

# **IMPA –Critical Incident Report Form download and use Instructions**

February 2023

# Critical Incident Report Form download and Use Instructions

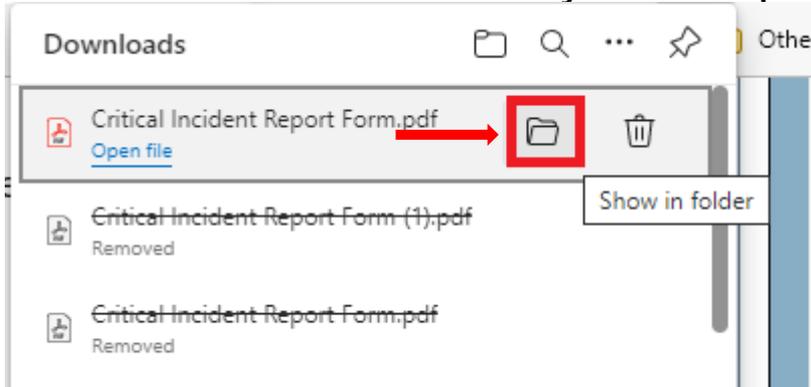
- Go to IMPA Home Page
- Click on Critical Incident Report Form

- **IMPORTANT INFORMATION (Update)**  
Please note that if you are uploading medical information to IME related to the for-service and MCO members. The IME QIO or the member's MCO is respon  
If the member is a MCO member, please send the medical information to the a
- [Nursing Facility Medically Exempt Access User Guide](#)
- [Nursing Facility Medically Exempt Access Registration Form](#)
- [Member Waiver Eligibility User Manual](#)
- [Member Waiver Eligibility Access Request Form](#)
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- [HCBS Residential Member Setting User Manual](#)
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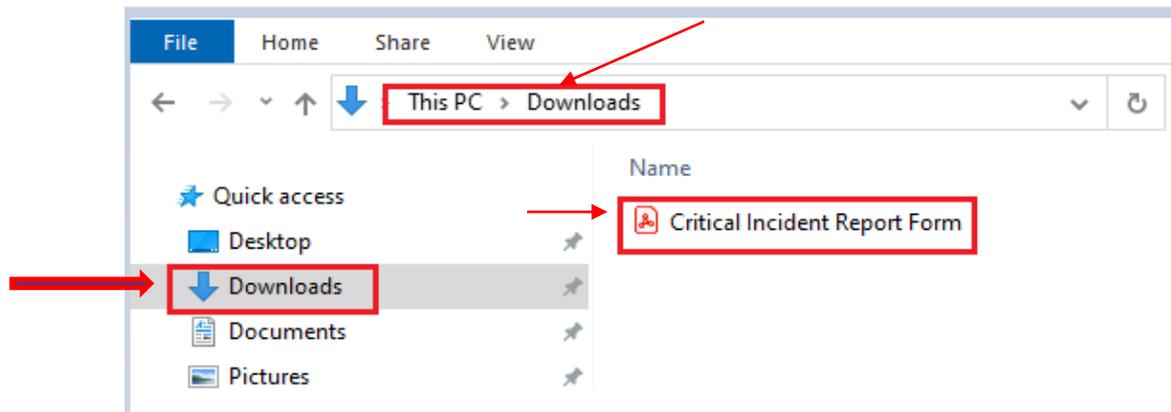


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- Go to “Downloads” Folder on your computer by clicking this icon

