Incident Management (IM) Frequently Asked Questions (FAQ) – Version 2
ODP Announcement 21-056

AUDIENCE:

All interested stakeholders

PURPOSE:

The Incident Management (IM) Bulletin 00-21-02 was available for all stakeholders on March 1, 2021 with an effective date of July 1, 2021. The Office of Developmental Programs (ODP) has received multiple questions from stakeholders through email, conversations and dialogue during trainings, phone calls, etc. A FAQ was developed to answer some of the questions received.

Please visit the following webpage **Incident Management/Risk Management** and click on the link **Incident Management Bulletin 00-21-02** which will include links to the IM Bulletin and attachments, related information, resources, ODP announcements, and ODP IM training.

DISCUSSION:

The questions received from stakeholders have been collected and reviewed by ODP staff. The questions were then compiled into the FAQ document that is seen below, starting on page 2. This FAQ does not contain all questions received; ODP chose questions that were asked frequently by multiple stakeholders. ODP expects to continue to receive questions based on the IM Bulletin, therefore, this document will be updated on a routine basis. Stakeholders will be notified when there are additions added to this FAQ.

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Please note: The new questions that were added have a blue background and any updated answer from a previous question is *italicized.*

For questions, please contact your ODP Regional Office or send to **RA-impolicy@pa.gov**.

General Incident Management Bulletin Questions	
QUESTION	**ANSWER**
Q1. Why does the IM Bulletin not include Intermediate Care Facilities (ICF)?	As you will read in the scope on page 1 of the bulletin, this was created for providers that are required to follow 55 Pa. Code Chapters 6100, 6400, 6500, 2380, and 2390. A separate IM policy will be released for ICF programs.
Q2. When looking at the 24- and 72-hour reporting timeframe, who does this start with? Does this begin with the point person or any provider staff?	Per page 8 of the Incident Management Bulletin, "The initial incident report is submitted to the Department's information management system within 24 or 72 hours of discovery, depending on the incident category." The start of the 24- or 72-hour reporting timeframe begins when a person (initial reporter) becomes aware (discovers) of an incident or suspects that an incident has occurred. From this moment, depending on the incident primary category, the agency has 24 or 72 hours to enter the report into Enterprise Incident Management (EIM). It is important that the initial reporter notifies their agency point person as soon as possible, as this helps assure that the point person will have ample time to enter the report. Please reference incidents to report during the 24- and 72-hour reporting timeframe in *Section VII Reportable Incidents, pages 16-29.*

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General Incident Management Bulletin Questions	
Q3. How are EIM IM user roles managed and tracked? **Is there a requirement for a tracking system?**	All business partner user roles, for the Department's Information Management system, including both HCSIS and EIM, are maintained using the Identity Manager Application. This can be accessed through the HCSIS homepage. The provider, Administrative Entity (AE), and Supports Coordination Organizations (SCO) are responsible to create, modify, and deactivate user roles (pg. 9 of the IM Bulletin). This is done by the organization's Business Partner Administrator (BP Admin). The Incident Management Representative is responsible to: • Maintain a list of active Certified Investigators (CI) including recertification dates. • Manage CI roles based on quality management activities and feedback from monitoring completed by oversight entities. • Ensure the previous provider and SCO staff's access to the Department's information management system has been removed when necessary. The organization must have a tracking system that is used to maintain roles. The Department's Information Management System does not track the Department -certified Investigator's certification s, certification effective and expiration date, or recertification date, as this is the organization's responsibility.

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Data Analysis	
QUESTION	**ANSWER**
Q4. In Section II, it states that if incident management functions are delegated or purchased, monitoring of these functions must occur at least quarterly and results should be available in written format. What should this documentation look like and what specifically should be monitored?	The documentation format is up to the agency; however, the documentation should show the results of the delegated and detailed monitoring activities that demonstrate that ODP regulations, policy, and procedures were followed. This documentation should be kept by the agency in case ODP requests a file review (such as through the Quality Assessment and Improvement [QA&I] process).
Q5. In Section II part A, it states that monthly incident data monitoring and three-month trend analysis of incident data should be conducted. What data should be monitored? Is it at the discretion of the organization or are there specific areas that should be addressed?	In Section XII part B (page 38-39), *Individual Incident Data Monitoring*, and part C, *Provider, SCO Three-Month Trend Analysis,* contains a list of minimum requirements describing what should be completed and documented based on the monitoring of each individual's incident data.

