STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Critical Incidents & Reporting

User Guide

01/19/2024

# 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. 41) – 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.

IOWA
HHS

IMPA Registration & Application Access

- If you do not already have access to IMPA, please register here: IMPA (state.ia.us)
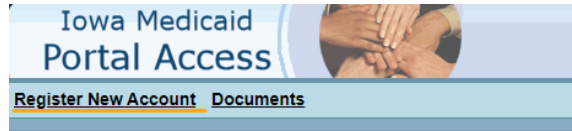
- For access to the Critical Incident Application, please complete this form and submit. Registration Form Link: https://www.tfaforms.com/243237

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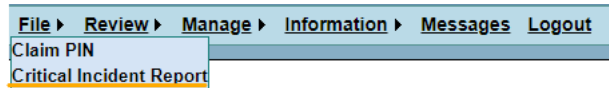
  - To access an existing incident report: In the navigation bar, go to Review >Existing Incident

IOWA HHS

Table of Content

IOWA
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.

■ 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:
      470-4608 Iowa Medicaid Provider Address Change Request
  ■ 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 impahelpdesk@dhs.state.ia.us. For issues with user registration, account, or password problems, please contact impasupport@dhs.state.ia.us
  ■ For Application Access: Please click here IMPA Registration Link

IOWA
HHS

Navigation Sidebar

	Start Report
1	**Reporting Party***
2	**Provider Responsible for Member***
3	**Medicaid Member***
4	**Case Manager***
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
8	Resolution
	Immediate Resolution*
9	**Notifications and Other Reports**
10	Cancel Submit

- The navigation side bar is divided into three sections.
    - 1 through 10
    - 11 and 12
    - Additional Notes & Upload Document section

- To be counted as a submitted incident report, the user must complete sections 1 through 9 and select "Submit" in section 10.

- To ensure timely reporting, the reporting party must complete sections 1 through 9 and select "Submit" 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.

IOWA
HHS

Navigation Sidebar (cont'd)

- 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 "Finish" in Section 12.

- Important Note: The incident report is considered complete and resolved once the "Finish" is selected in Section 12. The incident report, aside from the sections noted below, cannot be edited after it has been finished/completed

- Additional Follow-up and Notes and Upload Supporting Documents will remain fillable and accessible for all incident reports in progress and completed.

Completing the Incident Report Sections

Upon creation of new incident report, the status of the incident report is "Pending further information".

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: **Addendum Report (Pending further information)**   *Report Date: 06/01/2023

Incident ID: **36**

Medicaid State ID: ▇▇▇▇▇▇

Member Name: ▇▇▇▇▇▇▇▇▇

Section 1: Reporting Party

Step 1: **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 Details.*

Organization's contact information: [Change Address]

Address Line 1
4800 WESTOWN PKWY STE 400

Address Line 2
[   ]

City: WEST DES MOINES   State: IOWA   Zip: 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 auto-populate 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 470-4608. This form link is also provided when user presses "Change Address" button in the application

IOWA
HHS

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:

Title*

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

■ 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

Reporting Party – Point of Contact

■ 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:

Title

First Name

Last Name

Telephone Number

Email

IOWA
HHS

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.

IOWA
HHS

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?*
  ☑ Yes ☐ No

  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.)**

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

C 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)*
[   ]

Provider (Name or Agency)
[   ] 🔍 **D**

Provider's contact information:
Telephone Number   Email
[   ]   [   ]

A: If the responsible provider is same as reporting party identified above and the corresponding box is checked…

Automatic Action: Text fields in C will be auto populated with the information that was entered in the Reporting Party section.

B: If no provider was responsible for member at the time of incident and the corresponding box is checked…

Automatic Action: Text fields in C will be hidden. No information is required from the user.

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)

IOWA
HHS

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)

Step 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.

Advance Provider Search

Provider Type:	--Select--
State/County:	IA / --Select--
Provider Name(Contains):	IA / Out of State
NPI:	
Zip:	-

Search   Clear   Close

Advance Provider Search

Provider Type:	--Select--
State/County:	IA / --Select--
Provider Name(Contains):	jac
NPI:	
Zip:	-

Search   Clear   Close

Currently showing 15 providers. Please select one OR refine search to continue.

	NPI	LPN	Provider Name
Select			JACKLYN KAY SINNOTT
Select			PATTIE KAYE JACKSON
Select			ATICIA MONIQUE JACKSON
Select			JACKIE GILBERT
Select			JACKSON MEDICAL SUPPLY

IOWA HHS

Section 3: Medicaid Member

Step 1

Medicaid Member

Search Critera

*Medicaid State Identification (SID): [   ]   Search

Step 2

Medicaid State Identification (SID)*
[██████]

First Name
[██████]

Last Name
[██████]

Date of Birth
[██]/4/19[██]

Age
[███]

Member's Gender
☐ Male ☑ Female

Preferred Name: [████████████]

Step 2.1

Date Incident Occurred*
08/02/2023 📅

Time Incident Occurred*
2:15 PM ⌄

Member enrolled with: Amerigroup ⌄ *

- **Step 1:** Enter member's state Identification number (SID) and hit search.

