

Frequently Asked Questions

Recognizing and Reporting Incidents for HCBS Members

Purpose and Scope of this Frequently Asked Questions (FAQ) Document

This FAQ was created to assist those required to report incidents for home and community-based services (HCBS) members enrolled on an HCBS waiver, Habilitation, or Money Follows the Person (MFP), or targeted case management (TCM) program in understanding incident reporting expectations in addition to the recorded training available to long-term services and support (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.

Questions About Who Should Report and For Whom

Question	Response
<p>Who are incident reports required for?</p>	<p>Major (critical) and minor incident reports are required for members enrolled in a home and community-based services (HCBS) waiver, targeted case management (TCM), Money Follows the Person (MFP), or Habilitation programs.</p>
<p>Who is responsible for reporting incidents for HBCS members?</p>	<p>HCBS waiver, Habilitation, MFP providers, TCM, community-based case managers (CBCM) with managed care organization (MCO), integrated health homes (IHH), and MFP transition specialists are required to report occurrences involving a member who is enrolled in an HCBS waiver, TCM, MFP, or Habilitation program.</p> <p>Please see IAC 441-77 for a list of HCBS providers responsible for reporting major and minor incidents. It says “As a condition of participation in the medical assistance program, HCBS...providers must comply...with the incident</p>

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.

If a case manager informs an HCBS provider that incident occurred for a member, who should submit the incident report?

The first required reporter as defined above to discover an unreported incident should report the incident.

Only one incident report needs to be submitted.

If a required reporter discovers that another individual or entity was the first to discover and failed to report it, that person may either make the report themselves or notify the first person to discover the incident that they must make the report.

Ideally, care teams should work together in the best interest of the member to ensure critical incidents are reported and resolved.

If an HCBS provider and the member's case manager simultaneously discover a critical incident occurred for a shared member, should both the case manager and the HCBS provider report the incident?

Only one critical incident report is needed. The HCBS provider and the member's case manager should work out who will make the report.

If two staff of the same organization discover an incident occurred for a shared member, should both staff report the incident? What if the two staff differ significantly on the details?

Only one critical incident report is needed. The two staff should work together to make the report.

Are home health agencies responsible for filing major incidents?

Home health agencies enrolled to provide HCBS waiver services are

required to report occurrences involving a member who is enrolled in an HCBS waiver, TCM, MFP, or Habilitation program.

Do homemaking service providers funded through public health have to file major incidents?

Public health funded providers are not “required reporters” of HCBS incidents. Only providers of HCBS waiver, Habilitation or MFP services, TCM, CBCM with MCO, IHH, and MFP transition specialists are required to report occurrences involving a member who is enrolled in an HCBS waiver, TCM, MFP, or Habilitation program.

My organization is enrolled for some HCB waiver services and non-waiver services like region-funded or state plan services. Say we are providing non-waiver services to a person who is on a waiver and we discover that person experienced a major incident. Who reports the major incident?

You can report the major incident since you are an HCBS waiver provider and would therefore have access to the critical incident management system and you discovered an occurrence involving a member who is enrolled in an HCBS waiver, TCM, MFP, or Habilitation program. You would need to notify the member’s case manager per reporting requirements.

Alternatively, as a participant in the member’s care team, you may instead contact the member’s case manager and let them know an incident has occurred and work out with the case manager who will make the report.

Are there consequences for failing to report critical incidents as the first required reporter to discover the incident?

As a condition of participation in the medical assistance program, HCBS providers must comply with incident management and reporting requirements. Some exceptions are listed in the IAC 441-77. Failure to comply with incident management and reporting requirements can result in action against the organization up to and including sanctions.

If one member caused an incident for another member, is a critical incident required for both members?

The definition of critical incident type “physical injury” includes physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

If one member causes a physical injury to another member that requires treatment from a medical professional or admission to a hospital, one critical incident is required for the member who caused the physical injury and one critical incident is required for the member who received the physical injury.

The critical incident type “law enforcement intervention” and “abuse report” may be required whether a member is the victim or perpetrator. If one member is a victim and another member is the perpetrator, a critical incident report is required for each member.

If one member injures another member and is not injured themselves, is a critical incident report required for the member who perpetrated the injury for the other member?

The definition of critical incident type “physical injury” includes physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

If one member causes a physical injury to another member that requires treatment from a medical professional or admission to a hospital, one critical incident is required for the member who caused the physical injury and one critical incident is required for the member who received the physical injury.

If an employee is injured by a member and receives medical treatment, is a critical incident report required?