Primary and Secondary Categories	
QUESTION	**ANSWER**
Q6. How will we track COVID-19 testing with the removal of the primary category Emergency Room (ER) Visit?	Beginning July 1, 2021, ODP will be implementing a new primary category of *Illness*, with a secondary category of *COVID*. When this category is available, providers will be

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Primary and Secondary Categories	
	able to report and track COVID-19 testing and test results using this category. The COVID-19 indicators that are currently in EIM on the incident classification pages in the first and final sections will remain on all incident reports on July 1, 2021. The first and final sections in EIM are: • Incident involves suspected/confirmed COVID-19 diagnosis. • Incident involves confirmed COVID-19 diagnosis (resulting from a positive test or documentation from a health care practitioner) Please note: This applies to Intellectual Disability/Autism (ID/A) and Adult Autism Waiver (AAW), and ICF providers.
Q7. In Section VII part B, Verbal does not appear as a secondary category under Abuse. Will everything that would have been under Verbal now fall under the Psychological secondary category?	Yes. Per page 17 of the Incident Management Bulletin under the section titled *Reportable Incidents*, *Psychological Abuse* is defined as, "An act which causes or may cause mental or emotional anguish by threat…or other verbal or nonverbal conduct…" This change was made in the bulletin because research has shown that verbal abuse has long-term psychological effects.
Q8. Can you confirm that providers will no longer be required to enter an incident for Fire if there is a false alarm? The new bulletin does not mention false alarms where the old	In accordance with 6100.401(a)(10): "Fire requiring the services of the fire department. This provision does not include false alarms." You do not need to report an incident for a false alarm. In the bulletin under *Reportable Incidents,* Fire is described as when

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Primary and Secondary Categories	
bulletin did mention it specifically as reportable.	fire/safety personnel come out to the home to extinguish a fire or clear smoke from the premises. Therefore, if it is truly a false alarm, it does not need to be reported.
Q9. What is the difference between the primary categories Serious Illness and Serious Injury?	The primary categories of *Serious Illness* and *Serious Injury* have similarities but also differences regarding hospitalizations, which requires an admission to the facility: • Incidents of *Serious Illness* (primary category) are required to be reported when an individual is **admitted** to a hospital for an *acute* or *chronic illness* (secondary categories). • Incidents of *Serious Injury* are required to be reported when an individual receives treatment beyond first aid, regardless of where the treatment was provided. ○ Examples include receiving treatment at an Urgent Care Center, an Emergency Room, a doctor's office, or following admission to a hospital, etc. In other words, if an individual is admitted to a hospital, it always requires reporting. How you report in EIM is based on the event that led to the individual's admission to the hospital, such as whether it was due to an illness or injury. Please reference page 25 for more information on these two primary categories.

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Primary and Secondary Categories	
Q10. What is the difference between the *Neglect- Failure to Provide Medication Management* and *Medication Error- wrong person or wrong dose?* How should this be reported?	*Neglect- Failure to Provide Medication Management*, found on page 22 of the IM Bulletin, is defined as, "An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration". Incidents of this nature include when harm occurs to the individual, the medication error occurs over more than one consecutive administration or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to, a failure to: Administer medications via the correct route, implement medication changes in a timely manner, and obtain medications from the pharmacy. *Neglect- Failure to Manage Medications* states that the category should be reported when an individual is given another individual's medication. *Medication Error- Wrong Person* also contains similar language. A provider must report both *Neglect – Failure to Manage Medication* and *Medication Error- Wrong Person* in the event an individual receives another individual's medication. An additional training regarding medication errors will be released in the near future.
Q11. What is the difference between Passive-Neglect and Self-Neglect?	*Passive neglect* is due to environmental factors that are out of the control of the unpaid caregiver. An unpaid caregiver could be a family member, a spouse, a friend, someone they

