STATE OF IOWA DEPARTMENT OF Health and Human services

Critical Incidents & Reporting

User Guide 04/28/2025

Revision History

Version	Changed By	Date	Description	
0.1	Ashish Upreti Michele Baughan	06/21/2023	First Version	
0.2	Ashish Upreti	07/12/2023	 Updated Pg. 6, added information regarding updating provider and member's auto populated information. Updated screenshots (Page 10 & 16). Added additional information in: Page 10 – Reporting Party – Notes (B) Page 16 – Medicaid Member – Notes (C) 	
0.3	Ashish Upreti	08/10/2023	 Pg 10 - Reporting Party - Updated screenshot and info in notes section to accommodate latest changes. Pg 16 - Medicaid Member - Updated screenshot and information to accommodate latest changes. Pg 21 - Incident Description - Updated information for "Date and Time Incident Occurred" field Pg 26 - Incident Type - Law Enforcement Intervention - Updated information in Step 2. 	

Revision History

Version	Changed By	Date	Description
0.4	Ashish Upreti	10/16/2023	 Provider Responsible for Member (Pg. 16) – Updated application screenshot and add wording to reflect new changes regarding "Advanced Search" Provider Responsible – Advanced Search Feature (Pg. 17) – Added new slide on how to use advanced search feature. Incident Type (Pg 25 to 31) –Screenshot and an additional step has been added to reflect new question added to each incident type. Existing Incident (Pg. 53) – Updated screenshot to reflect latest changes along with changes in Legend.
0.5	Ashish Upreti	01/19/2024	 In Medicaid Member > Service Program (Pg.19) – Replaced "Other (Non-waiver)" with "TCM (Non-Waiver)". Added additional details in Pg.19 description.
0.6	Ashish Upreti Michele Baughan	04/28/2025	 Other reports section has been removed, fields have been moved under incident types law enforcement and abuse report. Added instructions for two new incident types, "Use of a Restraint" and "Medical Treatment". Pg 32 and 33. Correction functionality sections added pg. 40-50. Existing incident details have been updated with latest changes. (Pg. 53)

IMPA Registration & Application Access

If you do not already have access to IMPA, please register here: IMPA (state.ia.us)



- For access to the Critical Incident Application, please complete this form and submit. Registration Form Link: <u>https://www.tfaforms.com/243237</u>
- Once you have an account and access to the application, follow these steps to report a new incident or to access existing incident.
 - Sign into IMPA. IMPA (state.ia.us)
 - To create a new incident report: In the navigation bar, go to Files > Critical Incident Report



To access an existing incident report: In the navigation bar, go to Review >Existing Incident

 File > Review > Manage > Information > Messages Logout





Table of Content

1. Critical Incidents & Reporting Application

- a. Things to keep in mind
- b. Navigation Sidebar
- c. <u>Incident Header</u> d. Reporting Party
- e. Provider Responsible
- f. Medicaid Member
- g. Service Programs
- h. Case Manager
- i. Location of Incident
- j. <u>Witness</u>
- k. Incident Description
- I. Incident Type
- m. Immediate Resolution
- n. Notifications
- o. Other Reports
- p. <u>Remediation and Resolution</u>
- q. Additional and Follow Up Notes
- r. Upload Supporting Document
- s. <u>Correction Report</u>

2. Existing Incident

HHS HHS

Critical Incident Reporting Application

The Critical Incident Reporting Application is designed as a central location for reporting and storing critical incident reports for Iowa Medicaid members enrolled for HCBS Waiver, Habilitation, or other designated programs.



Things to keep in mind

- Throughout the application, an * indicates the fields/sections that are required.
- The "|" character is not allowed in the CIR form. It cannot be typed or pasted.
- At the end of each section/page there will be save and clear buttons available.
- Some sections consist of steps that needs to be followed. Steps are outlined. E.g., Step 1, Step 2.
- If you've already filled out an incident but due to some reason were not able to submit or complete it. Please go to "Existing Incident" page to access it.
- The maximum character limit on some free text fields is 10000 characters. If additional supporting information needs to be included, please use the "Additional Follow-up and Notes" section or attach the supporting documents using the "Upload Supporting Documents" function. Reference the location of the additional supporting information in the free text field.
- To change any auto-populated read only fields in the form, use the following methods.
 - Provider's information:
 - You will need to use this form to correct any of your organization's data: <u>470-4608 Iowa Medicaid Provider Address Change Request</u>
 - Member's information:
 - If you need to change member's address, please contact 1-877-347-5678.
- Support:
 - For issues while navigating the application please contact <u>impahelpdesk@dhs.state.ia.us</u>. For issues with user registration, account, or password problems, please contact <u>impasupport@dhs.state.ia.us</u>
 - For Application Access: Please click here <u>IMPA Registration Link</u>

Navigation Sidebar

Initial Submission Section

- 1 Reporting Party*
- 2 Provider Responsible for Member*
- 3 Medicaid Member*
- 4 <u>Case Manager*</u>
- 5 Location of Incident*
- 6 Incident Description*

7 Incident Types Complete at least one section and select primary* Physical Injury Medication Error Emergency Mental Health Treatment Law Enforcement Intervention Abuse Report Location Unknown Death Use of a Restraint Medical Treatment

8 Resolution Immediate Resolution*

9 Notifications

10

Cancel Intial Submission

- The navigation side bar is divided into three sections.
 - Initial Submission
 - Final Submission
 - Additional Information Section
- To be counted as a submitted incident report, the user must complete sections 1 through 9 and select "Initial Submission" in section 10.
- To ensure timely reporting, the reporting party must complete sections 1 through 9 and select "Initial Submission" in section 10 by the end of the next calendar day after discovery of the incident
- Important Note: Sections 1 through 9 cannot be edited after submission unless correction is issued.