Yes, a critical incident is required. The definition of critical incident type “physical injury” includes physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

If we (assuming an HCBS provider) learn about a critical incident that occurred while a shared member was in the care of another HCBS provider and that other HCBS provider properly reports the critical incident, should we complete a minor incident since we found out about it?

There is no need to complete a minor incident to document the knowledge that a critical incident was completed for the member.

If we (assuming an HCBS provider) have a member on a waitlist for services (we are not serving them yet) and we learn that they experienced a critical incident, should we report the incident?

In this example, the HCBS provider is not serving the member in any capacity. The HCBS provider should contact the member’s case manager and let them know an incident has occurred so the case manager can report it. The HCBS provider may also encourage the member to let their case manager and/or current service providers know about the incident.

Questions About What to Report

Question

Response

What is the definition of a major (aka critical) incident?

An occurrence involving a member who is enrolled in an HCBS waiver, targeted case management, MFP, or habilitation program and that:

1. results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital,
2. results in the death of the member, including those resulting from known and unknown medical conditions,
3. results in emergency mental health treatment for the member,
4. results in medical treatment for the member,
5. results in the intervention of law enforcement, including contacts, arrests, and incarcerations,

6. results in 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.3,
7. constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above,
8. involves a member's provider staff, who are assigned protective oversight, being unable to locate the member or involves a member leaving the program against court orders, or professional advice
9. involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member).

Minor Incidents are occurrences involving a member that are not major incidents and that

1. Result in the application of basic first aid,
2. bruising,
3. seizure activity,
4. injury to self, to others, or to property that does not require physician or hospital treatment or
5. prescription medication error that does not require physician or hospital treatment.

What is the definition of minor incident?

Physical Injury Questions

Is critical incident report required if a member sees their primary doctor for the physical injury and does not go to the emergency room?

In this example, a critical incident is required because an occurrence resulted in a physical injury to or by the member that required treatment from a medical professional or admission to a hospital.

Does a critical incident report need to be completed if a member is admitted to a medical floor due to a physical “issue” and not a mental health issue?

It is unclear from the question what “physical issue” means.

A critical incident is required when an occurrence resulted in a physical injury to or by the member that required treatment from a medical professional or admission to a hospital OR if there was an occurrence that resulted in the in medical treatment for the member, including admission to the hospital.

Are injuries of unknown origin required to be reported as a critical incident (i.e., small bruises or scrapes of unknown origin)?

A critical incident report is only required if an occurrence results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

Otherwise, a minor incident report is required if an occurrence involving a member is not a major incident and results in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Does a critical incident report need to be completed if member falls, goes to the emergency room, and has x-rays but no fractures are found?

The presence or absence of a fracture does not decide if a critical incident report must be completed. A critical incident report is required if an occurrence results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

Otherwise, a minor incident report is required if an occurrence involving a member is not a major incident and results in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Is a critical incident report required if a member falls at home and EMS is called

In this example, a major incident report is likely not required because the occurrence described did not result in a

for assistance but the member does not go to hospital?

physical injury to or by the member that required treatment from a medical professional or admission to a hospital.

However, a minor incident report may be required because the occurrence described was not a major incident but may have resulted in EMS providing basic first aid.

If a member went to urgent care because they had bruising and staff are unaware of the origin of the bruising, would that be a major incident?

In this example, the member sought treatment from a medical professional for a physical injury. A critical incident report is required because there was an occurrence resulting in a physical injury to or by the member that required treatment from a medical professional or admission to a hospital.

Otherwise, a minor incident report is required if an occurrence involving a member is not a major incident and results in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Is critical incident report required if a member falls but gets up on their own and says they do not need medical treatment?

In this example, it does not appear the member experienced a physical injury.

A critical incident report is only required if an occurrence results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

A minor incident report is only required if an occurrence involving a member is not a major incident and results in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Under the physical injury type, why is there an option to select NA to the question that asks if the incident

This question is not tailored to each incident type aside from the fact that it

resulted in an emergency room visit, admission to a hospital, urgent care visit, treatment from an emergency medical technician (EMT); or consultation with poison control, an on-call medical professional, crisis line, or similar service? If it did not result in one of those, wouldn't it be a minor incident?

is not asked under the incident type of “death”.

An occurrence resulting in physical injury requiring treatment from a medical professional or admission to a hospital that did not result in one of those, is not likely to require a critical incident report.

Is a critical incident report required if a physical injury or injury to another person or property did not result in treatment by a medical provider?

No, a critical incident report is only required if an occurrence results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

A minor incident report is required if an occurrence involving a member is not a major incident and results in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

If a member experiences a physical injury and initially declines to seek treatment, is a critical incident report required? What if they later decide to seek treatment?