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Primary and Secondary Categories	
	live with it, etc. An example would be when an unpaid caregiver has an unexpected health issue and they are unable to provide the care that was previously given to the individual, which results in neglect of an individual's basic needs. Please reference page 23 of the IM Bulletin for information on *Passive Neglect*. *Self-neglect* is when the individual is neglecting themself. For example, the individual refuses to take their prescribed diabetes medication while also not following their doctor's prescribed diet. This would be considered self-neglect. Please reference page 24 of the IM Bulletin for more information on *Self-Neglect*. Please note that both passive and self-neglect are reportable only by Support Coordination Organizations when there is no risk-mitigation plan in the Individual Support Plan (ISP).
Q12. The previous IM Bulletin defined a restraint as a lasting 30 seconds or more. The new bulletin does not include this. So if someone walks out into a busy street and staff have to grab them for 2 seconds to make sure they stop them, does that now count as a restraint?	In the new Incident Management Bulletin, the wording that defined a restraint as a hands-on technique "lasting more than 30 seconds" has been removed. Therefore, a restraint lasting 2 seconds would be considered a restraint. In the hypothetical situation provided, this would need to be filed under *Physical Restraint- Provider Emergency Protocol*. Although this particular restraint is likely not in this individual's plan, this would not be filed under *Abuse-Misapplication/Unauthorized Use of Restraint,* as this was an

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Primary and Secondary Categories	
And if this happens twice in 6 months, will this individual need a restrictive plan?	emergency restraint used to ensure the health, safety, and welfare of the individual in an emergency situation. If an individual had 2 of these restraints within a 6-month period, it is then time for the team to evaluate this individual's safety and implement a plan. If the plan is put in place prior to this restraint happening for a third time, the third time would be filed under, *Physical Restraint-Human Rights Team Approved Restrictive Intervention*. If the plan was not put in place prior to this restraint happening for a third time, the third time would be filed under *Abuse-Misapplication/Unauthorized Use of Restraint*. Please reference § 6100.349 *Emergency use of a physical restraint.*
Q13. In Section IV part b, it states if the incident involves abuse, suspected abuse, or alleged abuse, the target is separated from the victim. Can you clarify what this means?	As referenced in section IV., *Incident Management Process Roles,* and as stated in 55 Pa. Code 6100.46(b): "If there is an incident of abuse, suspected abuse, or alleged abuse of an individual involving a staff person, household member, consultant, intern or volunteer, the involved staff person, household member, consultant, intern or volunteer may not have direct contact with an individual until the investigation is concluded and the investigating agency has confirmed that no abuse occurred or that the findings are inconclusive. This means that the target (person who is alleged to have caused the incident) cannot work directly with the victim or

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Primary and Secondary Categories	
	any other individual receiving services during the investigation process until the investigation determination is completed and corrective actions(s) specific to the target are implemented.
Q14. When is law enforcement activity a reportable incident?	Under Section VII of the Bulletin, Law Enforcement Activity is defined as, "Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle." In other words, Law Enforcement incidents need to be reported if the individual: - Is charged with a crime. - Under police investigation - Is present at a service location site when a crime occurs. Additionally, if a crime occurs at a residential service location site and the individual(s) are not present, this would be reported as a site level incident. Please note: When the individual is impacted by a traumatic event (such as being impacted by a crime) the provider is responsible to ensure that the individual receives the type of

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Primary and Secondary Categories	
	care needed, such as ensuring the individual has access to victim's assistance, trauma -informed care, etc. For more information on the primary category of *Law Enforcement Activity,* please see pages 21-22 of the Incident Management Bulletin.
Q15. **What secondary category under Exploitation is for labor that is underpaid?**	*Exploitation* is defined as, "An act or course of conduct by a person against an individual or an individual's resources without informed consent or with consent obtained through misrepresentation, coercion, or threats of force; which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual." If an individual is not being compensated at a rate that is consistent with labor laws, they are being paid unfairly, and therefore are being exploited. This should be categorized under the secondary category of "Unpaid labor." For more information on the primary category of *Exploitation,* please see pages 19-21 of the Incident Management Bulletin.
Q16. If an individual is found to have participated in unpaid labor, could it fit into the category of Exploitation?	Yes, *unpaid labor* is a secondary category under the primary category of *exploitation*. Per page 19 of the Incident Management Bulletin, *unpaid labor* is defined as, "the illegal or improper act or process of a person who is using an

