

## **Directions for Form OPWDD 161 - Corrective Action Plan (CAP) Submission Form**

Provider agencies, both state operated and voluntary, are currently required to submit the Form OPWDD 161 Corrective Action Plan Submission Form for corrective action plans (CAPs) for incidents of reportable abuse and neglect under the jurisdiction of the New York State Justice Center which occurred or were reported on or after January 1, 2015.

The completed Form OPWDD 161 and 161a (if necessary) as well as all supporting documentation are to be uploaded to the Incident Report and Management Application (IRMA) in the Corrective Actions folder in the primary incident within 65 days of the date of the Letter of Determination. Please note if it has been determined that no corrective actions/recommendations are required an OPWDD 161 must be uploaded indicating there are no corrective actions. This will only be required until the Corrective Action Plan Module in IRMA is available.

The OPWDD 161 and OPWDD 161a are available on the OPWDD website.

All sections of the form(s) must be completed.

For any questions about CAPs that are not addressed in these instructions, please contact OPWDD's Incident Management Unit's Corrective Action Plan team by email at [imu.caps@opwdd.ny.gov](mailto:imu.caps@opwdd.ny.gov).

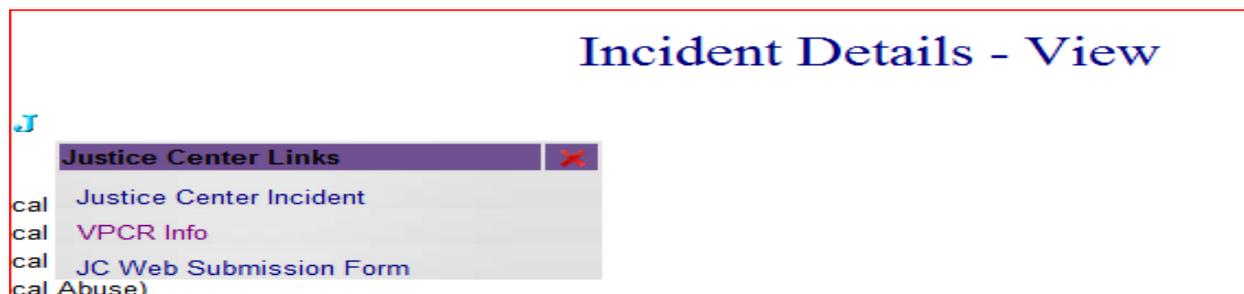
### **Line by Line Completion Instructions**

#### **Master Incident Number:**

The master incident number (MIN) is automatically assigned to an incident once the report is sent to OPWDD by the Justice Center. This is most commonly the primary incident number. If there were multiple reports of an incident, there may be other incidents linked to the primary in IRMA. All MINs are made up of the year, a dash, and six digits. Example: 2017-000000

#### **JC Case Serial Number (5#):**

This is found in the VPCR information view in IRMA.



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### VPCR Incident Serial Number (101, 301, or 901):

This number can also be found in the VPCR information view in IRMA.

| Related Incidents |                        |                 |                     |                   |                         |               |                 |                     |                    |                     |                     |                           |                    |             |                        |
|-------------------|------------------------|-----------------|---------------------|-------------------|-------------------------|---------------|-----------------|---------------------|--------------------|---------------------|---------------------|---------------------------|--------------------|-------------|------------------------|
| Header            | Incident Serial Number | Incident Status | Incident Sub-Status | Incident Type     | Primary Incident Number | Provider Name | Agency Involved | Date Reported       | Date Occurred From | Date Occurred To    | XML Transfer Status | External Reference Number | Case Serial Number | Case Status | Case Sub-Status        |
| Y                 | 111-496301387          | Closed          | Assigned            | Abuse and Neglect |                         | GHW22         | OPWDD           | 05/21/2016 11:17:39 |                    | 05/21/2016 09:30:00 | XML Sent            | 2016-015085               | 551051817          | Closed      | Investigation Complete |

### Date of Letter of Determination from the Justice Center:

This is the date the Justice Center issued the Letter of Determination, not the date received. Please note CAPs are to be submitted to OPWDD within **65** days of the date on the Letter of Determination.

### Agency Contact Information:

Please provide the full name of the agency. Please do not use acronyms and do not abbreviate. The name of person in this section is the name of the person OPWDD is to contact if there is a question or revision needed for the CAP. Please provide that same person's phone number including area code and extension, if applicable. OPWDD's Incident Management Unit (IMU) will send requests for additional information to the email listed on the OPWDD 161 as well as the dedicated mailbox for the agency.

### Was this a Category 3 or 4 substantiated incident?

This is a yes/no answer. Please only indicate yes if the substantiated report was a category 3 and/or category 4. For all others the answer is no even if it was substantiated for category 1 or 2.

### List All Corrective Actions Recommended:

This is the section of the OPWDD 161 where all corrective actions to be taken for this incident are noted. This must include all corrective actions based on recommendations made by the agency (including the investigator and the Incident Review Committee), OPWDD, and the NYS Justice Center.

All recommendations must be addressed and a corresponding corrective action must be on the Form OPWDD 161 or 161a.

Please label items as noted on the Form OPWDD 161.

For example: CA-1 for supporting documentation for Corrective Action 1. If a document addresses more than one corrective action please label all the corrective actions for which it is applicable. For example: CA-1 and CA-2.

Each corrective action listed on the Form OPWDD 161 must be accompanied by supporting documentation to confirm the implementation of the corrective action taken for that recommendation.

Copies of training rosters and training materials, revised plans, training records, new agency policies and procedures, meeting minutes are examples of acceptable documentation. Copies of training materials for standardized training curriculum, such as PRAISE, do not need to be included. For all training curriculums that are not standardized please include a copy of the portion that is applicable to the corrective action. For all trainings for clinical plans, the name and title of the trainer must be

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included. If a plan is part of the investigative record that was submitted via the WSIR previously by the agency only the updated section of the plan must be submitted as documentation. When a plan is revised as part of a corrective action for an incident please include the training roster with it showing that staff were trained in the revised plan.

Please be sure to account for any blanks on the training rosters.

\*Please note that if the Justice Center completed the investigation the recommendations are noted as *Areas of Concern* at the end of the investigative report.

**Date Implemented**

This is the date the corrective action was implemented. For corrective actions which continue for a period of time, please use the date the corrective action began. For example, a corrective action of increasing the supervision of a staff for 6 months would be reflected by providing the date the supervision increase was initially implemented.

**Areas of Concern**

Check all appropriate boxes. The definitions of "*Areas of Concern*" are attached to the OPWDD 161. Please avoid the use of "*Other*", unless necessary.

Documents must be uploaded to Incident Reporting Management Application (IRMA) in pdf format.