If no treatment occurred, the event does not meet the definition of an occurrence that results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

However, at the point the physical injury does require treatment from a medical professional or admission to a hospital, the incident becomes a critical incident.

Prior to seeking treatment for the physical injury, the incident may meet the definition of minor incident if it was an occurrence involving a member and was not a major incident but resulted in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Is a critical incident report required if a member is involved in a car accident and is not injured?

A critical incident report is not required if there was no physical injury that required treatment from a medical professional or admission to a hospital.

Medication Error Questions

If we call poison control to consult on a medication error, is a critical incident report required?

A critical incident report is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

Calling poison control is not a reason to complete a critical incident. The medication error leading to one of the other incident types is the reason for the critical incident report.

However, the incident may meet the definition of minor incident if it was not a major incident but constitutes a prescription medication error.

Is a critical incident report required if a caregiver or pharmacy makes the medication error (i.e. incorrect medication from the pharmacy or not delivered on time)?

A critical incident is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

The critical incident report form allows the reporter to indicate who made the error.

What is the meaning of “constitutes a medication error”?

“Constitutes” means to “make-up or form”. An occurrence “constitutes” a medication error when the occurrence makes-up, forms, or leads to, in whole or in part, a prescription medication error or a pattern of medication errors.

Is a critical incident report required if a member consistently refuses to take a medication or to get out of bed for medication administration and it becomes past the time allowed to administer?

A critical incident is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

However, the incident may meet the definition of minor incident if it was not a major incident but constitutes a prescription medication error.

What is the difference between a medication error reported as critical incident and a medication error reported as a minor incident?

A critical incident report is required if a prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

A minor incident report is required if a medication error is not a major incident as defined above.

Is a critical incident required if a member receiving services a few times a week, takes their medications independently, missed a medication and calls their provider for guidance/approval to take their medications late?

A critical incident report is only required if a prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment,

medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

If a one-time medication error (not a pattern) leads an HCBS provider to call poison control just to ensure the wellbeing of the member, is a critical incident report required?

A critical incident report is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

Calling poison control does not automatically require a critical incident report to be completed. The occurrence must meet the definition above.

A minor incident report may be required if a medication error is not a major incident as defined above.

Is a critical incident report required if a member is independent in taking their own medications and forgets? What if they are in the care of their family and the family misses a medication?

A critical incident report is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member, emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

A minor incident report may be required if a medication error is not a major incident as defined above.

Is a critical incident required if poison control or an on-call medication professional or something similar is consulted for potential side effects of

A critical incident report is only required if the prescription medication error or a pattern of medication errors leads to physical injury requiring treatment from a medical professional or admission to a hospital, the death of the member,

misses a medication as may be the case when a refill gets delayed?

emergency mental health treatment, medical treatment for the member, the intervention of law enforcement, and/or a report of child abuse or dependent adult abuse.

Consulting on a missed dose does not automatically require a critical incident report to be completed. The occurrence must meet the definition above.

A minor incident report may be required if a medication error is not a major incident as defined above.

Abuse Report Questions

What do we do if we don't the outcome of an abuse allegation?

There is an option on the critical incident report to select "unknown" or "pending".

Emergency Mental Health Treatment Questions

The requirements for critical incidents related to emergency mental health treatment do not specify that a physician must treat like physical injury does, but it does say "emergency mental health treatment". What does "treatment" involve?

Mental health treatment could be 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, etc. Emergency mental health treatment could include assessment or evaluation of the situation to determine what course of action to take with a member experiencing an emergency mental health issue. 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.

Is a critical incident required if a member is taken to the emergency room by their guardian and evaluated for mental health concerns, but no medications were changed, no PRNs were administered, and the member was just encouraged to use coping skills?

In this example, a critical incident report is required because there was an occurrence that resulted in emergency mental health treatment for the member. There may not be a change in services or medication, but in this scenario, a critical incident would be

	needed because the member was evaluated or assessed.
Is a critical incident required if a member is admitted to a mental health access/crisis center?	A critical incident report is required because there was an occurrence that resulted in emergency mental health treatment for the member.
If someone calls 988, a crisis line, or uses Guidelink, is a critical incident report required?	A critical incident report is required if there was an occurrence that resulted in emergency mental health treatment for the member. A critical incident report would be required if a member is experiencing a mental health crisis and calls a crisis line, suicide hotline, or other crisis support and is assisted by that service.