Primary and Secondary Categories	
	individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws."
Q17. When does a situation require more than one incident report to be filed?	As discussed in the bulletin, when more than one allegation or occurrence is experienced by an individual, multiple incident reports need to be entered separately. This ensures that adequate information is captured about each incident so that investigation determinations can be made. Additionally, this ensures that corrective actions and actions to prevent recurrence are being adequately managed.
Q18. When do you report "death" under the secondary categories "Services Provided" and "Only Supports Provided"?	As referenced in the IM Bulletin, the difference between "service" and "support" is: **Service** is a *paid* caregiver or agency. An activity, assistance, or product provided to an individual that is *paid* through a program administered by ODP. **Support** is an *unpaid* caregiver. An *unpaid* activity or assistance provided to an individual that is not planned or arranged by a provider. Therefore, if an individual passes away while having an authorized ODP service, the agency would report it under "Services Provided". If the individual does not have an authorized ODP service, the death would be reported under "Only Supports Provided". Examples:

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Primary and Secondary Categories	
	• If an individual was receiving Residential Habilitation services but went home for two weeks with an unpaid support such as his/her family member, and passed away, this death would still need to be reported under "Services Provided" since the individual had Residential Habitation authorized on their ISP. • If an individual is enrolled in the *SC services only* program (therefore not having an authorized service), then this death would be reported under "Only Supports Provider." Please note: All providers of services, except SCOs, must always use the "Services Provided" secondary category options.

Department Certified Investigations and Administrative Reviews	
QUESTION	**ANSWER**
Q19. What specific roles in my organization need to become certified investigators?	According to the Bulletin and in §6100.402, all persons who are going to be investigating incidents, must be a Certified Investigator (CI). The agency can decide who they want to become a CI. Additionally, all Incident Management Representatives must become a CI within 12 months of assuming that position. Please note: It is best practice to have more than one CI available at an agency to ensure:

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Department Certified Investigations and Administrative Reviews	
	• that there is no bias with the investigation • that the investigation is completed with speed, objectivity, and thoroughness. • that there is always a CI available (i.e. CI goes on vacation, has other responsibilities, etc.) Please see *Section IV Incident Management Process Roles* in the IM Bulletin for more information.
Q20. How do I investigate a moving violation?	When investigating a *moving violation* (secondary category), the CI must utilize the same tools and processes as they would use when investigating all other incidents, such as collecting information to understand how the incident occurred, how staff were trained to avoid such incidents, what is the agency's response, and what corrective actions have been put in place to prevent recurrence. Please reference the **CI Manual** for more information about investigations.
Q21. How will ODP help to ensure that any additional staff that need to become certified investigators will have the opportunity to do so?	ODP will continue to communicate with stakeholders when registration is open for additional CI courses. Stakeholders may also continue to check MyODP.org to sign up for trainings: **https://www.myodp.org/course/view.php?id=1073**
Q22. After an IM Representative becomes a CI, must they maintain their certification if they are not completing investigations?	Yes, once you are a department-certified investigator, you must maintain your certification. Please see the **CI Manual** for information on recertification.

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Department Certified Investigations and Administrative Reviews	
Q23. Can a peer review be an alternative to an administrative review?	No. A peer review and an administrative review are separate and distinct quality management practices for the management of investigations. A peer review is completed for a sample of investigations and involves the review of investigatory files by other CIs. An administrative review is completed for each investigation to assess the quality of the investigation, reconcile and weigh evidence to make the final determination, and develop corrective actions that need to be implemented by the organization. For more information please review the Peer Review Manual and Administrative Review Manual found on myodp.org.
Q24. How many members need to be on an Administrative Review Committee?	Per page 7 of the Administrative Review Process Manual, "It is recommended to have two (2) to five (5) members on the Administrative Review committee. One member should be selected as the committee's final decision-maker when consensus cannot be reached. The Certified Investigator who completed the investigation is not a member of the committee but serves as a consultant to answer questions about the investigation."
Q25. Are both ID/A and AAW SCO Program/IM Managers required to become Certified Investigators?	Yes, this requirement applies to both ID/A and AAW SCO Program/ IM Managers.