Navigation Sidebar (cont'd)

	Final Submission Section
11	Remediations Complete at least one section*
	Long-Term Remediation and Resolution
	Staffing-Related Remediation
	Member-Related Remediation
	Equipment and Supplies Remediation
	Environment Remediation
	Systemic Remediation
12	Final Submission

Additional Information Section

Additional Follow-up and Notes Upload Supporting Documents Corrections

- Section 11 "Remediation" is for documenting the long-term remediation efforts that have been or will be done to address the incident and prevent future, similar incidents from occurring. Section 11 should be completed within 15 calendar days after the incident was submitted.
- To complete the incident, the reporting party must complete Section 11 and select "Final Submission" in Section 12.
- Important Note: The incident report is considered complete and resolved once the "Final Submission" is selected in Section 12. The incident report, aside from the sections noted below, cannot be edited after it has been finished/completed unless correction is issued
- Additional Follow-up and Notes and Upload Supporting Documents will remain fillable and accessible for all incident reports in progress and completed.
- Corrections is allowed once "Initial Submission" and/or "Final Submission" is made.

Completing the Incident Report Sections

Upon creation of new incident report, the status of the incident report is "Initial Submission".

Report Date: This field defaults to the date the incident report was created in IMPA. The date can be edited up until Section 3: Medicaid Member is completed and saved. At that point, it becomes locked and no further edits to the report date can be made.

Incident Status: Initial Submission Incident ID: 42822 Medicaid State ID:

*Report Date:	04/07/2025	
Version No:	2.0	

Member Name:

Section I: Reporting Party

Step I:	Reporting Party			
	Search Critera *National Provider Identifier (NPI): Search			
Step 2:	National Provider Identifier (NPI) Organization (Name or Agency) AMERIGROUP IOWA Attention: Your provider information serves to validate reporting party details. Displayed contact details are obtained through Medicaid Enrollment. For address inaccuracies, use Change Address option. It's important to note that Reporting Party Contact Information takes precedence over Reporting Party			
	Organization's contact information: Change Address			
	Address Line 1			
	4800 WESTOWN PKWY STE 400			
	Address Line 2			
	City State Zip WEST DES MOINES IOWA 50266 - 0000			

Step 1: Reporter must enter the NPI associated of their organization and hit search.

Step 2: The organization's name and contact information will autopopulate based on the NPI entered in Step 1. The reporter/user will not be able to edit any fields in this section.

Notes:

- A. Step 1 must be completed for the information in Step 2 to populate correctly.
- B. The reporter/user will not be able to edit any fields in this section.

C. Organization address can be changed using form <u>470-4608</u>. This form link is also provided when user presses "Change Address" button in the application

Reporting Party – Reporting Party Information

In this step, the reporter/user enters their own title, name, and contact information.

Important Note: The contact information may be the same as the organization's contact information.

Reporting	party	contact	information:	

First Name*	Last Name*	
Telephone Number *	Email *	
Address Line 1*		
Address Line 2		
City*	State*	Zip*
	Select 🗸	-



Other Contact Information

Reporting Party – Person to First Learn Reporting Party – Point of Contact

This step is <u>optional</u> and is completed if the person who first learns of the incident is not the reporter/user.

Person to first learn of the incident if different than above:

Title	
First Name	Last Name
Telephone Number	Email

This step is <u>optional</u> and is completed if there is another person who should be contacted regarding the incident.

Point of contact to discuss incident if different than above:



Section 2: Provider Responsible for Member

- This is a new section to the critical incident reporting process that allows a distinction to made between the organization that reports an incident and the organization that as actually responsible for the member at the time of the incident.
- Section 2 is completed when an incident occurs during a time that a provider organization is responsible for the member.
- There may be situations when the provider organization responsible for the member at the time of the incident is the same as the reporting party.
- There may be situations when there was no provider organization responsible for the member at the time of the incident.

Completing Section 2: Provider Responsible for Member

If services were being provided at the time the incident occurred, select Yes and enter the name of the service provided in the text box available (i.e., "Day Habilitation", "SCL", "Supported Employment")

Provider	Responsible	for	Member	at	Time of	Incident
----------	-------------	-----	--------	----	---------	----------

Were services being provided at the time of the incident?"

Services being provided

If no services were being provided at the time the incident occurred, select No.

If no services were being provided at the time the incident occurred, it is likely that no provider organization was responsible for the member at the time of the incident either. If that is true, select the box next to this statement as well.

□ No provider was responsible for member at the time of incident. (Skip to next section.)