Law Enforcement Intervention Questions

Does it rise to the level of “law enforcement intervention” if law enforcement speaks with the member after they were called to the home?	A critical incident report is required for occurrences resulting in the intervention of law enforcement, including contacts, arrests, and incarcerations. In this example, law enforcement was called to the home for an occurrence of some sort. Their response to the call would be considered “intervention” for the purposes of critical incident reporting.
Is a critical incident report required if a member is questioned by law enforcement as a witness but is neither the victim nor perpetrator?	A critical incident report is not required if the member is simply answering questions as a witness.
If a member call 911 or the non-emergency number for law enforcement and speaks with an officer (not in-person contact), is a critical incident report required?	A critical incident report is only required for occurrences resulting in the intervention of law enforcement, including contacts, arrests, and incarcerations. For the purposes of critical incident reporting, “intervention” would generally mean the physical presence of law enforcement in response to a call for service. A phone call as described in this example is not considered an “intervention”.

Location Unknown Questions

We serve a member who often runs away from staff, hides in the building, etc. Staff usually notices immediately and the member is typically not long without supervision. Is a critical incident required each time staff lose sight of the member?

An incident report is only required if the member is supposed to be supervised by staff and those staff assigned protective oversight are unable to locate the member. In this example, it does not sound like staff assigned protective oversight were unable to locate the member no is it clear if the member could be without direct supervision.

For the purposes of critical incident reporting, to leave programming against professional advice means that the member chooses to leave services before the IDT / Care Team has recommended discharge.

For the purposes of critical incident reporting, to leave programming against court orders means that that member has been court ordered to receive specific services and chooses to end services before they have met the conditions of the court order.

Example:

An HCBS Habilitation member with repeated law enforcement interventions for disruptive conduct has been court ordered to treatment including 24 hours of protective oversight and supervision. The members is subsequently approved to move to a home with 24/7 Home-Based Habilitation services and that member chooses to move out of the home and refuses services before the court order has been lifted.

What does it mean to leave programming or services against court orders or professional advice? Specifically, which "professionals" and what sort of advice would apply for the purposes of this critical incident type?

Death Questions

If a member dies and the case manager notifies us (assuming HCBS provider) several days later, does the HCBS provider need to complete a critical incident report?

The first required reporter as defined above to discover an unreported incident should report the incident.

In the scenario described, the case manager is the first required reporter to discover the incident and should make the report.

How would one decide if a death was preventable? Sometimes it is very clear and other times it is not.

There is an option to select “unknown” when it is truly unclear. The reporter should select the best possible answer based on the information they have available to them at the time the incident report is completed.

Use of Restraints Questions

What does the incident type “use of a restraint” mean?

This incident type is defined as an occurrence that involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member).

The use of any of the following kinds of restraints requires a critical incident report.

Physical restraint, intervention, hold, or physical management technique are defined as 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 restraints are defined as medications administered to control acute, episodic behavior, restrict freedom of movement, or sedate the member that is not a standard treatment for the member’s medical or psychiatric condition.

Medications requested by or self-administered by a member as part of their symptom management plan are not

What are the different types of restraints?

considered chemical restraints for the purposes of critical incident reporting. The medication would only be considered a chemical restraint for the purposes of critical incident reporting if it was administered to the member to “restrain”, control their behavior, restrict their freedom of movement, or sedate them.

Isolation or seclusion is the 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.

A **mechanical restraint** is a mechanical intervention/device used to control acute, episodic behavior and which prevents, restricts or subdues movement or function of the member’s body, or part of the body.

Examples of interventions that would not meet the definition of restraint include the following:

- Physically assisting someone to complete a task
- Escorting or guiding someone away from an area or situation
- Separating individuals to break up a fight
- Physical interventions that do not use undue force to prevent imminent danger (stopping an individual from running into traffic, tripping, or falling)

What are some examples of reportable incidents related to the use of a restraint?

Examples of occurrences that do require a critical incident:

Example 1: A member became agitated to the point they began to strike themselves repeatedly in the head. The HCBS provider staff had employed all non-aversive de-escalation techniques per the member's person-centered service plan with no success at calming the member down and applied a planned physical hold to prevent the member from further injury. The occurrence that led to the use of the restraint was the member becoming agitated and hitting themselves in the head. The physical hold was administered for the purpose of controlling the acute, episodic behavior of the member and to prevent, restrict, or subdue movement of the member's body.

Example 2: A young member living in an RBSCCL setting escalates to a point they are hitting, scratching, biting, and spitting at anybody that comes within a few feet of them. The RBSCCL provider has a licensed and regulated "control" room which is to be used per the member's person-centered service plan when the member escalates to a point of being a danger to themselves or others. The HCBS staff are able to guide the member to the control room where the member stays for 5 minutes under supervision of the staff. The occurrence that led to the use of the restraint was the member's behavior that escalated to aggression. The control room was used to confine the member to physically prevent them from having contact with others. They were not free to leave the room or area.