Department Certified Investigations and Administrative Reviews	
Q26. Is ODP going to send out something in writing to SCOs to let them know what needs to be documented in an ISP and how to document it regarding alerting families of incidents?	*ODP released an announcement after the Version 1 of the FAQ. Please look at ODP Announcement [21-049](#) for information relating to SCO's responsibility.*
Q27. Do the primary categories of "Individual to Individual Abuse" and "Injury Requiring Treatment Beyond First-Aid" require an investigation starting 7/1/21?	Per ODP Announcement 21-039, "In response to the current national healthcare workforce crisis effecting a majority of provider agencies within the ODP network, ODP will **not** be requiring incidents of "abuse to an individual by another individual" and "injury requiring treatment beyond first aid as a result of an accidental injury" to be investigated by a CI, in accordance with §6100.402 on July 1, 2021. ODP or County ID Program/Administrative Entity may require an investigation to be completed by a CI. **Please note**: Individual-to Individual abuse that involves sexual abuse, will still need to be reported in EIM as *Sexual Abuse* starting on July 1, 2021. There is no delay for reporting and investigating this type of abuse. Additionally, the secondary categories of *verbal abuse* and *psychological abuse* have been combined; therefore "verbal" is no longer a secondary category listed in the EIM system. ODP will provide notification six-months prior to when system changes will become effective that require these incidents to be investigated by a CI.

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Department Certified Investigations and Administrative Reviews	
	For additional guidance, see MyODP for **Announcement 21-039**, or contact your ODP Regional Office or email **RA-impolicy@pa.gov**.
Q28. Where can I find more information on the Administrative Review?	The Administrative Review Process is explained in the Administrative Review Manual. The Administrative Review Manual can be found at the following path on MyODP.org: Training > Certified Investigator Program > CI-Home > CI Help and Resources > All Documents – Manuals or at the following link: **Certified Investigation and Administrative Review Manuals**
Q29. Does data entry for the Administrative Review need to be done by a member of the Admin Review Committee? Or could a CI enter the information, after it was received from the admin review team, for their own incident?	There are no system edits that would prevent a user from having both roles and performing these functions; however, it would be wise to keep the CI focused on the Certified Investigator Review duties while ensuring independence/objectivity of the Admin Review functions. ODP suggests considering the Point Person to perform the data entry of the Admin Review before considering a CI. If a CI is charged with data entry of the admin review, then a sample review of those entered by the CI may be necessary to ensure fidelity of what is being entered.

Victim's Assistance	
QUESTION	**ANSWER**
Q30. If an individual speaks to their therapist/doctor after an incident,	No, speaking to a therapist/doctor or receiving counseling by a professional is separate and distinct from receiving services

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Victim's Assistance	
does this fall under victim's assistance?	from a Victim's Assistance Program. Victim's Assistance refers to a program or resource specifically designed to provide a variety of different types of aid to a victim, regardless of their intention to press charges. Please see Incident Management Bulletin 00-21-02 Attachment 1 for more information on Victim's Assistance. While speaking to a therapist is not a Victim's Assistance Program, an individual should always be encouraged and supported to speak to whoever may make them feel at ease.
Q31. When should someone contact a Victim's Assistance Program?	A referral to Victim's Assistance Program services must be offered to any individual who is a victim of an alleged, suspected, or recognized incident or crime. The organization that is providing services to the individual is responsible to educate the individual on this program and the resources available. Please also see question 32 for more information. Victim's Assistance Program services must be contacted (with support if applicable) to access services when an individual expresses interest in these services. Please see attachment 1 of the IM bulletin for information on the Victim's Assistance Program. https://www.myodp.org/course/view.php?id=1814
Q32. What if the individual refuses to utilize the Victim's Assistance Program	The provider is responsible to explain to an individual what the Victim's Assistance Program can offer. ODP encourages the provider to see Attachment 1 of the IM bulletin for more

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Victim's Assistance
information on Victim's Assistance which provides detail on this program. Even if the individual declines this assistance in the beginning, the individual may change his/her mind later. Therefore, the provider should reeducate and reoffer the Victim's Assistance Program resource multiple times throughout the individual's recovery process. The individual may want assistance from the provider with contacting the program or may want to do this on their own. Victim's Assistance Programs are beneficial throughout the individual's experience during and after the trauma. Providers should continue to empower the individual to take advantage of these services that are available to them. Ultimately, the decision to utilize this resource belongs to the individual.

Targets	
QUESTION	**ANSWER**
Q33. Moving forward, how will we enter the name of the target in the incident report?	The IM bulletin provides guidance for specific target identifiers when the target is an employee of a provider or another individual receiving services. • For an employee of a provider: Currently providers may utilize any identifier that the provider chooses. ODP

Targets	

	provides a format for the standard identifier in the IM Bulletin (pgs. 15-16).
	