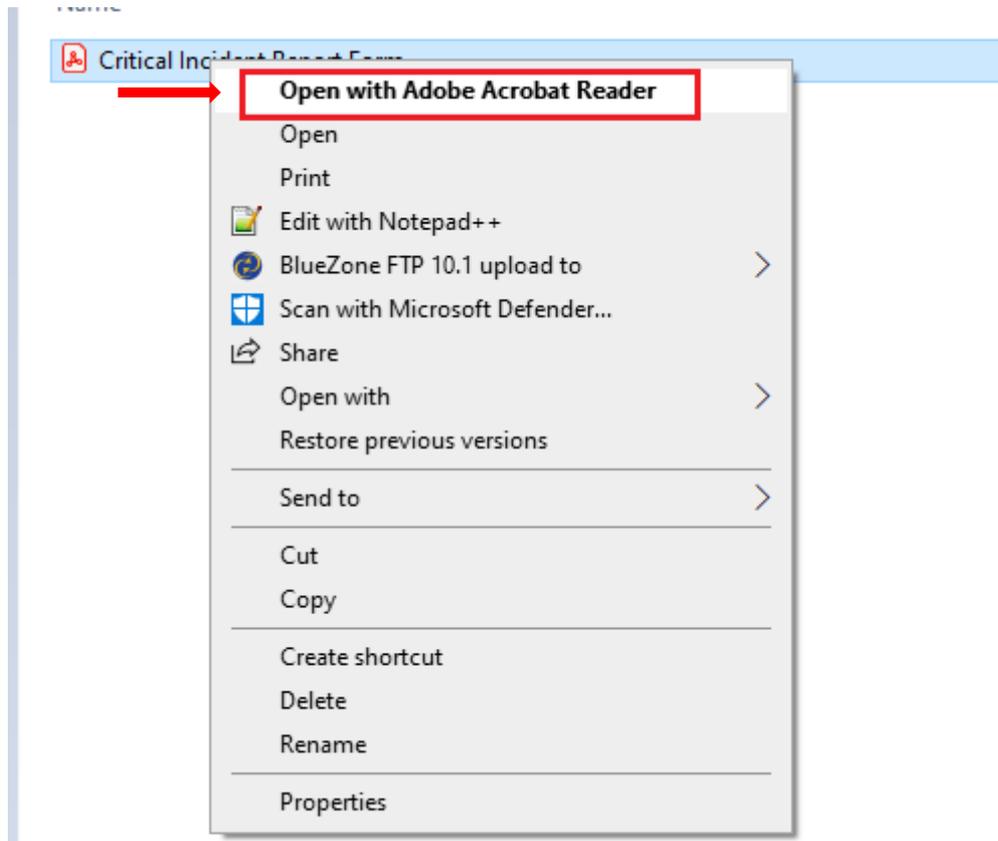


- OR Clicking on “Downloads”



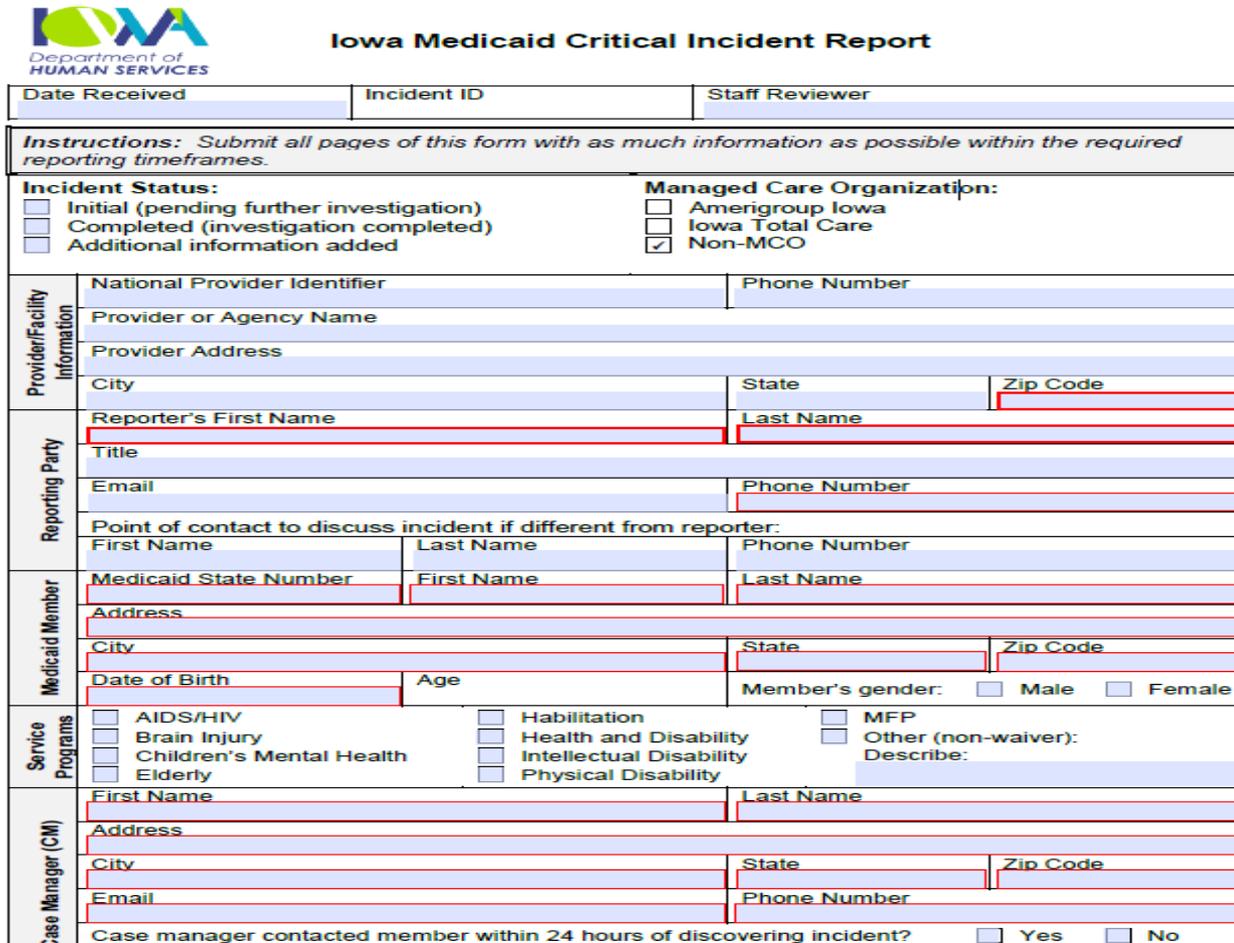
# Critical Incident Report Form download and Use Instructions