Completing Section 2: Provider Responsible for Member (cont'd)

A	Responsible provider is the same as reporting party identified above. (Skip to next section.)	reporting party identified above and the corresponding box is checked
В	□ No provider was responsible for member at the time of incident. (Skip to next section.)	Automatic Action: Text fields in C will be auto populated with the information that was entered in the Reporting Party section.
С	Attention: To find the provider responsible at the time of the incident, you can search by NPI or click on the search icon for advanced options.	
	National Provider Identifier (NPI)*	B: If no provider was responsible for member at the time of incident and the corresponding box is checked
	Provider (Name or Agency) Provider's contact information:	Automatic Action: Text fields in C will be hidden. No information is required from the user.
	Telephone Number Email	· ·
		C: If neither checkboxes (A or B) are selected
		Action Required: The reporter/user needs to fill in NPI field or use the "Advanced Search" (D) feature to search for provider which will auto populate the remaining fields based on the NPI. (More info on next page regarding advanced search)
		1 1 1

IOWA

A: If the responsible provider is same as

Provider Responsible for Member – Advanced Search

Step 1: Select if the provider is in IA or Out of State. If "Out of State" is selected, need to select
the state as well.
Step 2: Enter the name of the provider responsible. Minimum: 3 characters.
Step 3: Select the type of Provider. (Optional)
Sten 4. Hit Search

Step 5: Once searched, if the search criteria matches what we have in the system, a list of providers will be populated as shown in the picture in the right.

Step 6: Once you've found the provider, please click on the "Select" button on the left which should populate the provider responsible of member field.





Section 3: Medicaid Member

Step	ledicaid Member	Step 1: Enter member's state Identification number (SID) and hit search.
	-Search Critera *Medicaid State Identification (SID):	Step 2: Fields in Step 2 will be auto-populated based on the member's SID except for "Preferred Name".
Step 2	Medicaid State Identification (SID)*	Step 2.1: Reporter needs to enter the Date Incident Occurred which will then auto populate "Member enrolled with" field with the assigned MCO at the date it occurred.
	First Name Last Name	Note:
	Date of Birth Age Member's Gender	A. "Preferred Name" – Enter name if the member wishes to be called with a different name.
Step 2.1	Date Incident Occurred* 08/02/2023	B. "Member Enrolled With" – In scenarios where the member was not assigned or didn't have an MCO assigned yet, the reporter will be able to choose the correct MCO in "Member enrolled with" field
	Member enrolled with: Amerigroup	C. Reporter will not be able to access "Incident Description" section (6) in navigation sidebar until this section has been saved.

HHS

Section 3: Medicaid Member (cont'd)

- In this step, the reporter/user must select at least one service from which the member is enrolled from the list.
- Only select the programs for which the member is currently enrolled. You may only select one waiver as a member may only be enrolled on one waiver at a time. However, you may select one waiver in combination with Habilitation.
- If "TCM (Non-Waiver)" or "MFP" is checked, all other service program options will be disabled. It is a mutually exclusive option.

Service Programs (select at least one)*

- □ AIDS/HIV
- Brain Injury
- Children's Mental Health
- Elderly
- Habilitation
- Health and Disability
- Intellectual Disability
- Physical Disability
- 🗌 MFP
- TCM (Non-waiver)

Section 4: Case Manager

Α	Case Manager	A: If the case manager is same as reporting party and the corresponding box is checked. Automatic Action: Text fields in C will auto populate with information that was
В	Select One* MCO CBCM MFP Transition Specialist IHH Care Coordinator Other CM Entity	B: Select the type of case management entity the member has from the available options.
с	First Name * Last Name * Case Manager contact information: Telephone Number * Email * Address Line 1*	 If "Other CM Entity" is checked, the reporter/user must define "other" in the space provided. E.g. Targeted Case Manager (TCM). Other CM Entity Other CM Entity Describe If "IHH Care Coordinator" is checked, the reporter/user must write in the name of the
	Address Line 2 City* State* Zip* City*	 IHH program in the space provided. IHH Care Coordinator IHH Care Coordinator Describe C: If checkbox A is not selected, the reporter/user must complete C. Action Required: User needs to fill details of the case manager.

IOWA HHS

Section 5: Location of Incident and Witnesses

Step 1: Location of Incident (select at least one)

Where did this incident occur?

Member's Home(Check all that apply)

Community Location(Check all that apply)

Other Location(Check all that apply)

Step 2: Location of Incident (select at least one)

Where did this incident occur?

Member's Home(Check all that apply)

Member lives alone

Member lives with family/relatives

Member lives with unrelated person or persons

Member lives in an RCF or Assisted Living Facility

 \Box Member lives in home that is owned/controlled by a service provider

Member is homeless

Other

Community Location(Check all that apply)

Other Location(Check all that apply)

Step 3: Location/Facility Information



Step 1: Select where the incident occurred. Only one location can be selected.

Step 2: Select additional descriptors related to the location of the incident.

Step 3: Enter the location information of where the incident occurred.

Witnesses

Enter the name and relationship of the witnesses present during the incident. If "other" is checked, the reporter/user must describe the relationship in the field provided.

Witnesses and Others Present

Provide information about anybody present during the incident, including name, initials if a member, and the person's relationship to the member. If other, specify.

Witness Name	Another member	Staff	Family	Housemate	Other	Other Describe
Name						Other Describe
Name						Other Describe
Name						Other Describe
Name						Other Describe
Name						Other Describe



Section 6: Incident Description



Section 7: Incident Type

In this section, the reporter/user uses the available options to further describe the type of incident that occurred, based on the definitions of a critical incident types.



