



Frequently Asked Questions (FAQ)

INCIDENT REPORTING FOR HOME- AND COMMUNITY-BASED PROVIDERS

This FAQ was created to assist providers in understanding IAC 441-77 incident reporting expectations in addition to the recorded training available to LTSS providers. This aid was prepared as a service to the public and is not intended to grant rights or impose obligations. This aid may contain references or links to statutes, regulations, or other policy materials outside of Iowa Medicaid. The information provided is only intended to be a general summary. Use of this aid is voluntary. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. Please reference the user guide in the Iowa Medicaid Portal Application (IMPA) for additional information on the completion of a critical (major) incident.

FAQ CREATED: 9/27/2022

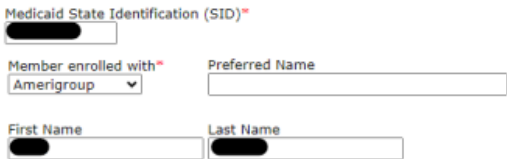
UPDATED: 7/27/2023*

GENERAL QUESTIONS	
QUESTION	ANSWER
<p>Are Home Health Agencies responsible for filing major incidents?</p> <p>Do homemaking services through Public Health have to file major incidents?</p>	<p>As a condition of participation in the medical assistance program, HCBS waiver service providers must comply with the requirements of Iowa Code sections 232.69 and 235B.3 regarding the reporting of child abuse and dependent adult abuse and with the incident management and reporting requirements in IAC 441-77. EXCEPTION: The conditions in this requirement do not apply to providers of goods and services purchased under the consumer choices option or providers of home and vehicle modification, environmental modifications and adaptive devices, specialized medical equipment, home-delivered meals, or personal emergency response, assistive devices, chore service, or transportation.</p>
<p>* Who do I contact for general questions about incident reporting requirements?</p>	<p>Contact your HCBS Specialist or the general HCBS mailbox at HCBSwaivers@dhs.state.ia.us. Follow this link for HCBS Specialist contact information: https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts.</p>

* Indicates updates to the FAQ from the most recent updated date.

QUESTION	ANSWER
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DIRECT ENTRY MAJOR INCIDENT REPORT FORM

QUESTION	ANSWER
<p>* What happens if I select the wrong MCO on the direct entry incident report form?</p>	<p>When a reporter selects which MCO the member is enrolled with in the “Medicaid Member” section of the report (see screenshot), the reporter is selecting which MCO should receive a copy of the CIR. Selecting the wrong MCO means the CIR is routed to the wrong MCO and could constitute a breach of protected health information.</p> <p>Step 2</p> 
<p>What if I do not know the NPI of the provider responsible for the member at the time the incident occurred?</p>	<p>The CIR Application developers are currently working on a way to allow the reporter to enter the name of the provider or the NPI to pull the information in.</p>
<p>What does a provider do if they don't know that a member was seen in the ER, but finds out later? What if the member does not remember the incident? What if the provider is made aware of the incident, but cannot reach the member to gather information for the report? What should a provider enter on the incident report if there are a lack of details?</p>	<p>The first entity to become aware of the occurrence requiring treatment or admission to the hospital must complete an incident report with as much information as possible. Use the free text sections to explain the circumstances and complete what you can. Indicate additional details in the open-ended questions.</p>
<p>Why are certain types of incidents tracked through the reporting process and not others?</p>	<p>Reporting standards are based on some reporting measures set by state and federal regulations, best practice for internal quality control, and risk management.</p>
<p>If the provider and the case manager learn of a critical incident at the same time and the CM reports the incident does the provider also have to report?</p>	<p>If the case manager completes the incident report first, the provider is not required to complete one.</p>

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What should case managers do with critical incident reports after they are received from the provider?	Ensure that the report was submitted properly and then follow the agency's process for storing the information.
If a guardian requests a copy of the incident report, how do they get it?	The case manager can distribute the incident report to the member or guardian.
*What happens if an incident report is completed, and it's not required according to IAC?	The incident can be deleted by the HCBS QIO.
* How would we know if someone else already submitted an incident report for an incident?	The "Existing Incident" function allows organizations to access all incidents submitted by IMPA users of the organization/provider group.
The incident date is a required field, so what do we put if we know something has happened but don't know the exact date?	Use the date that the incident was discovered.
What is "root cause?" Are there specific root causes that should be entered? Is there a list of root causes provided by the state?	The root cause is the core issue. The highest-level cause that sets in motion the chain of cause-and-effect actions/behaviors/events that ultimately leads to the incident. There is no set of root cause answers. The person completing the form would need to evaluate the root cause. The root cause of the incident is the antecedent or core issue that resulted in the occurrence. There is no set of root cause answers. The reporting party considered the incident and determined what may have been the root cause. For example: "Mary was admitted to the hospital for multiple compound fractures resulting from falling down the stairs in front of her home. Root Cause: Exterior housing damage. The front stoop has collapsed causing an uneven surface on the stairs and walkway. Remediation: The IDT will work to identify means of repairing the front stoop and walkway. To avoid future incidents, Mary will use the side entry to the home until the stoop and walkway are repaired."
* What if more than one defined incident type applies? For example, what if an incident was an occurrence that involved the intervention of law enforcement, a report of abuse, and a physical injury requiring treatment.	Complete all incident type sections that apply on a single incident report. The form will allow you complete multiple sections on the navigation bar. If multiple incident types are selected upon "Submit", a checkbox option to select a primary type will appear in navigation bar. Selecting a primary type is optional and can be decided by the reporter. It is not tracked at this moment, but this option allows for building on data in the future.
* What is the difference between an "Immediate resolution" and "long-term remediation"?	Immediate resolutions are what was done to resolve the incident in the moment, stabilize the situation, and/or ensure the member's safety. The long-term remediation is what will be done to prevent future, similar incidents from occurring. The immediate resolution must be described to submit an incident and therefore must be completed by the end of the