- **Step 2:** Fields in Step 2 will be auto-populated based on the member's SID except for "Preferred Name".

- **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.

Note:

A. "Preferred Name" – Enter name if the member wishes to be called with a different name.

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

C. Reporter will not be able to access "Incident Description" section (6) in navigation sidebar until this section has been saved.

IOWA 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)

IOWA
HHS

Section 4: Case Manager

Case Manager

A ☐ Case Manager is the same as reporting party identified above.

B **Select One***
    ☐ MCO CBCM
    ☐ MFP Transition Specialist
    ☐ IHH Care Coordinator
    ☐ Other CM Entity

C First Name *   Last Name *

Case Manager contact information:

Telephone Number *   Email *

Address Line 1*

Address Line 2

City*   State*   Zip*
    --Select--

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 filled in Reporting Party – Reporting Party Contact

----

B: Select the type of case management entity the member has from the available options.

- 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 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

20

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
☐ 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**

Location Name
[   ]

Address Line 1
[   ]

Address Line 2
[   ]

City   State   Zip
[   ]   [--Select--   ▾]   [   ] - [   ]

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.

IOWA HHS

21

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

IOWA
HHS

Section 6: Incident Description

Incident Description

Date Incident Occurred*   Time Incident Occurred*

Date Incident Discovered*

Description: *
(Include who, what, when, where, and how in a clear and concise manner noting the circumstances of the incident.)

Was the incident preventable?

☐ Yes   ☐ No   ☐ Unknown

Root Cause *
(Describe circumstances that may have led to or contributed to the incident.)

- **Date and Time Incident Occurred:** These fields are locked and can only be changed through "Medicaid Member" section, (3) in navigation side. In other words, to change the info in this field to go to section (3) - Medicaid member in navigation sidebar, change and save it.

- **Date Incident Discovered:** The reporter/user is required to enter the date the incident was discovered using the date picker function. The system prevents the date the incident is discovered to be before the date the incident occurred.

- **Description**: Use this section to describe the incident per the instructions in the application.

- **Was the incident preventable:** Select from the available options.

- **Root Cause**: Use this section to describe the root cause of the incident per the instructions in the application.

IOWA
HHS

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 type of physical injury.

Step 3: Select the cause of physical injury.

Step 4: Select if the incident resulted to an emergency room visit.

Step 1   **Physical Injury:** Means an occurrence resulting in physical injury requiring physician's treatment or admission to a hospital.

Circumstances (select one)*

☐ Physical injury to member   ☐ Physical injury by member

Step 2   **Physical injury type (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
☐ Other

Step 4   **Did the member go to the emergency room or get emergency room treatment associated with this incident?** *

☐ Yes ☐ No

IOWA HHS

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 type of medication error.

Step 3: Select the cause of medication error.

Step 4: Select if the incident resulted to an emergency room visit.

Step 1 **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 **Medication error type (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 the member go to the emergency room or get emergency room treatment associated with this incident? ***
☐ Yes ☐ No

IOWA HHS

Incident Type – Emergency Mental Health Treatment

Step 1

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

Step 2

Emergency mental health treatment type (check all that apply)*

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

☐ 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.

☐ 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
☐ Escalating mental health concerns
☐ Aggression by member
☐ Medication error
☐ Toxic effect of substances/adverse reaction to substance
☐ Triggering event or other triggering factor
☐ Self-harm/self-injurious behavior
☐ Unknown
☐ Other

Step 4

Did the member go to the emergency room or get emergency room treatment associated with this incident? *
☐ Yes ☐ No

Step 1: Select this incident type if the incident was an occurrence requiring emergency mental health treatment for the member.

Step 2: Select the type of emergency mental health treatment.

Step 3: Select the cause of emergency mental health treatment.

Step 4: Select if the incident resulted to an emergency room visit.

IOWA HHS

Incident Type – Law Enforcement Intervention

Step 1 **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?**
☐ Yes ☐ No ☐ NA

Was the member charged?
☐ Yes ☐ No ☐ NA

Step 4 **Law enforcement intervention type (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
☐ Unknown
☐ Other

Step 5 **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
☐ 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
☐ Member was experiencing medical issues or physical injury
☐ Other

Step 6 **Did the member go to the emergency room or get emergency room treatment associated with this incident?** *
☐ Yes ☐ No

Step 1: Select this incident type if the incident was an occurrence requiring law enforcement intervention.