Incident Type – Physical Injury

Step 1: Select this incident type if the incident was an occurrence resulting in physical injury requiring physician/s treatment or admission to a hospital.

Select the whether the physical injury was to the member or by the member.

Step 2: Select the kind of physical injury.

Step 3: Select the cause of physical injury.

Step 4: Select if the incident resulted in medical intervention or support services.

Step | Physical Injury: Means an occurrence resulting in physical injury requiring physician's treatment or admission to a hospital.

Circumstances (select one)*

 \Box Physical injury to member \Box Physical injury by member

Step 2 Kind of Physical Injury (Check all that apply)*

Burn
Fracture or break
Dislocation
Loss of consciousness
Concussion
Poisoning or toxin ingestion
Bite (human or animal)
Adverse reaction to medication
Laceration
Puncture wound
Other

Step 3 Cause of physical injury (check all that apply)*

 Use of a restraint or physical intervention of any kind

 Assualt

 Removal or failure to use a mobility aid

 Intentional action by member

 Self-harm

 Unintentional action by member

 Physical aggression by member

 Intentional action by staff or another person

 Physical aggression to member

 Unintentional action by staff or another person

 Accidental fall

 Medication error

 Aspiration or choking

 Vehicular accident

Step 4 Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.

🗆 N/A

Incident Type – Medication Error

Step 1: Select this incident type if the incident was an occurrence that constitutes a medication error or pattern of medication errors leading to physical injury, death, or emergency mental health treatment of the member.

Select whether the medication error was by staff or by the member or member's caregiver.

Step 2: Select the kind of medication error.

Step 3: Select the cause of medication error.

Step 4: Select if the incident resulted in medical intervention or support services.

Step I Medication Error: Means occurrence that constitutes a medication error or pattern of medication errors leading to physical injury, death, or emergency mental health treatment of the member.

Medication error by staff Medication error by member or another caregiver

Step 2 Kind of Medication error (check all that apply)*

Wrong dosage
Missed dose
Wrong person
Administration by unauthorized person
Wrong medication
Intentional overdose
Wrong route
Accidental overdose
Wrong time
Other

Step 3 Cause of medication error (check all that apply)*

- Communication failure
- Documentation error
- Error by person administering medication
- 🗌 Intentional behavior by the member
- Prescriber error
- Pharmacy error
- Other

Step 4 Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- 🗆 Urgent care visit
- \Box Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- 🗆 N/A

Incident Type – Emergency Mental Health Treatment

Step I Emergency Mental Health Treatment: Means an occurrence requiring emergency mental health treatment for the member.

Step 2 Kind of Emergency mental health treatment (check all that apply)*

Crisis line or mobile crisis treatment for an emergency mental health crisis.

 \Box Use of an emergency restraint or physical intervention of any kind as a means of handling an emergency mental health crisis.

Emergency room treatment for an emergency mental health crisis.

 \Box Intentional use of any medication to subdue, sedate, or restrain the member experiencing an emergency mental health crisis.

Admission to the hospital, crisis bed or sub-acute mental health facility, or other mental health treatment
 Other

Step 3 Cause of emergency mental health treatment (check all that apply)*

	Member attempted suicide Member expressed suicidal ideation Escalating behavioral health concerns Scalating mental health concerns Aggression by member	type if the incident was an occurrence requiring emergency mental health treatment for the member.
	Medication error Toxic effect of substances/adverse reaction to substance Triggering event or other triggering factor Self-harm/self-injurious behavior	Step 2: Select the kind of emergency mental health treatment.
Step 4	Did this incident result in? (check all that apply)* Emergency room visit	Step 3: Select the cause of emergency mental health treatment.
	 Admission to hospital Urgent care visit Treatment from emergency medical technician (EMT) Consultation with poison control, an on-call medical professional, crisis line, or similar service. N/A 	Step 4: Select if the incident resulted in medical intervention or support services.

HHS

Step 1: Select this incident

Incident Type – Law Enforcement Intervention

Step I Law Enforcement Intervention: Means an occurrence that requires the intervention of law

enforcement.

Step 2	Member was a victim Member was a perpetrator	
Step 3	Was the member arrested?	Step 1: Select this incident type if the incident was an occurrence
	Was the member charged?	requiring law enforcement intervention.
Step 4	Kind of Law enforcement intervention (check all that apply)* Response to a medical/injury call Response to mental/behavioral health call Response to a domestic disturbance Response to a crime in progress Response to general report or call Welfare check	Step 2: Select if the member was victim or perpetrator. Not required if member doesn't fall in either category. Reporter can skip this question and move to step 3.
Step 5	Unknown Incarceration of any type (jail, prison) Other Cause of law enforcement intervention (check all that apply)" Member committed a crime/ was engaging in criminal activity A domestic disturbance occurred in the member's home	Step 3: Indicate whether the member was arrested or charged or NA if the member was not the perpetrator.
	 Member was a victim of a crime Member inappropriately contacted emergency numbers Member exhibiting mental or behavioral health issues that put themselves in danger Member location was unknown Member exhibiting mental or behavioral health issues that put others in danger 	Step 4: Select the kind of law enforcement intervention.
	 Member was experiencing medical issues or physical injury Other 	enforcement intervention.
Step 6	Law Enforcement contacted? ☑ Yes □ N/A Date □ □ □ □ □	Step 6: If law enforcement was contacted, enter additional details.
Step 7	Officer Name and Contact Information Did this incident result in? (check all that apply)* Emergency room visit Admission to hospital	Step 7: Select if the incident resulted in medical intervention or support services.
	Urgent care visit Treatment from emergency medical technician (EMT) Consultation with poison control, an on-call medical professional, crisis line, or similar service.	i

□ N/A

Incident Type – Abuse Report

Step I Abuse Report: Means an occurrence that requires a report of child abuse or dependent adult abuse.