Example 3: A member's housemates are arguing loudly in the living room where the member is trying to play a game. The member is unable to communicate verbally but stands up, begins pacing the room, making noises indicating they are feeling stressed. The member suddenly lunges at a housemate scratching and clawing them repeatedly. The HCBS provider staff attempts to de-escalate and distract the member per their person-centered service plan. The member does leave the room with the staff. The staff also recognizes the member's actions as behaviors for which they are prescribed a "prn" medication to sedate them in the event they become or are about to become agitated. The staff administers the medication. The occurrence that resulted in the use of the chemical restraint was the escalation to aggression towards the housemates. The prn medication was administered to sedate the member due to an acute, episodic behavior.

Example 4: A member has known physical, behavioral, and/or mental health symptoms that cause them to cycle. At times they experience increased movements, inability to hold still, and become combative. When they are in this state, a restraint is used to stabilize the member's head and/or arms so staff can give provide fluids and medications. The member does not require this restraint all the time, only when they are experiencing the increased symptoms described above. The occurrence is the increased agitation resulting in the use of a restraint. The physical hold of their head and arms is being 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.

Examples of restraint that does not require a critical incident report:

Example 1: A member routinely requires catheterization but due to cognitive disabilities, does not understand the need. The member will physically block the nurse from performing the catheterization or pull the catheter out. To prevent this, staff hold the member's arms and legs to allow the nurse to complete the procedure. There was no acute, episodic behavior leading to staff to use this technique, but rather, the staff assist each time the member needs catheterized.

Example 2: A member routinely bites at their own wrists and fingers to the point they have experienced multiple, serious infections and even amputation. The member has a device (cuff-to-waist security device), to prevent them from biting themselves. The device is a medical device ordered by their doctor and is used for therapeutic purposes. There was no acute, episodic behavior resulting in the use of the device, but rather, the device is used daily.

Example 3: A member has a medication prescribed to calm themselves when they become anxious. They can identify when they are feeling more anxious than usual and will ask staff to help them take the medication.

Is a critical incident report required for the use of a restraint even if there was no injury?

A critical incident report is required for any occurrence that involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member (as defined above)).

Is it considered a chemical restraint to administer a medication prior to a medical appointment to help a member be calmer?

The medication in this example is not being used to restrain the member. Medications routinely used for management of mental health symptoms are not considered chemical restraints.

Is a critical incident report required if staff ask the member if they want/need their PRN and they say yes?

The medication in this example is not being used to restrain the member. Medications routinely used for management of mental health symptoms are not considered chemical restraints.

Is a critical incident report required if a guardian decides to administer a medication prescribed as PRN, and the member themselves did not request their guardian give them the PRN?

If there is no occurrence involving the use of a restraint, a critical incident report is not required. The medication in this example is not being used to restrain the member. Medications routinely used for management of mental health symptoms are not considered chemical restraints.

Is a critical incident report required if a member is emotionally escalating and staff offers a PRN that will help them control the symptoms of a mental health condition?

If there is no occurrence involving the use of a restraint, a critical incident report is not required. The medication in this example is not being used to restrain the member. Medications routinely used for management of mental health symptoms are not considered chemical restraints.

Is redirection of an individual through a supportive guide now considered a critical incident to be reported?

It is unclear what is meant by “supportive guide”. If there is no direct contact being 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, no critical incident report is required.

Is it considered a restraint if a member must ride in a specialized vehicle due to aggressive behavior?

A mechanical restraint is a mechanical intervention/device used to control acute, episodic behavior and which prevents, restricts or subdues movement or function of the member’s body, or part of the body.

Devices used for therapeutic or non-behavioral purposes and the appropriate use of a medical or surgical appliance are not considered mechanical restraints.

Is a critical incident report required for the use of wrist splints to prevent self-injurious biting behavior?

If there is no occurrence involving the use of a restraint, a critical incident report is not required. In this example, the device is an appropriately used medical device and is not considered a mechanical restraint.

Is a critical incident report required if a member requires a planned restraint when changing their catheter twice a day?

If there is no occurrence involving the use of a restraint, a critical incident report is not required.

Is a critical incident report required if a member uses a gait belt to restrain their wrists when transferring?

It is unclear from this question why or how the member's wrists are being "restrained". However, if the restraint of the person's wrists is being used as part of a standard safety protocol for transferring the member and written in the member's person-centered service plan, and there is no occurrence involving the use of a restraint, a critical incident report is not required.