- Then right click on this form from downloads and open using Adobe Acrobat Reader



# Critical Incident Report Form download and Use Instructions

- The form should be opened with **red** outlines indicating required fields



**Iowa Medicaid Critical Incident Report**

Department of HUMAN SERVICES

Date Received \_\_\_\_\_ Incident ID \_\_\_\_\_ Staff Reviewer \_\_\_\_\_

*Instructions: Submit all pages of this form with as much information as possible within the required reporting timeframes.*

**Incident Status:**  
 Initial (pending further investigation)  
 Completed (investigation completed)  
 Additional information added

**Managed Care Organization:**  
 Amerigroup Iowa  
 Iowa Total Care  
 Non-MCO

**Provider/Facility Information**  
 National Provider Identifier \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Provider or Agency Name \_\_\_\_\_  
 Provider Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Reporting Party**  
 Reporter's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Point of contact to discuss incident if different from reporter:  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medicaid Member**  
 Medicaid State Number \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Member's gender:  Male  Female

**Service Programs**  
 AIDS/HIV  Habilitation  MFP  
 Brain Injury  Health and Disability  Other (non-waiver):  
 Children's Mental Health  Intellectual Disability Describe: \_\_\_\_\_  
 Elderly  Physical Disability

**Case Manager (CM)**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Case manager contacted member within 24 hours of discovering incident?  Yes  No

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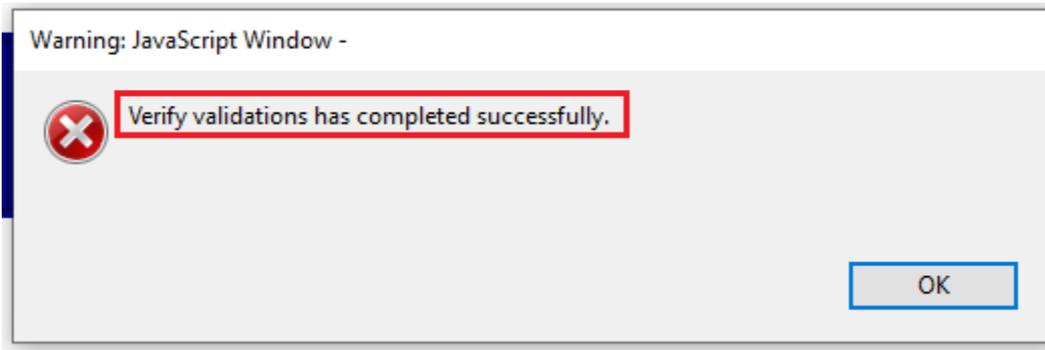
- Use this form and fill all the required information. Use “**Verify Validations**”(Page 5 in the form) button to Verify all the required information are in place.