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 3: Indicate whether the member was arrested or charged or NA if the member was not the perpetrator.

Step 4: Select the type of law enforcement intervention.

Step 5: Select the cause of law enforcement intervention.

Step 6: Select if the incident resulted to an emergency room visit.

Incident Type – Abuse Report

Step 1 **Abuse Report:** Means an occurrence that requires a report of child abuse or dependent adult abuse.

Step 2 ☐ Member was a victim ☐ Member was a perpetrator

Step 3 **Abuse report type (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
☐ Self-denial of critical care
☐ Other child abuse type
☐ Denial of critical care
☐ Other

Step 4

Cause of abuse report (check all that apply)*

☐ Suspected abuse or neglect from staff
☐ Suspected self-denial of critical care
☐ Suspected abuse or neglect from a family caregiver
☐ Unknown
☐ Suspected abuse or neglect by member to another person
☐ Other

Step 5 **Did the member go to the emergency room or get emergency room treatment associated with this incident? ***
☐ Yes ☐ No

Step 1: Select this incident type if the incident was an occurrence requiring a report of child or dependent adult abuse.

Step 2: Select if the member was a victim or a perpetrator.

Step 3: Select the type of abuse report.

Step 4: Select the cause of abuse report.

Step 5: Select if the incident resulted to an emergency room visit.

IOWA HHS

Incident Type – Location Unknown

Step 1

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

Location unknown type (check all that apply)*

☐ Location Unknown- member cannot be located or contacted during times when protective oversight should be provided

☐ 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.

☐ Monitoring/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.

☐ 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 the member go to the emergency room or get emergency room treatment associated with this incident? *

☐ Yes ☐ No

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 type of location unknown.

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

Step 5: Select if the incident resulted to an emergency room visit.

IOWA HHS

Incident Type - Death

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

Step 2

Death type (check all that apply) *

☐ Accident or injury
☐ Suicide
☐ Illness
☐ Homicide
☐ Natural causes
☐ Unknown
☐ Other

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 3

Was the death preventable?
☐ Yes ☐ No

Was an autopsy requested?
☐ Yes ☐ No ☐ Unknown/Don't know

Was an autopsy performed?
☐ Yes ☐ No ☐ Pending

Did the member have a DNR order?
☐ Yes ☐ No

Step 4

Location where death occurred: *
☐ Member's home
☐ Community location
☐ Hospital
☐ Other
Address Line 1
[   ]
Address Line 2
[   ]
City   State   Zip
[   ]   [--Select--   ▾]   [   ] - [   ]

Step 5

Did the member go to the emergency room or get emergency room treatment associated with this incident? *
☐ Yes ☐ No

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

Step 2: Select the type and cause of death.

Step 3: Indicate whether the death was preventable, if an autopsy was requested/performed and if the member had a DNR order.
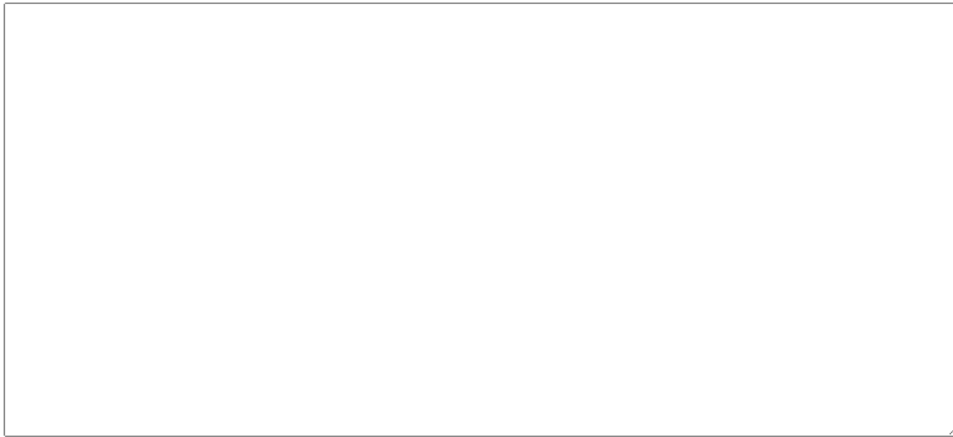
Step 4: Select where the location of death occurred and enter the location information.

Step 5: Select if the incident resulted to an emergency room visit.

IOWA
HHS

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.

IOWA HHS

Section 9: Notifications and Other Reports

Notifications and Other Reports

Immediate Supervisor:
☑ Notified of incident ☐ N/A
First Name _____ Last Name _____ Date _____ 📅

Guardian or Member:
☑ Notified of incident ☐ N/A
First Name _____ Last Name _____ Date _____ 📅

Case Manager:
☑ Notified of incident ☐ N/A
First Name _____ Last Name _____ Date _____ 📅

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 _____

B: 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.