Is a critical incident report required if a member uses a planned "prn" medication prescribed to use in the event of a behavioral incident if they are unable to request the prn themselves?

In this example, it sounds like there was a "behavioral incident" or occurrence involving the use of a restraint to control the person's behavior. A critical incident report would be required.

If a member goes to their room as part of their planned coping skills, is that "seclusion".

Isolation or seclusion is the 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. In this example, the member is voluntarily going to their room as a planned coping skill.

Are blocking pads considered physical restraint?

Using blocking pads as an intervention/device used to control acute, episodic behavior and to prevent, restrict or subdue movement or function of the member’s body, or part of the body, would meet the definition of a physical or mechanical restraint. It depends on how the blocking pads are used and why they are being used.

Is it considered a restraint for a member to reside in a memory care unit where they are not free to leave the building?

No, isolation or seclusion when used as a restraint is the 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.

Medical Treatment Questions

What does the incident type “medical treatment” mean?

An occurrence involving a member who is enrolled in an HCBS waiver, targeted case management, MFP, or habilitation program and that results in medical treatment for the member.

General illnesses are only reported as a critical incident when there is an occurrence that resulted in or caused the illness that required medical treatment.

Examples of occurrences that do require a critical incident:

What are some examples of occurrence that resulted in medical treatment for the member?

Example 1: A member ate a known food allergen, experienced an allergic reaction that required medical treatment. The occurrence is eating the known food allergen.

Example 2: A member stuck an object in their ear that became lodged and required medical treatment. The occurrence is sticking the object in the ear.

Example 3: A member has a physician's order for ear drops in each ear twice per day to prevent infection. The member develops a severe ear infection and is taken to the emergency room for medical treatment. At first, the HCBS provider believes this is a general illness not requiring a critical incident report. However, upon reviewing service documentation and corresponding Medication Administration Record, the HCBS provider discovers that the ear drops were not administered for over two weeks and that staff had failed to refill the medication when it ran out. At this point, it now discovered that the this was an occurrence resulting in the need for medical treatment. The occurrence is not refilling the ordered medications resulting in a pattern of medication errors leading to medical treatment. This occurrence meets two incident types (medical treatment and medication error).

Example 4: A member is completely dependent on others for personal hygiene and experiences a bladder infection requiring medical treatment. At first, the HCBS provider believes this is a general illness not requiring a critical incident report. However, it is discovered upon further review that there is no documentation showing the member received necessary assistance to bathe, change their brief, or complete peri care tasks. Upon interview, staff cannot recall when they last gave the member a bath or how often they check and change the member's brief and provide peri care. At this point, it becomes a critical incident. The occurrence is the staff's inaction (not changing the brief or providing bathing or peri care) that can reasonably be attributed to the bladder infection

requiring medical treatment. This occurrence would also require a dependent adult abuse report to adult protective services.

Examples of medical treatment that does not require a critical incident report:

Example 1: A member experiences an earache with no identifiable occurrence causing the earache and receives medical treatment for it. Treatment for an earache would not be considered an occurrence for the purposes of critical incident reporting.

Example 2: The member experiences an infection with no identifiable occurrence causing the infection and is seen in the emergency room for treatment. Treatment for the infection would not be considered an occurrence for the purposes of critical incident reporting.

Example 3: A member seems very ill and the HCBS provider calls an ambulance to transport to the hospital. The member is admitted to the hospital and is found to be septic. No identifiable occurrence caused the sepsis. Treatment for the sepsis would not be considered an occurrence for the purposes of critical incident reporting.

Would a critical incident report be required for a UTI, cold, high fever, bronchitis, ear infection, pneumonia, stomach bug, sinus infection, or unknown illness if the member went to urgent care?

General illnesses are only reported as a critical incident when there is an occurrence that resulted in or caused the illness that required medical treatment. See the examples above for instances when an occurrence resulted in or caused an illness that required medical treatment and a critical incident report.

Would a critical incident report be required for a planned admission to a hospital or for surgery?

A planned hospitalization or surgery is not a reason to complete a critical incident report.

There must be an occurrence involving a member that resulted in one of the following:

1. a physical injury to or by the member that requires treatment from a medical professional (including in an urgent care setting) or admission to a hospital,
3. results in emergency mental health treatment for the member (including in an urgent care setting),
4. results in medical treatment for the member (including in an urgent care setting),
7. constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above

Is a critical incident report required anytime a member goes to urgent care?

Going to urgent care is not a reason to complete an incident report.

