



## **INFORMATIONAL LETTER NO. 2128-MC-FFS**

**DATE:** April 16, 2020

**TO:** Iowa Medicaid Integrated Health Homes (IHH), Iowa Medicaid Home- and Community-Based Services (HCBS) Case Management Providers, Community Based Case Managers (CBCM), Targeted Case Managers (TCM), and Home- and Community-Based Services (HCBS) Waiver and HCBS Habilitation Service Providers

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Incident Reporting

**EFFECTIVE:** Upon Receipt

The purpose of this letter is to ensure that the Medicaid providers noted above are aware of the requirements for incident reporting per Iowa Administrative Code (IAC) Chapter 77. Currently IAC defines a major incident as “an occurrence involving a member during service provision”. The intent behind the definition was that an incident report is completed for any HCBS waiver or Habilitation member regardless of whether direct services were being provided at the time of the incident.

The Department is in the process of revising Ch. 77 to state that a major incident “means an occurrence involving a member enrolled in HCBS waiver or Habilitation services”. As of the date of this Informational Letter (IL) all major incidents must be reported by the case manager or service provider that first becomes aware of the incident regardless of when or where the incident occurred.

Case management providers and service providers must ensure they are following up, and reporting any, hospitalizations and emergency room visits that meet the definition of a major incident. A major incident is any occurrence involving a member that:

1. Results in a physical injury to or by the member that requires a physician’s treatment or admission to a hospital;
2. Results in the death of any person;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;

5. Requires a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;
6. Constitutes a prescription medication error or a pattern of medication errors that leads to an outcome listed above in “1,” “2,” or “3”; or
7. Involves a member’s location being unknown by provider staff who are assigned protective oversight.

In an effort to ensure compliance with the requirement, Iowa Medicaid will be completing emergency room claim reviews to ensure that all incidents have been reported appropriately. Case manager and provider outreach can be expected if an incident report is not present for a claim that meets the definition.

Additional training will be forthcoming; another IL will be sent out when it is available.

If you have questions, please contact the HCBS Unit at [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us).