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	<p>next calendar day after discovering the incident. The long-term remediation does not have to be completed to submit the incident. It does need to be completed to finalize the incident but that does not need to be completed to submit the incident by the end of the next calendar day. The long-term remediation may require coordination with the member, their Interdisciplinary Team, their case manager, guardians, etc. An automated email reminder will go to the reporter if the CIR has not been finalized within 14 days of submission.</p>
<p>* What is the difference between “Reporting Party” and “Provider Responsible for Member at Time of Incident”?</p>	<p>The reporting party is the organization or person reporting the incident. The provider responsible for the member at time of incident is the organization that was assigned care of the member at the time the incident occurred. The provider responsible for the member at time of incident may be the same or different than the reporting party. It is also possible that there was no provider responsible for the member at the time the incident occurred.</p> <p>Example: Provider A is a residential services provider and discovers an incident occurred with a member while they were attending Provider B’s Day program. Provider A reports the incident using the CIR Application in IMPA. Provider A is the reporting party and Provider B is the provider responsible for the member at time of incident.</p> <p>Example: A case manager gets a call from a member saying they just got out of the hospital following an occurrence resulting in a physical injury. The member lives in his own home with only intermittent nursing and home health services. The case manager reports the incident using the CIR Application in IMPA. There were no services being provided at the time of the incident and no provider was responsible for member at the time of incident.</p> <p>Example: During a routine contact with a member, the member reports to the case manager that a staff from Provider A, his residential service provider, is physically hurting him. The case manager must report the suspected abuse and therefore must complete a CIR. The case manager is the reporting party and Provider A is the provider responsible for the member at time of incident.</p>
<p>* Does the new CIR application automatically notify the member’s case manager when an incident is submitted?</p>	<p>No, none of the required notifications are automated at this time. The reporter is responsible for notifying the required parties including the reporter’s supervisor, the member’s case manager, the member’s guardians, and the member as applicable. MCO are alerted and have access to submitted incidents for all their enrolled members but may or may not have an internal system for notifying the member’s assigned MCO CBCM.</p>

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<p>* If I saved an incident and need to come back and complete it later, where can I find it?</p>	<p>Saved, submitted, and finished incident reports can be found in IMPA under Review-Existing Incidents. To avoid duplicates, make sure you search for an existing critical incident before you try to start a new one.</p>
<p>* What do I do if I need to delete a duplicate or incorrect critical incident report?</p>	<p>If you are an HCBS waiver or Habilitation provider. Targeted Case Manager, Money Follows the Person (MFP) Transition Specialist, or Integrated Health Home (IHH) Care Coordinator, you may contact the main critical incident mailbox at: hcbisir@dhs.state.ia.us. If you are a case manager employed by a Managed Care Organization (MCO), you may contact the designated person at your respective MCO.</p>
<p>* What do I do if I am experiencing issues related to IMPA access or access to the new Critical Incident Report application? *What do I do to report or troubleshoot issues related to the functionality of the new Critical Incident Report application?</p>	<p>Contact IMPA Support at IMPASupport@dhs.state.ia.us.</p>

INCIDENT DEFINITIONS

QUESTION	ANSWER
<p>If a member goes to the ER for a physical injury, mental health concern or medication error side-effects, but leaves without being seen by a physician, does the incident still meet criteria for a CIR?</p>	<p>A major incident report is not required if the injury no longer required treatment or admission to the hospital.</p>
<p>If the member sees their primary doctor for the physical injury and not the ER, is it a major incident?</p>	<p>It is a major incident if a physical injury experienced by the consumer requires a physician's treatment or admission to a hospital. Their primary care physician is a physician. If the member was not seen for a physical injury and no other incident types on the incident form match the event, then re-evaluate if the form needs to be completed.</p>
<p>Does a major incident need to be completed if client is admitted to a medical floor due to a physical issue not mental health?</p>	<p>An incident report may not be required for an ongoing physical/medical health condition that causes admission to a hospital. However, an incident report is required if an occurrence, involving a member, results in a physical INJURY to or by the member that requires treatment or admission to a hospital.</p>