Resolution (Cont.)	<input type="checkbox"/> Policy and Procedure Review and Updates (A review or adjustment of formal written policies, procedures, and guidelines implemented by the agency or facility.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Describe:
	<input type="checkbox"/> Agency Wide Planning (Systemic resolution to include, but not limited to, training or retraining, self-CAP, communication and awareness regarding updates, employee screening, etc.) <input type="checkbox"/> Initiated <input type="checkbox"/> Completed Self-corrective action initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
	<input type="checkbox"/> No Resolution Required (Indicate how incident was isolated.) Describe:
Additional Follow-up and Notes (Place additional detail regarding incident or resolution as discovered.)	



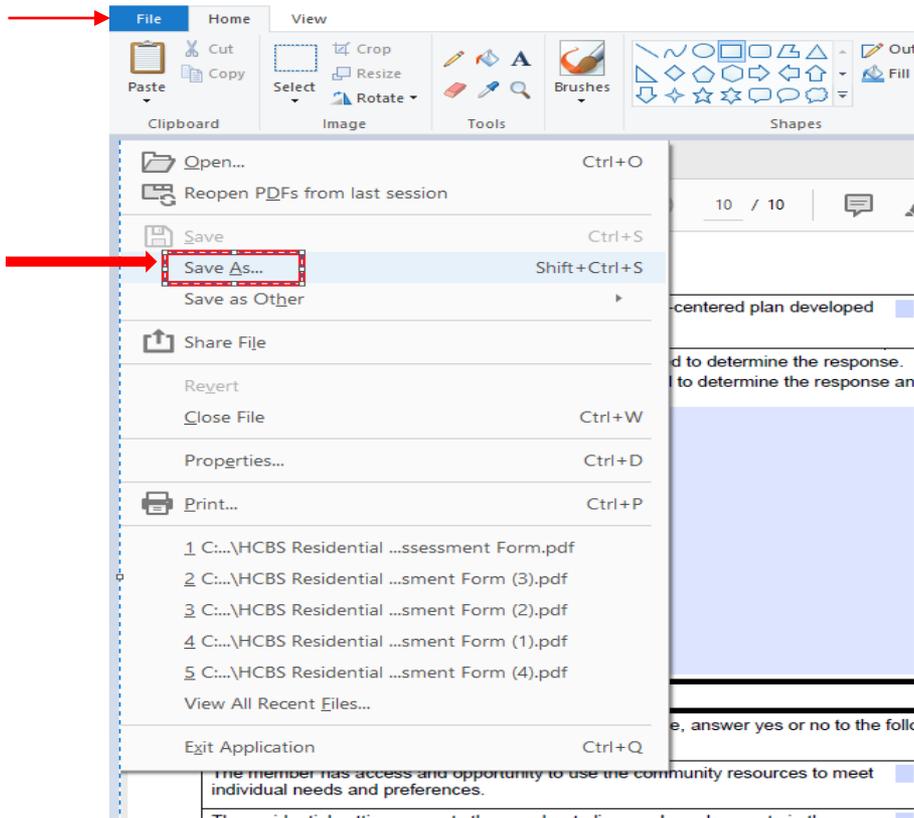
# Critical Incident Form download and Use Instructions

- Complete this form until you get the successful validation message.



