Member Name:

Medicaid #:

# **Major Incident Review — Integrated Health Home Person-Centered Service Plan Attachment**

**Date of major incident occurred**:

I have received/completed the incident report on      . I have reviewed the report and reevaluated the risk factors identified in the risk assessment portion of the person-centered service plan.

**Type of major incident** (check all that are applicable):

|  |  |  |
| --- | --- | --- |
| [ ]  | 1 | Results in a physical injury to or by the member that requires a physician’s treatment or admission to a hospital. |
| [ ]  | 2 | Results in the death of the member. |
| [ ]  | 3 | Requires emergency mental health (MH) treatment for the member (including hospitalization for a MH incident). |
| [ ]  | 4 | Requires the interventions of law enforcement. |
| [ ]  | 5 | Requires a report of child abuse pursuant to *Iowa Code section 232.69* or a report of dependent adult abuse pursuant to *Iowa Code section 235B*. |
| [ ]  | 6 | Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome from 1, 2 or 3. |
| [ ]  | 7 | Involves a member’s location being unknown by provider staff who are assigned protective oversight. |

**Check one of the following**:

|  |  |
| --- | --- |
| [ ]  | I have determined that the Person-Centered Service Plan needs to be updated and will be completed with the member and treatment team members within 7 days.  |
| [ ]  | I have determined that the person-centered service plan continues to ensure the health, safety and welfare of the member. Follow up activities include a continuation of the current person-centered service plan and ongoing monitoring of client needs and services. A copy of this review has been sent to the member/guardian and provider(s) on       (date). |

If there are any questions about this review please contact the below care coordinator.

|  |  |
| --- | --- |
| IHH Agency:      | IHH Care Coordinator printed name:      |
| IHH Care Coordinator phone number:      |  |

|  |  |
| --- | --- |
| IHH Care Coordinator Signature | Date      |

Attach this page to the person-centered service plan.