Step 3	Kind of Abuse report (check all that apply)* Physical abuse of a dependent adult / nonaccidental physical injury of a child Personal degradation of a dependent adult/ Mental injury of a child Exploitation Sexual abuse	Step 1: Select this incident type if the incident was an occurrence requiring a report of child or dependent adult abuse.
	Self-denial of critical care Other child abuse type Denial of critical care Other Other	Step 2: Select if the member was a victim or a perpetrator.
Step 4	Cause of abuse report (check all that apply)*	Step 3: Select the kind of abuse report.
	Suspected self-denial of critical care Suspected abuse or neglect from a family caregiver Unknown Suspected abuse or neglect by member to another person	Step 4: Select the cause of abuse report.
Ston 5	Other Was the abuse allegation founded?*	Step 5: Select if abuse allegation was founded.
Step 5	Yes No Unknown Pending IHS Abuse Report Department of Inspection, Appeals, and Licensing (DIAL) Date Image: Comparison of	Step 6: Select the type of report that was submitted, once selected enter date filed and if it has been accepted.
Step 7	Did this incident result in? (check all that apply)* Did this incident result in? (check all that apply)* Did this incident result in? (check all that apply)* Did this incident apply and the apply apply and the apply apply and the apply	Step 7: Select if the incident resulted in medical intervention or support services.

HHS HHS

Incident Type – Location Unknown

Step I Location Unknown: Means an occurrence that involves a member's location being unknown by staff who are assigned protective oversight.

Step 2 Approximately how long was the member's location unknown?*

Step 3 Kind of Location unknown (check all that apply)*

Member cannot be located or contacted during times when protective oversight should be provided
 Member left programming/services against court orders or professional advice
 Other

Step 4 Cause of the location being unknown (check all that apply)*

Inadequate staffing to provide protective oversight to all members as outlined in their plans
 Member plan did not adequately address protective oversight needs or supervision not previously identified as a risk for the member.

□ Staff not present when/where expected (i.e. did not arrive to work on time; left during shift; was sleeping when sleeping is not permitted per agency policy or member need)

□ Staff not properly trained on member's plan.

Omnitoring/Supervision technology failure (i.e. cell phone, GPS, overnight monitoring system)

□ An incident or triggering event occurred resulting in the member's location being unknown.

 \Box Redirection, de-escalation, and/or monitoring/supervision plan was unsuccessful to prevent the incident.

□ Member not present when/where expected (i.e. did not return to protective oversight at an agreed upon time)

Other

Step 5 Did this incident result in? (check all that apply)*

Emergency room visit

Admission to hospital

Urgent care visit

Treatment from emergency medical technician (EMT)

 \Box Consultation with poison control, an on-call medical professional, crisis line, or similar service. \Box N/A **Step 1:** Select this incident type if the incident was an occurrence involving a member's location being unknown by a staff who is assigned protective oversight.

Step 2: Enter approximately how long the member's location was unknown.

Step 3: Select the kind of location unknown.

Step 4: Select the cause of the member's location unknown.

Step 5: Select if the incident resulted in medical intervention or support services.

Incident Type - Death

Step I Death: Means an occurrence of any type (including illness) that results in the member's death.

Step 2 Kind of Death (check all that apply)*

Accident or injury
Suicide
Illness
Homicide
Natural causes
Unknown
Other

Step 3 Cause of death (check all that apply)*

Oning illness or chronic health problem
Homicide
Sudden or unexpected illness or injury
Medication error
Other natural causes
Unknown
Suicide
Other

Step 4 Was the death unexpected?*

Was the death preventable?*

Was an autopsy requested? *
Yes No Pending Unknown

Was an autopsy performed?*
Yes No Pending Unknown

Did the member have a DNR order? *

Step 5 Location where death occurred: *

Community location		
🗆 Hospital		
Other		
Address Line 1		
Address Line 2		
City	State	

Step 1: Select this incident type if the incident was an occurrence that resulted in the death of the member.

Step 2: Select the kind death.

Step 3: Select the cause of death.

Step 4: Indicate whether the death was unexpected, preventable, if an autopsy was requested/performed and if the member had a DNR order.

Step 5: Select where the location of death occurred and enter the location information.

Incident Type – Use of a Restraint

Step I Use of a Restraint: Means an occurrence involving the use of a restraint of any type.

Step 2 Incident Type*

 Authorized (meaning the use of the restraint is or was at the time of its use, authorized by the member or the member's representative and their IDT and justified in the member's person-centered plan)
 Unauthorized

Step 3 Kind of restraint (check all that apply)*

□ Physical restraint, intervention, hold, or management technique (any direct contact used to control acute, episodic behavior which is intended to prevent, restrict, or subdue movement of the member's body, or part of the body).

□ Chemical restraint (a medication administered to control behavior, restrict freedom of movement, or sedate the member that is not a standard treatment for the member's medical or psychiatric condition. This does not include as needed medications that the member requests or self-administers as part of their symptom management plan.)