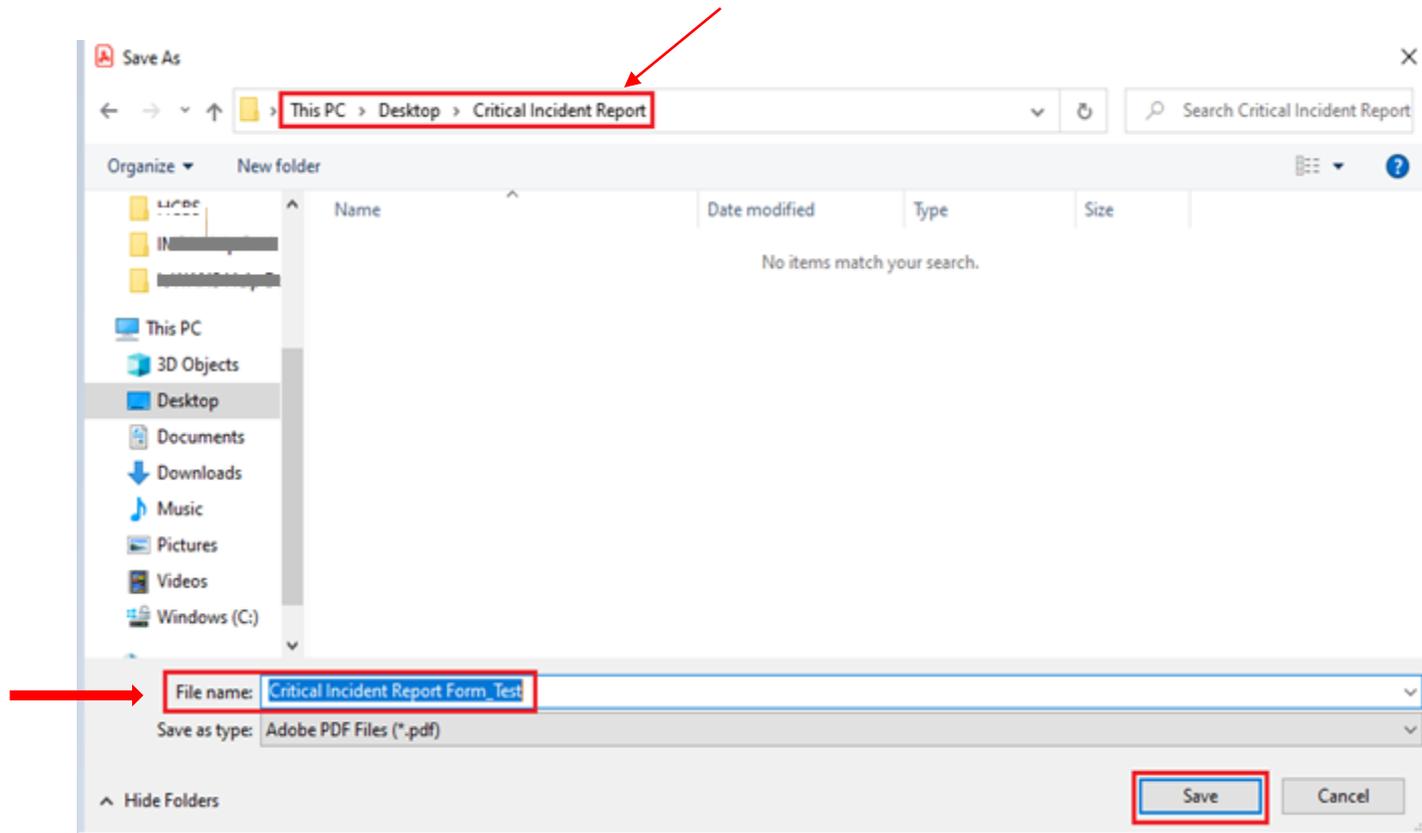
# Critical Incident Report Form download and Use Instructions

- Once Validations are done, save to your local folder using File -> “Save as”