There must be an occurrence involving a member that resulted in one of the following:

1. a physical injury to or by the member that requires treatment from a medical professional (including in an urgent care setting) or admission to a hospital,
3. results in emergency mental health treatment for the member (including in an urgent care setting),
4. results in medical treatment for the member (including in an urgent care setting),
7. constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above

Is a critical incident report required if a member’s doctor doesn’t have availability and they instead go to urgent care?

Going to urgent care is not a reason to complete an incident report.

There must be an occurrence involving a member that resulted in one of the following:

1. a physical injury to or by the member that requires treatment from a medical professional (including in an urgent care setting) or admission to a hospital,
3. results in emergency mental health treatment for the member (including in an urgent care setting),
4. results in medical treatment for the member (including in an urgent care setting),
7. constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above

General Questions about Incident Types

If a member goes to the emergency room for a physical injury, mental health concern or medication error side-effects, but leaves without being treated by a medical professional, does the event still meet criteria for a critical incident?

If no treatment occurred, the event does not meet the definition of any of the following critical incident types.

An occurrence that...

1. results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.
3. results in emergency mental health treatment for the member.
4. results in medical treatment for the member.

It may meet the definition of minor incident if it was an occurrence involving a member and was not a major incident but resulted in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to

Is a critical incident report required if 911 was called and responded to the home, but the member refused treatment when they arrived?

property or constitutes a prescription medication error.

If no treatment occurred, the event does not meet the definition of any of the following critical incident types.

An occurrence that...

1. results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital.

3. results in emergency mental health treatment for the member.

4. results in medical treatment for the member.

However, it is possible that the event does meet the definition of an occurrence resulting in the intervention of law enforcement.

It may also meet the definition of minor incident if it was an occurrence involving a member and was not a major incident but resulted in the application of basic first aid, results in bruising, seizure activity, injury to self, to others, or to property or constitutes a prescription medication error.

Is a critical incident report required anytime a member goes to the doctor, is seen via telehealth, is hospitalized, goes to the emergency room, urgent care (or something similar)?

Doctor's appointments, telehealth visits, emergency room visits, hospitalizations, and urgency care visits are not reasons to complete an incident report.

There must be an occurrence involving a member that resulted in one of the following:

1. a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital,

3. results in emergency mental health treatment for the member,

- 4. results in medical treatment for the member,
- 7. constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above

Questions About When to Report

Question	Response
<p>Since we must report critical incidents by the end of the next calendar day, what happens if the reporter doesn't find out about an incident until later?</p>	<p>The critical incident must be reported by the end of the next calendar day after the incident was <u>discovered</u>. Timeliness is based off the date it was discovered, not the date the incident occurred.</p>
<p>What if the reporter discovers an incident occurred but does not have much information about the incident for the report?</p>	<p>In general, the reporter should complete the critical incident report to the best of their ability with the information they have at the time. There are several options in throughout the critical incident report to indicate “unknown”, “pending”, and “other” as appropriate. The reporter may use the incident description fields to explain the lack of details at the time. Details of the incident may be edited up until the critical incident report is finalized. The reporter should add the details as they come available after making the initial report.</p>
<p>The incident date is a required field with a specific format, so what do we put if we know something has happened but don't know the exact date?</p>	<p>Use the date that the incident was discovered and explain the incident description that the exact date of the incident is unknown.</p>
<p>Is there a timeframe past which we do not need to report the discovery of a critical incident? For example, a member tells us about a critical incident from 2 weeks, 2 months, or 2 years ago?</p>	<p>There is no time limit on how long ago the incident may have occurred that exempts it from being reported as critical incident. Timeliness is based off the date it was discovered, not the date the incident occurred.</p>

Can more than one critical incident type be selected on the same report or does a critical incident report need to be completed for each incident? For example, a member is committed. Is one critical incident required for emergency mental health treatment and another for the involvement of law enforcement?

Only one critical incident is required for the occurrence. The reporter can select more than one critical incident type. However, the reporter must also decide which they consider to be the “primary” incident type of all the selections. There is no right or wrong decision as to which should be the primary incident type. The reporter may decide that based on the circumstances.

General Questions

Question

Response

Why are certain types of incidents tracked through the reporting process and not others?

Reporting standards are based on some reporting measures set by state and federal regulations, best practice for internal quality control, and risk management.

What do I do if I report a critical incident and find out it was already reported or was otherwise unnecessary to report?

At this time, incorrectly entered critical incident reports may be “archived” by emailing the IMPA help desk. A project is underway to allow for more editing and archival capabilities for MCO and the QIO HCBS unit.

What is “root cause?” Are there specific root causes that should be entered?

