICA completes secondary RAP remediation activities.*

Complete	Select this option when there is evidence in the participant’s record indicating that the IRIS Consultant, ICA, or participant completed the remediation tasks outlined in the original incident report regarding the participant’s ongoing health and welfare as documented.
Incomplete	Select this option when the reviewer does not find any evidence, or finds only partial evidence, in the participant’s record that the IRIS Consultant, ICA, or participant completed the remediation tasks as documented in the original incident report regarding the participant’s ongoing health and welfare.

**DATE OF CASE NOTE DOCUMENTING FOLLOW-UP (ONGOING)**

*Department Use Only: In this box, the reviewer enters the date of the case note that serves as evidence of the completed remediation activity from the original incident report addressing the participant’s ongoing health and welfare. NOTE: The date entered in this box does not change if the ICA must complete remediation activities.*

**REMEDATION FOLLOW UP**

*The DHS reviewer documents the required tasks to remediate any negative findings. In this same text box, the ICA documents steps taken to complete the required remediation tasks including the date of the case note in which the ICA documented the remediation activities. (The ICA and the DHS reviewer may reuse this text box multiple times if it requires more than one exchange to complete the remediation activity.)*

**REMIATOR**

*Utilize the tool to select the email address of the person assigned to this request. It is possible to have multiple people from multiple agencies assigned to the same request. This is essential when it comes to transferring the responsibility for requests.*

**DUE DATE**

*Department Use Only: In this box, the DHS reviewer enters the date the required remediation tasks identified in the “Remediation Follow Up” section must be completed. The standard due date is ten business days. (This text box may be used multiple times if multiple exchanges are required to complete the tasks identified in the “Remediation Follow Up” section.*

**DHS APPROVAL**

*Department Use Only: The selection chosen in this field indicates the manner by which DHS approved the remediation assurance process (RAP) case. This field is not reused.*

No Remediation Required	Select this option when the DHS reviewer finds evidence in the participant’s record, that the remediation tasks outlined in the original incident report regarding the participant’s immediate and ongoing health and welfare, were completed as documented with no further action required.
Approved without Follow Up Required	Select this option when the ICA provides a satisfactory response on the first request for remediation.
Approved with Follow Up Required	Select this option when DHS has to follow up one or more times with the ICA to obtain evidence that the remediation tasks were completed.

**DATE CLOSED**

*DHS Use Only: The reviewer enters the date that the reviewer changes the status to "closed." (This field is not reused.)*