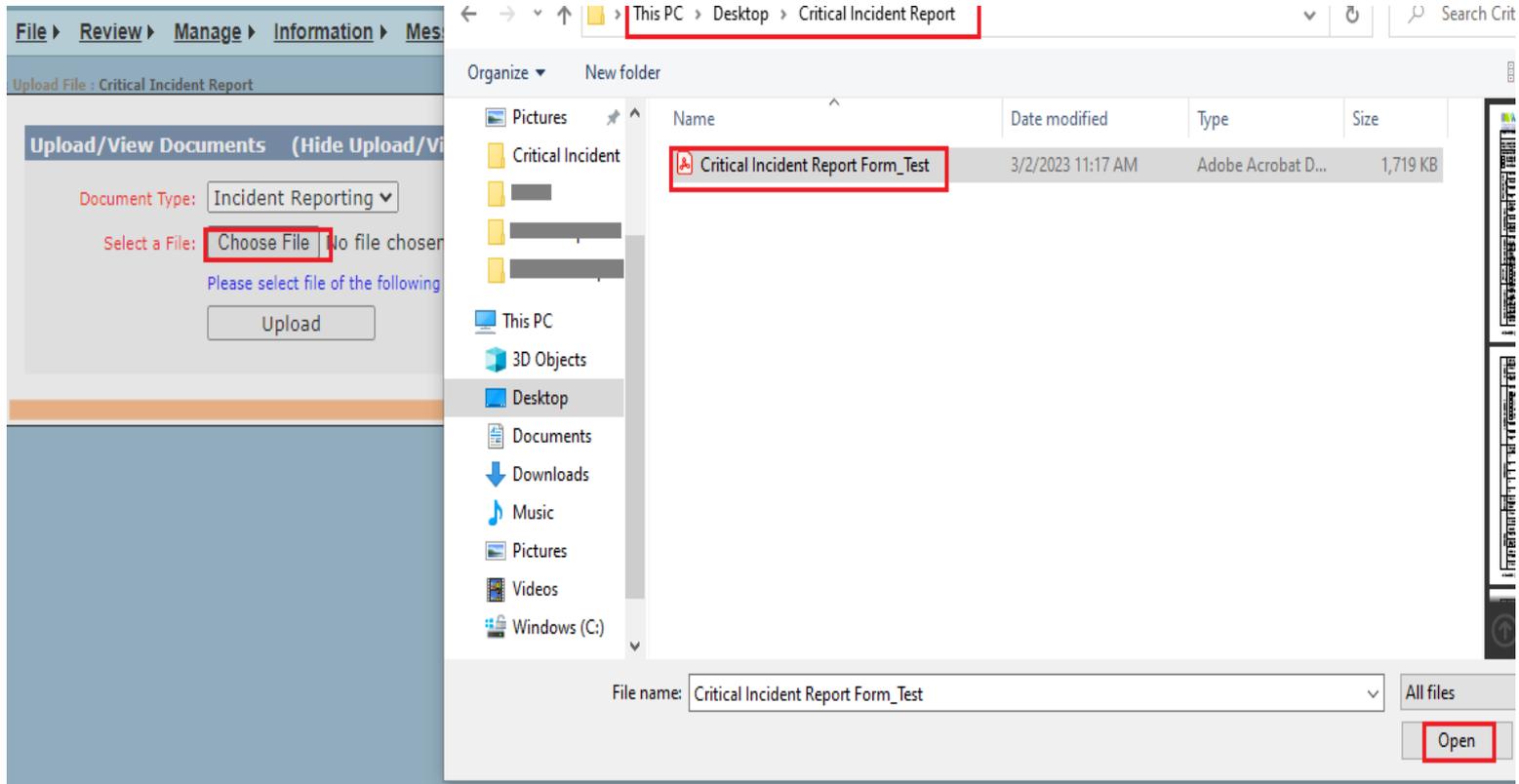
# Critical Incident Report Form download and Use Instructions

- Rename the form for easy access and Save to your local Folder
- Example:- Folder structure



# Critical Incident Report Form download and Use Instructions

- Use the same form to upload in IMPA



# Critical Incident Report Form download and Use Instructions

- Click on Upload

The screenshot shows a web application interface for uploading a Critical Incident Report Form. At the top, there is a navigation menu with the following items: [File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#). Below the navigation menu, there is a header section titled **Upload File : Critical Incident Report**. Underneath this header, there is a sub-section titled **Upload/View Documents (Hide Upload/View CIR Documents...)**. In this sub-section, there is a **Document Type:** dropdown menu currently set to **Incident Reporting**. Below that, there is a **Select a File:** field with a **Choose File** button and the text **Critical Incident Report Form\_Test.pdf**. Below the file selection field, there is a blue instruction: **Please select file of the following types: .pdf**. At the bottom of this sub-section, there is an **Upload** button, which is highlighted with a red rectangular box.

# Critical Incident Report Form download and Use Instructions

- Critical Incident Report Form is successfully uploaded

The screenshot displays a web application interface with a navigation menu at the top containing links for File, Review, Manage, Information, Messages, and Logout. Below the menu, a breadcrumb trail indicates the current page is 'Upload File : Critical Incident Report'. The main content area is titled 'Upload/View Documents (Hide Upload/View CIR Documents...)' and contains a form with the following elements:

- Document Type:** A dropdown menu set to 'Incident Reporting'.
- Select a File:** A 'Choose File' button followed by the text 'No file chosen'.
- File Type Restriction:** A message stating 'Please select file of the following types: .pdf'.
- Upload Button:** A button labeled 'Upload'.

A red-bordered box at the bottom of the form area contains the following message: 'Incident Report(Critical Incident Report Form\_Test.pdf) uploaded successfully. Assigned Incident Number is 83190.'