Root cause is the initiating event or issue that led to the occurrence (critical incident). Also known as the “antecedent” or “core issue”. It is the highest-level cause that sets in motion the chain of cause-and-effect actions, behaviors, or events ultimately leading to the incident.

Each incident type has a list of potential “causes” to choose from. Additionally, there is a field to write about the root cause. The narrative root cause should relate to the “cause” selections made under each incident type. The reporter evaluates the root cause that resulted in the occurrence.

Knowing what caused an incident helps the reporter determine what long-term remediation would best prevent future, similar incidents from occurring.

Root cause is a required field in the critical incident report. All critical incidents are reviewed for the root cause. It is not acceptable to write “I don’t know” or just enter a character or two to make the system think there is something in the field.

If the root cause of the incident is not identified on the critical incident report, it may be returned to the reporter for correction once a new editing feature is functioning.

Example 1: A member falls down the stairs at their home and goes by ambulance to the emergency room where they are treated for the physical injuries (later found to be multiple compound fractures) sustained in the fall and admitted to the hospital. The member’s case manager speaks with them about the incident and learns that the member fell on her front steps after one of the steps gave way. The member explains that the wooden front steps are rotting, uneven, and broken in several places.

Incident Type: An occurrence resulting in physical injury requiring treatment from a medical professional or admission to a hospital.

Kind of Physical Injury: Fracture or break

Cause of the Physical Injury: Accidental fall.

Root Cause: The member fell because a stair broke while she was on it. The rotting, uneven, and broken stairs caused the accidental fall.

Long- Term Remediation: The member’s team will work to identify means of repairing the front steps. In the meantime, the member plans to use the side entry to the home.

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.

Can an HCBS provider keep reports filed by case managers on file to track and trend incidents?

Yes. HCBS providers should obtain reports filed by case managers to track and trend incidents.

Do walk-in clinics, “rapid care” or telehealth visits for medical treatment count as “urgent care”?

If there is an occurrence requiring medical treatment for the member, the reporter will need select what kind of medical treatment it was from the available options. The options include emergency room treatment; admission to a hospital; treatment from an emergency medical technician (EMT); urgent care treatment; and “other”. A walk-in clinic likely does count as “urgent care”. A telehealth visit likely does not.

Additionally, the reporter will need to answer the questions at the end of the section that says, “Did this incident result in an emergency room visit, admission to a hospital, urgent care visit, treatment from an emergency medical technician (EMT); or consultation with poison control, an on-call medical professional, crisis line, or similar service?” A walk-in clinic likely does count as “urgent care”. A telehealth visit likely counts as “consultation with poison control, an on-call medical professional, crisis line, or similar service”.

As reminder, the visit to the urgent care, walk-in clinic, or telehealth visit is not the reason for completing the critical incident report. The reason for completing the incident report is

because you discovered an occurrence resulting in medical treatment for the member.

What are some examples when a critical incident might be required for more than one member?

If a member causes a physical injury to another member, a critical incident is required for the member causing the physical injury and the member receiving the physical injury.

Is there a way in IMPA to see all critical incident reports for a member and not just those reported by my organization?

No. IMPA security features prevent others from seeing reports made by other entities.

What should case managers do with critical incident reports after they are received from an HCBS provider?

The case manager must ensure the critical incident receives appropriate follow-up as applicable. This may require the case manager to contact the member, contact the provider, convene an IDT meeting, change the member's person-centered service plan, or other actions as necessary to remediate the issue and prevent future, similar incidents from occurring.

What does it mean to “notify” the case manager, supervisor, member/guardian? Should it be by phone, text, or email?

The reporter is required to notify their supervisor, the member and/or their guardian, and the member's case manager when a critical incident occurs. There is no required mode of notification but the purpose of the notification is to ensure all parties are aware and to work together to remediate the issue and prevent future, similar incidents from occurring.

When will the new critical incident types be available in IMPA?

The update to allow for reporting on the new critical incident types (medical treatment and use of a restraint) was rolled out on November 1, 2024.

When will Iowa Administrative Code be updated with the new definitions of critical incidents?

Iowa is currently unable to promulgate rules while the state is conducting a comprehensive review of all administrative code. There is currently no estimated date when rules may begin to be updated again. In the meantime,

Iowa is operating under our federal authorities and using trainings, Informational Letters, and policy clarifications to convey procedural changes.

Who do we contact if we have questions about critical incident reporting?

HCBS providers may reach out to their HCBS Specialist. Here is a link to the HCBS Specialist map that includes contact information for each.

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>

HCBS Providers may also reach out to the general mailbox at hcbswaivers@hhs.iowa.gov.

All others may reach out to the following general mailbox: hcbsir@hhs.iowa.gov.