

**INSTRUCTIONS FOR COMPLETING FORM OPWDD 150**  
**(08/2013)**

Use of Form OPWDD 150: Agencies must enter Events/Situations as defined in Part 625 into the Incident Report and Management Application (IRMA). Agencies may choose to use the Form OPWDD 150 to record these Events/Situations internally.

Intent of the Form: Form OPWDD 150 is intended to be used specifically for the purpose of recording that an event which must be reported in conformance with Part 625 has occurred. It may be the first documentation of that event. For Events/Situations as defined in Part 625, the Event/Situation must be entered into IRMA.

Obtaining Form OPWDD 150: The form is available on the OPWDD website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov).

**General Instructions for Completing Form OPWDD 150:**

- Type or print legibly, using a dark colored ink that will reproduce when photocopied.
- Enter the complete names of agencies and facilities, as appropriate.
- The staff who may complete Form OPWDD 150 are to be designated in agency policy.
- Full names of persons receiving services and others involved are to be used in completing Form OPWDD 150.
- Complete each line or box; if the requested information is not applicable, enter "N/A."
- It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.
- If an event or situation involves more than one person receiving services, and the description of the event/situation is the same concerning all persons, a single OPWDD 150 should be completed for the event or situation, and an Event/Situation created in IRMA. For statistical purposes, this is considered one event.

**Line-by-Line Instructions for Completing Form OPWDD 150**

Form OPWDD 150 may be completed by agencies for Events/Situations that happen to or involve people with developmental disabilities.

Item 1 – AGENCY COMPLETING THIS FORM:

Enter the name of the agency that is initiating the report (this is the agency which is responsible for taking appropriate steps).

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### Item 2 – PROGRAM TYPE:

- Non-certified Day Habilitation
- MSC
- PCSS
- SEMP
- Prevocational services
- HCBS waiver respite (except for free-standing respite)
- Hourly community habilitation
- Family support services

If the facility identified in Item 2 is State operated, also enter “SO.” If the facility identified in Item 2 is voluntary operated, also enter “VO.” For family care homes sponsored by a DDSO, use “SO.” For family care homes sponsored by a voluntary agency, use “VO.”

### Item 3 – PROGRAM ADDRESS:

Enter the complete address of the non-certified location identified in Item 2

### Item 4 – ADDRESS WHERE EVENT/SITUATION OCCURRED:

When entering into IRMA, this must be included in the DESCRIPTION OF EVENT/SITUATION

### Item 5 – PHONE:

Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

### Item 6 – EVENT/SITUATION REFERENCE NUMBER:

Each event/situation being reported will be assigned a reference number in IRMA.

### Item 7-- PERSON COMPLETING REPORT:

Enter the name of the person completing the OPWDD 150

### Item 8 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST):

Enter the full name of the person receiving to which the Event/Situation occurred by entering the last name and then the first name. Do not use nicknames.

### Item 9 – DATE OF BIRTH:

Enter the date of birth of the person receiving services whose name appears in Item 8.

### Item 10 – GENDER:

Check “M” for male or “F” for female for the person receiving services whose name appears in Item 8.

### Item 11 – TABS ID:

Enter the TABS ID number.

### Item 12 – DATE AND TIME EVENT/SITUATION WAS OBSERVED/DISCOVERED:

Indicate whether the date and time entered in this section was that of observation or discovery by making an “x” in the appropriate box. If the report is made at the time the event took place (or immediately subsequent to it), mark the “observed” box. If the report is made

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at another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed and reported immediately, mark the “discovered” box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an “x” in the applicable box to indicate whether the time is between midnight and 11:59 (A.M.) or between noon and 11:59 (P.M.). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 12 and 13 would be the same.

### Item 13 – DATE AND TIME EVENT/SITUATION OCCURRED, IF KNOWN:

If the event was witnessed, this would be the same date and time as the previous entry. If the event was “discovered” (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here.

Item 14 – PRELIMINARY CLASSIFICATION: Check one box which most closely describes the Event/Situation. Do not add a category not listed. Make the decision based on the definitions in Part 625. If the situation could be classified in more than one category the most serious category should be checked.

Item 15 – REFERRALS: Use this space to record any referrals made in response to the Event/Situation for the benefit of the person.

Item 16 – ACTION TAKEN Use this space to select actions taken to provide protection/safety of persons receiving services and any other additional information.

Item 17- DESCRIPTION OF THE EVENT/SITUATION: *(Note: To the extent possible, item 17 should be completed by the person who observed and/or discovered the incident/allegation):* A clear, concise description of those facts known at the time the report is being completed must be provided here without speculation or opinion. The description should cover the “who,” “what,” “where,” “when,” and “how” of the Event/Situation. The full names of all persons with developmental disabilities and others who are involved in the Event/Situation must be listed, if known. **DO NOT USE INITIALS.** When providing the “who” information, be sure to include the names (or other appropriate descriptor) of those involved. Also list the full names of persons known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

Item 18 – SUMMARY OF RESOLUTION OF EVENT/SITUATION: (conclusions from IRMA)

Item 19 - NOTIFICATIONS: These fields should be used if notifications are made to address an event or situation. Notifications are required in some specific circumstances (e.g. mandated reporters are required to report suspected child abuse to the Statewide Central Register of Child Abuse and Maltreatment; incidents occurring under the auspices of a school or hospital are required by Part 625 to be reported to management of the school or hospital; deaths must be reported to the Justice Center Death Reporting Line). In other cases, notifications may be made as an element of the intervention (e.g. to family members, law enforcement, Adult Protective Services). Note that the requirements for notifications in Part

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624 do NOT apply to events/situations reported in Part 625 (e.g. “Jonathan’s Law” notifications, MHLS notifications). See Sections 625.3 and 625.5 for more specifics.

Item 20 – PRINT NAME OF PARTY COMPLETING FORM: Print the name of the party completing the form and with their Title and Date the form.