 \Box Isolation or seclusion (involuntary confinement to any room or area where the member is physically prevented from having contact with others, is not free to leave the room or area or believes they are not free to leave.)

Mechanical restraint (mechanical intervention that is used to control acute, episodic behavior and is a device to prevent, restrict or subdue movement or function of the member's body, or part of the body).
 Other

Step 4 Cause of restraint (check all that apply)*

Redirection, de-escalation or non-aversive techniques were unsuccessful to prevent the incident.

 \Box Aggression by the member to another person or property that could not be managed using non-aversive methods.

□ Self-harm/self-injurious behavior that could not be managed using non-aversive methods.

Emergency mental health crisis that could not be managed using non-aversive methods.

Staff not properly trained on the member's plan.

Member's plan did not adequately address behavioral intervention techniques to prevent the incident.

🗆 Unknown

Other

Step 5 Did this incident result in? (check all that apply)*

Emergency room visit

Admission to hospital

Urgent care visit

Treatment from emergency medical technician (EMT)

Consultation with poison control, an on-call medical professional, crisis line, or similar service.

□ N/A

HHS

Step 1: Select this incident type if the incident was an occurrence involving user of restraint of any type.

Step 2: Select the incident type.

Step 3: Select the kind of restraint.

Step 4: Select the cause of restraint.

Step 5: Select if the incident resulted in medical intervention or support services.

Incident Type – Medical Treatment

Step I Medical Treatment: Means an occurrence requiring medical treatment for the member.

Step 2 Kind of medical treatment (check all that apply):*

- Emergency room treatment
- □ Admission to a hospital
- □ Treatment from an emergency medical technician (EMT)
- Urgent care treatment
- Other

Step 3 Cause of medical treatment (check all that apply):*

- Previously known, long-term medical condition or issue.
- Previously unknown or new long-term medical condition or issue.
- □ Acute medical condition or issue.
- Physical injury
- 🗆 Unknown
- Other

Step 4 Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- $\hfill\square$ Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
 N/A

Step 1: Select this incident type if the incident was an occurrence that required medical treatment for the member.

Step 2: Select the kind of medical treatment.

Step 3: Select the cause of medical treatment.

Step 4: Select if the incident resulted in medical intervention or support services.

Section 8: Immediate Resolution

Immediate Resolution (Describe what was done immediately following the incident or discovery of the incident to secure the member's safety and resolve the incident.)

Describe:*

The reporter/user uses this section to describe what was done immediately following the incident of discovery of the incident to ensure the member's immediate safety and to initially resolve the situation.

Important Note: The maximum character limit in the free text fields is 255 characters. If additional supporting information needs to be included, please use the "Additional Follow-up and Notes" section or attach the supporting documents using the "Upload Supporting Documents" function. Reference the location of the additional supporting information in the free text field.

Section 9: Notifications

Notifications



A: If you are the case manager and you are reporting this incident: Did you contact the member within 24 hours of learning of the incident? ☑ Yes □ No □ N/A



Date* 🔲 Time 🗸

- If N/A is checked in any of these questions. no additional information is required.
- If the other option is checked, the reporter/user must enter the name of the person notified and the date of the notification using the date picker function.

The question regarding contact by case manager following an incident should be marked N/A unless the reporter/user is also the case manager.

- A: If Yes is checked, the reporter/user must enter the date and approximate time of the contact with the member from the date picker and drop-down options.
- B: If No is checked, the reporter/user must enter the date and approximate time of the contact with the member from the date picker and drop-down options.
- If N/A is checked, no further information is required.

Section II: Remediations

Long-Term Remediation and Resolution

This was an isolated incident, and no long-term resolution is necessary. (Describe how the incident was isolated and not likely to reoccur.)





Describe what makes the incident isolated and unlikely to reoccur.



Remediations

- Select all the types of resolution that will or have been completed to prevent future, similar incidents from happening.
- More than one type of remediation may be selected.
- Select whether the remediation has been initiated or completed.
- Describe the remediation efforts.

Staffing-Related Remediation (Complete this section if remediation efforts include review and changes in staffing, education, training, discipline, or reassignment of staff. Fully describe the action taken or corrective action plans.)

□ Initiated	Completed	
Describe:		

Member-Related Remediation (Complete this section if remediation efforts include review and changes to the member's person-centered plan, behavioral intervention plans, crisis plans or other related plans or if the member's health or care needs will be reviewed or revised.)

Initiated

Completed

Was the member's plan revised?

□Yes □No

Describe:

Equipment and Supplies Remediation (Complete this section if remediation efforts include the assessment, purchase or repair of equipment or supplies.)

🗆 Initiated

Completed

Describe:

Remediations

Environment Remediation(Complete this section if remediation efforts include the evaluation, accommodation, or modification of the member's environment or the environment where the incident occurred to ensure safety or accessibility needs are met.)

Systemic Remediation(Complete this section if remediation efforts include systemic review and changes such as updates to policies and procedures, training or retraining, quality improvement planning, or any other agency-wide action taken to prevent or diminish the possibility of future incidents.)

□ Initiated	Completed	
Describe:		

Initiated

Completed

Self-corrective action plan initiated?