QUESTION	ANSWER
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<p>If a member falls, goes to the ER, and has x-rays; but NO fractures are found does a CIR need to be completed?</p>	<p>A major incident report is required if an occurrence results in a physical injury to or by the member that requires treatment or admission to a hospital. A major incident report needs to be completed for the major incident that caused the injury resulting in the ER visit.</p>
<p>If a member went to urgent care because they had bruising and the staff is unaware of the origin of the bruising, would that be a major incident?</p>	<p>A major incident report is required because the occurrence described resulted in a physical injury to or by the member that required treatment or admission to a hospital. If the member goes to urgent care as a result of bruising, then the member is receiving treatment for an injury, and this should be reported as a major incident. Otherwise, a minor incident report is required if an occurrence was not a major incident but resulted in the application of basic first aid or results in bruising.</p>
<p>Are injuries of unknown origin required to have a major incident report? (i.e., a bruise on someone where they likely bumped into something such as a small bruise on the shin, etc.)</p>	<p>A major incident report is required if an occurrence results in a physical injury to or by the member that requires treatment or admission to a hospital. Otherwise, a minor incident report is required if an occurrence involving an HCBS waiver or Habilitation member is not a major incident and results in the application of basic first aid or results in bruising.</p>
<p>If a member has a fall at home and EMS is called for assistance but the member does not go to hospital, do we report this?</p>	<p>A major incident report is likely not required because the occurrence described did not result in a physical injury to or by the member that required treatment or admission to a hospital. However, a minor incident report is likely required because the occurrence described was not a major incident and resulted in the application of basic first aid from EMS.</p>
<p>If police show up to talk with the member after calling law enforcement, does that reach the level of "intervention" of law enforcement?</p>	<p>Yes, a critical incident report would be made for the intervention of law enforcement because they spoke to the person to de-escalate the situation.</p>
<p>The definition of major incident states an action that "results in the death of any person." Does this mean death of the member only, or would this include reporting an incident where member actions result in the death of someone else?</p>	<p>An incident report is required if an occurrence results in the member's death. Any incident report that is completed should be directly related to the member listed on the incident report. There would likely need to be two incident reports submitted in this case. One for the member that caused the injury that resulted in another member's death (if this fit the definition of major incident such as requiring the intervention of law enforcement) and one for the member whose death resulted from the incident.</p>
<p>The requirements for mental health do not specify that a physician must treat (like physical injury does) but Iowa administrative code does say "emergency mental health treatment". What does "treatment" involve?</p>	<p>Mental health treatment could include an assessment or evaluation of the situation to determine if they need to be admitted, need a medication change, need a referral to another specialist at a later date, etc. There may not be a change in services or medication. Treatment may also include crisis response services, crisis stabilization and 23-hour holding and observation, admission to a hospital, or any other type of treatment.</p>

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	<p>Example: The member was taken to the ER by her guardian and evaluated but they told her to use her coping skills and never did any med changes or gave any PRN's. This is a major incident because the member was evaluated or assessed.</p>
<p>If a member calls a Crisis Line and only speaks with them over the phone, does that qualify for an emergency mental health CIR?</p> <p>If there was just a phone call to 911 (not in-person contact), but Member speaks with officer, is a CIR required?</p>	<p>“Requires the intervention of law enforcement” means the physical presence of law enforcement. Neither a call to a crisis line or the police requires an incident report if police did not come to the scene in person. Calling a crisis line would not be considered “emergency mental health treatment” nor would calling 911 be considered an “intervention”. Typically, “intervention” would require the physical presence of law enforcement or crisis worker.</p>
<p>*Previous guidance indicated that “welfare checks” and “responses to a medical or injury call” were not considered critical incidents but they are listed in the new application under law enforcement intervention?</p>	<p>The types and causes of each defined critical incident type are intended to be additional details about the incident that occurred. They are not intended to define the incident. Previously these additional details were not listed on the form but had to be determined from narrative descriptions of the incident. The checkboxes allow for more uniform data collection, tracking, and trending.</p> <p>Example: One of the details a reporter can select as a potential cause of a physical injury is “accidental fall”. Not all accidental falls meet the definition of a physical injury incident as an occurrence resulting in physical injury requiring physician’s treatment or admission to a hospital. Instead “accidental fall” is simply a detail about the cause of the occurrence that resulted in physical injury requiring physician’s treatment or admission to a hospital. Similarly, one of the details a reporter can select as a potential type of law enforcement intervention is “welfare check”. Not all welfare checks meet the definition of law enforcement intervention: an occurrence that requires the intervention of law enforcement. Instead “welfare check” is a detail about the type of law enforcement intervention.</p>