	• When the target is another individual receiving services, please be advised that currently in the EIM system the Target Information Screen does not align with the format of the standard identifier in the IM Bulletin.
	
	    o Currently in EIM, if the "Target Relationship to the Individual" selected is "Another Individual" in the dropdown menu, the EIM system contains a validation that only permits the individual's 2 initials (first and last name) and the last 4 digits of their social security number.
	
	    o When EIM is corrected, ODP will communicate to stakeholders.

Q34. When a staff member is a target and is required to be separated in situations of abuse, are they only to be separated from the individual involved, or all individuals?	The target is not allowed to work directly with any individuals receiving services for at least the duration of the investigation. Per page 12 of the Incident Management Bulletin, "When the alleged target is an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO, the target shall not be permitted to work directly with the victim or any other individual during the investigation process until the investigation determination is completed and

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Targets	
corrective action(s) specific to the target are implemented (55 Pa. Code § 6100.46)." Target separation training will be available on myodp.org in the future.	

Enterprise Incident Management (EIM) System	
QUESTION	ANSWER
Q35. We were told that EIM will have changes beginning on July 1, 2021. What will happen if an incident was submitted before the EIM changes?	Incidents will follow either the new or older workflow based on the date of incident report creation. Incidents that are created after July 1, 2021 will follow the new workflow and reflect the system changes. Incidents that are created prior to July 1, 2021 will follow the current workflow until an incident is closed.
Q36. Will other fields in the EIM incident entry screens be changed in addition to categories?	Yes, there are other changes being made to EIM in order to decrease workload, increase data integrity, and increase protections for individuals. There are four trainings that were released to the field in June 2021 regarding the changes to EIM followed by Question and Answer (Q&A) sessions hosted by ODP staff.
Q37. What should I do if EIM is down and I have an incident to enter?	If EIM is not operational when an incident needs to be entered, the reporting entity must complete and send the DP 1081 (also known as EIM Contingency form) to the appropriate ODP entities (ODP regional office, BSASP office, County ID program/AE) in the most efficient mode possible. This can include electronic notification via a secure electronic notification, which is HIPAA compliant. Once

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Targets	
	the system is back online, it is expected that the reporting entity enter the incident into EIM within 24 hours. Please see Attachment 3 of the IM Bulletin for a copy of the DP 1081.
Q38. When I am completing my Provider Certified Investigator Report (CIR), can I continue using a word document or a paper process, or do I have to enter it into EIM?	A Provider CIR may use any process they choose to collect and organize information during the investigation. However, all information collected will be required to be entered into EIM.

Training	
QUESTION	**ANSWER**
Q39. What does the bulletin mean by "competency-based training" when it says that providers and SCOs must ensure staff have, at minimum, orientation, and annual competency-based training?	Competency-based training is used for staff to demonstrate their understanding and knowledge of the content. ODP has provided extensive competency-based training on the Incident Management Bulletin found: *https://www.myodp.org/course/view.php?id=1683*. However, if the provider or SCO does not want to use this training, the provider or SCO may elect their own method of training that demonstrates the staff's understanding of the content.

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Q40. Is a provider required to use the Incident Management Training created by ODP?	While providers are encouraged to use ODP's IM trainings to train their staff and meet annual training hours, they are not required to use these trainings. Providers may develop their own IM trainings, but should note that the quality of these trainings will be evaluated as part of the Quality Assessment and Improvement (QA&I) process.
Q41. Where can I find additional Incident Management Training?	Additional trainings about incident management can be found on MyODP.org: **MyODP: Incident Management/Risk Management** (Use this following path: Intellectual Disability > Incident/Risk Management) Additional trainings about new EIM functionality can be found on LMS: User Login (**state.pa.us**)
Q42. When do Providers and SCOs need to complete IM Training?	As stated in 55 Pa. Code §6100.143, the provider and SCO must complete 24 hours of training related to job skills within each year. SCOs and Providers should follow their annual training calendar schedule and ensure that training content comports with the requirements set forth in the Chapter 6100 regulations. Use of the ODP IM Bulletin training materials is certainly recommended, but not required. An agency may develop their own competency-based training materials.
Q43. Can the same person act as the IM Representative and the Point Person?	Yes, there is nothing in policy that precludes the same person from performing both roles

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