Describe:

HHS H

Additional Follow Up and Notes

Additional Follow-up and Notes (Use the section to add any additional information about the incident including follow-up that occurred, or updates to remediation and resolution.) View additional Follow-up and Notes Added by Ashish Upreti on 6/12/2023 10:27:27 AM: Second Note Added by Ashish Upreti on 6/12/2023 10:27:16 AM: Any additional notes added will be shown here along with user who entered and date time.	Use the section to add any additional information about the incident including follow- up that occurred, or updates to remediation and resolution.
New additional Follow-up and Notes	Any notes added will be displayed like the picture on the left. Each note added will show who submitted it and when.

Upload Supporting Documents

*Select	Please select fil a File: Choose File Upload	No file chosen	s, -bairagetragetragetragetragetragetragetraget	ι,,,png,,,xis,,,xisκ,,τxτ
	Docum	ent Name	Uploaded By	Uploaded On
Select	Docum Delete Testfile.x	ent Name dsx	Uploaded By BiniThatta	Uploaded On 06/14/2023 08:30:07

- Any supporting document can be uploaded using the Upload Supporting Documents function.
- All uploaded documents for this incident will be available for users to access through this section/page.

Correction

This section outlines the correction process for incidents, detailing the steps involved for both QA Specialists and Reporters. Consists of workflow, step-bystep instructions, and automated notifications associated with the correction process.



Things to keep in mind (Correction)

There are some sections that cannot be corrected including:

- Reporting Party
- Medicaid Member

*If a mistake is made in the reporting party or member section, the incident must be deleted and re-entered with the correct reporting party's or member's information.

- Only reporters from the reporting organization can take actions to the correction.
- The QA Specialist can cancel a correction request for an incident only if the incident hasn't been changed since the original request for correction was made.

Navigation to the Correction Section

When an existing incident is opened, the **Correction** section can be found at the end of the navigation bar under "Additional Information Section".

Additional Information Section	
Additional Follow-up and Notes	~
Upload Supporting Documents	
Corrections	
 indicates required Complete in sequential order 	



Correction Status Process Flow

Step 1: QA Specialist requests a correction.

Step 2: Reporter resolves the correction.

Step 3: QA Specialist reviews and either accepts or rejects the correction. If rejected, reporter needs to review the reject reason, make corrections, and resolve the correction.





Add Correction (QA Specialist)

Context: To initiate a correction request, the QA specialist selects the "Add Correction" link to request one to the reporter.

Steps:

1.

- Click on "Add Correction" a pop-up box will appear.
- 2. In the pop-up, enter the sections requiring correction. This is an auto-populating text box that displays eligible sections based on characters entered.
- 3. Provide a correction description (maximum limit: 10,000 characters).
- 4. (Optional) Update the reporter's email if a different reporter needs to review the correction.
- 5. Click on "Submit".

What Happens After Submitting?

- A new correction entry is added to the Correction Table as "Requested".
- 2. Automated emails are sent to the reporter responsible to the correction.

		Add Co
corrections found t	or this incident.	
	Add Correction	
Incident Id: Member Name:		
Correction Section(s):*	Begin typing and selection will appear for selection.	
Description:*	Character limit: 10000 max.	
Reporter Email:*	Update an email	
	Submit Clear	

Resolve Correction (Reporter)

Context: When a correction is requested, an email notification is sent to the assigned Reporter, requesting them to review and **resolve** it.

Ste		Correc	tion				
JUE	p3.	ID	Status	Title			
1.	In IMPA, open the CIR with the	Before Change 14	Requested Incident De	escription	<u>View</u>	Resolve	History
1 1 1	requested correction.			View Correction			
2.	Navigate to the Correction Section.	Correction ID: 14	_				Close
3.	Click on "View" to open a pop-	Incident Id: Member Name:					
	Malas the management has been to	Correction Section(s): Inc	ident Description				
4.	the incident.	Description:*	•				
5.	Once changes are confirmed, click "Resolve".		_				
, , , ,	<u> </u>		R	esolve Correction			
Wh	at Happens After Resolving?	Correction ID: :	14 Incident Id: Mem	ber Name:			
1	Correction status is changed to	Correction Requested: 1	Incident Description				
1.	"Resolved".	Correction Made:					
2.	Email is sent to QA Specialist for review.	Do you r	eally want to resolve this	s Correction?			
				OK Cancel			

Accept & Reject Correction (QA Specialist)

Context: Once a correction is resolved, an email is sent to the assigned QA Specialist for verification.
Based on the review, the QA Specialist can accept or reject the correction.

Steps:

- 1. In the Correction Table, click "Verify" to open a pop-up. Navigate to the Correction Section.
- 2. Choose to Accept or Reject the correction.

Correctio ID	n Status Title	What Happens After Accepti	ing?
Before Change 36	Resolved Incident Type - Death	View Verify Reassign History	U
	Verify Correction	1. Correction status updates to "Completed".	
Correction ID	Incident Id: Member Name:	 An email notification is sent to Reporter confirming complet 	o the ion.
Correction Made	:		
*Change Status	: O Accept O Reject	What Happens After Rejecting?	
Comment	Maximum limit: 500 characters	1. Correction status updates to "Needs Review".	
		2. An email notification is sent to Reporter requesting further review.	o the
	Submit Clear		

Cancel Correction (QA Specialist)

Context: If a requested correction is no longer needed, the **QA Specialist** can cancel it. However, cancellation is **only allowed** when the correction status is **"Requested"**. If the **Reporter** has already accessed and made changes, cancellation will not be available.