IOWA
HHS

33

Other Reports

Other Reports

DHHS Abuse Report?
☑ Yes ☐ N/A

Date ▢ 📅
Report Number ▢
Accepted ☐ Yes ☐ No

Department of Inspections and Appeals (DIA) Abuse Report?
☑ Yes ☐ N/A
Date ▢ 📅

Law Enforcement contacted?
☑ Yes ☐ N/A
Date ▢ 📅

Officer Name and Contact Information
▢

Other Entities Contacted/Notified
▢

- ■ If N/A is checked in any of these questions. no additional information is required.
- ■ If any other option is checked, the reporter/user must enter the corresponding information.
- ■ "Other Entities Contacted/Notified" is an optional field.

Section 11: Remediation (Long-Term)

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:

- Indicate where this was an isolated incident if this incident is unlikely to reoccur.
- Describe what makes the incident isolated and unlikely to reoccur.

**IOWA
HHS**

Long-Term Remediation and Resolution

- 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.

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:

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:

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

☐ Initiated   ☐ Completed

Describe:

IOWA HHS

Long- Term Remediation and Resolution

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.)*

☐ Initiated   ☐ Completed

Describe:

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

Self-corrective action plan initiated?
☐ Yes   ☐ No

Describe:

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.

New additional Follow-up and Notes

[Add Notes]   [Clear]

- Use the section to add any additional information about the incident including follow-up that occurred, or updates to remediation and resolution.

- 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

- ■ 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.

Existing Incidents

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

Search

Status:	--Select-- ☐	1
Incident Number:	☐	2
Medicaid State ID:	☐	3
Consumer Last Name:	☐	4
Reporter Last Name:	☐	5
Incidents Created From:	10/16/2018 📅	Incidents Created Until: 10/16/2023 📅	6

Find   Reset

Export to CSV 7

		Incident ID	Medicaid State ID	Consumer Name	Incident Occurred Date	Reporter Name	Case Manager Name	Case Manager Type	Completed	Incident Created Date	Primary Incident Type	Note
Select		4338	Not Available	Not Available	Not Available				False	10/16/2023	Not Available	
Select		4337	Not Available	Not Available	Not Available				False	10/13/2023	Not Available	
Select	🖨	4336	▓▓▓▓	▓▓▓▓▓	10/01/2023	Sam	Sam	MFP Transition Specialist	False	10/10/2023	Death	
Select		4335	Not Available	Not Available	Not Available				False	10/09/2023	Not Available	
Select		4334	Not Available	Not Available	Not Available				False	10/09/2023	Not Available	
Select		4333	Not Available	Not Available	Not Available				False	10/09/2023	Not Available	
Select		4331	Not Available	Not Available	Not Available				False	09/27/2023	Not Available	
Select	🖨	4312	▓▓▓▓	▓▓▓, JERALD	09/13/2023	▓▓, Amber	▓▓, Amber	MCO CBCM	True	09/19/2023	Death	
Select		4311	▓▓▓▓	▓▓▓, JERALD	09/13/2023	▓▓, Amber	▓▓, Amber	MCO CBCM	False	09/19/2023	Not Available	
Select		4309	▓▓▓▓	▓▓▓, JERALD	09/13/2023	▓▓, Amber	▓▓, Amber	MCO CBCM	False	09/19/2023	Not Available	

8   9   10   11   12   13   14   15   16   17   18   19   ⏮ ◀ ▶ ⏭ Page 1 of 5 Pages

Legend:

1. Status – Can search for "Submitted" or "Completed" incidents

2. Incident Number – Incident ID (Unique Key)

3. Medicaid State ID – Medicaid State ID

4. Consumer Last Name – Member's Last Name

5. Reporter Last Name – Reporter's Last Name

6. Incident Created From/Until – Incidents within the date range. (Default set to 5 years, can access up to 40 years of data)

7. Export to CSV – Will export all incidents currently showing in the existing incidents table based on the search criteria.

8. Select – View critical incident

9. Print – Will generate pdf of the critical incident. Only displayed once incident is submitted.

10. Incident ID – Critical Incident ID/Number

11. Medicaid State ID – Medicaid State ID

12. Consumer Name – Member's Full Name

13. Incident Occurred Date – Date Critical Incident occurred to member. If not completed, date won't be available.

14. Reporter Name – Name of the incident reporter

15. Case Manager Name – Name of the case manager

16. Case Manager Type – Shows the type of case manager.

17. Completed – Shows if the incident report has been finalized. This is when the incident is submitted from 1 through 9 in navigation sidebar.

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.

IOWA HHS