Steps:

1. In the Correction Table, click "Cancel".

- 2. Enter cancel reason. Max character limit: 500.
- 3. Once confirmed, click on "Ok" button to cancel the correction request.

What Happens After Cancelling?

- 1. The correction status updates to "Cancelled".
- 2. An email is sent to the Reporter, notifying them that the correction has been cancelled.

	Correction				
Before Change	ID 38	Status Requested Incident	Title Description	View Can	cel Reassign
		-			
		Canc	el Correction		
Corre	tion ID:	Incident Id:	Member Name:		
	Do you re	eally want to canc	el this Correction?		
*Cancel	Reason: Max	kimum limit: 500 ch	aracters		

Correction History Table

Context: Correction history table maintains a detailed log of all activities related to the correction. Each correction has a history log tracking changes, including:

- 1. Status updates (Requested, Resolved, Needs Review, Completed, Cancelled)
- 2. QA Specialist and Reporter assignments



Tracked Columns:

- 1. Activity Date: When the action occurred.
- 2. Activity Type: Status or user assignment changes.
- 3. Activity By: User who made the change.
- 4. QA Specialist Email: Assigned QA Specialist at the time of the activity.
- 5. Reporter Email: Assigned Reporter at the time of the activity.
- 6. Comments: Entered by QA Specialist when accepting or rejecting a correction.

Automated Emails (Reporter)

Context: To keep users informed and ensure timely resolutions of corrections, automated emails are triggered at certain stages of the process.

Email Subject	Email Trigger
Correction Requested	A new correction has been requested.
Correction Needs Review	Correction was rejected and requires further review.
Correction Accepted	Correction has been accepted.
New Reporter Assigned	A new reporter has been assigned to the correction.
Correction Cancelled	The correction request was cancelled by the QA Specialist.
Unresolved Correction Overdue	15 th , 20 th , and 25 th day reminders if unresolved.

Automated Emails (QA Specialist)

Context: To keep users informed and ensure timely resolutions of corrections, automated emails are triggered at certain stages of the process.

Email Subject	Email Trigger
Correction Resolved	Reporter has resolved the correction.
New QA Specialist Assigned	A new QA Specialist has been assigned to the correction.
Unresolved Correction Overdue (Copy)	Copy of emails that were sent to reporters when was unresolved for 15, 20, and 25 days.

Existing Incidents

The "Existing Incident" function allows organizations to access all incidents submitted by IMPA users of the organization/provider group.



Existing Incident Page

Search			
Search			
Incident Status:	Select 🗸	1	
Incident Number:		2	
Medicaid State ID:		3	
Consumer Last Name:		4	
Reporter Last Name:		5	
Incidents Created From:	04/10/2020	incidents Created Until: 04/10/2025 🔲 🔓 🌀	
	<u>Find</u> <u>Reset</u>		

Export to CSV 7

			Medicaid		Member	<u>Incident</u> Occurred				<u>Incident</u> Created			
		Incident II	State ID	Member Name	Enrollment	Date	<u>Reporter Name</u>	<u>Case Manager Name</u>	<u>Case Manager Type</u>	Date	<u>Primary Incident Type</u>	Incident Status	Note
Select		18975				03/01/2025			MCO CBCM	03/05/2025	Physical Injury	Correction Report	
Select		18974	Not Available	Not Available		Not Available				03/04/2025	Not Available	Initial Submission	
Select		18973				03/03/2025			MCO CBCM	03/04/2025	Physical Injury	Correction Report	
<u>Select</u>	4	18972			Molina	02/26/2025			MFP Transition Specialist	02/27/2025	Medication Error	Final Submission	
Select	4	18971			Wellpoint	02/26/2025			МСО СВСМ	02/27/2025	Physical Injury	Initial Submission	
<u>Select</u>	4	18970			Wellpoint	02/26/2025			МСО СВСМ	02/27/2025	Physical Injury	Initial Submission	
8	9	10	П	12	13	14	15	16	17	18	19	20	

Leg	end:	8. Select – View critical incident		16. Case Manager Name – Name of the case manager
1.	Status – Can search for "Submitted" or "Completed" incidents	9. Print – Will generate pdf of the critical incident. Only displayed once incident is submitted.	1	17. Case Manager Type – Shows the type of case manager.
2. 3. 4. 5. 6.	Incident Number – Incident ID (Unique Key) Medicaid State ID – Medicaid State ID Consumer Last Name – Member's Last Name Reporter Last Name – Reporter's Last Name Incident Created From/Until – Incidents within the date range. (Default set to 5 years, can access up to 40 years of data) Export to CSV – Will export all incidents currently showing in the existing incidents table	 Incident ID – Critical Incident ID/Number Medicaid State ID – Medicaid State ID Member Name – Member's Full Name Member Enrollment – Who the member is enrolled with. Incident Occurred Date – Date Critical Incident occurred to member. If not completed, date won't be available. 		 18. Incident Created Date – Date of when the incident was created in IMPA application. 19. Primary Incident Type – Show the primary incident type of the CI report. 20. Incident Status– Initial Submission or Final Submission or Correction Report
		15. Reporter Name – Name of the incident reporter		